ITEM No …4……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024**

REPORT ON: **ANNUAL PERFORMANCE REPORT 2023/24**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC24-2024**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/24 for noting following their publication on 26 July 2024 and approval by the Board on 21 August 2024.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC)

2.1 Note the content of this report and of the three editions of the Annual Performance Report 2023/24, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 3.

2.2 Note that the Annual Performance Report 2023/24 was published on 26 July 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1).

2.3 Note that the Integration Joint Board approved the Annual Performance Report on 21 August 2024 and instructed the Chief Officer to update the report with financial year 2023/24 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

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

4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The seventh annual report of the Dundee Integration Joint Board (for 2023/24) was therefore due for publication by 31 July 2024.

4.1.3 As the statutory timescale for publication preceded meeting of the IJB on 21 August 2024 it has been necessary to use the IJB's Scheme of Delegation process regarding urgent matters to secure approval of the Annual Performance Report prior to publication. The Chief Officer in consultation with the Chair, Vice Chair, Chief Finance Officer and Clerk and Standards Officer approved the reports on behalf of the IJB in order to meet the statutory publication timescale (see appendix 4).

4.1.3 The Integration Joint Board has been evolving its approach to producing and publishing the annual performance report. In April 2022, the Integration Joint Board agreed a revised approach to producing and publishing Annual Performance Reports for 2021/22 onwards reflecting the view that the principle purpose of the annual report should be to evidence to the public in an open, transparent and accessibly way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes (article X of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers). For 2023/24 three editions have been produced which correspond to legislative requirements and also provide assurance regarding local strategic priorities. Each of these three editions is available in three formats in order to ensure maximum accessibility by members of the public and professional stakeholders. These formats include an interactive, web-based version in Microsoft SWAY which is designed to be compatible with smartphones, an interactive, web-based version in Microsoft SWAY which is designed to be compatible with PC, tablet and laptop and a PDF flat file version which can be printed and shared easily.

4.2 **Annual Performance Report 2023/24**

4.2.1 The three editions that make up the Annual Performance Report for 2023/24 were produced and published on the Partnership's website on 26 July 2024. The editions are available at:

Performance, Finance, Workforce and Governance Overview
https://sway.cloud.microsoft/9moZyuDYfbfxYQc3?ref=Link
https://sway.cloud.microsoft/gGMR6sAO3FYdUKCh?ref=Link

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door
https://sway.cloud.microsoft/PdjGbdItAEvd7Ft2?ref=Link
https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link

Planning and Working Together
https://sway.cloud.microsoft/lHQwuigSrB7XgVMs?ref=Link
https://sway.cloud.microsoft/gPEBomgzUhNtsgG9?ref=Link

A printable version of each edition is contained within appendices 1 to 3. The publication of the editions followed feedback from stakeholders, including members of the Strategic Planning Advisory Group and Integration Joint Board, and approval of the final draft by the Chair and Vice-Chair of the IJB, the Clerk and the Partnership's Senior Management Team.

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

4.2.4 The Annual Performance Report has been produced on the Microsoft SWAY digital platform, allowing incorporation of video content and interactive sections. The final documents are suitable for viewing across a range of digital devices. Each edition is designed to be able to be read on a standalone basis, therefore some core contextual information and content is repeated in more than one edition where relevant.

4.2.5 Alongside the main Microsoft SWAY versions of each edition, a plain text version has also been produced and published in a PDF format. This will aid accessibility for members of the public who would wish to print the report. The plain text versions are contained within appendices 1 to 3.

4.2.6 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data (2023/24) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2023 calendar year. The Integration Joint Board has agreed that the report should be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

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

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

David Berry
Acting Chief Officer

DATE: 23 August 2024

Lynsey Webster
Lead Officer Quality, Data and Intelligence

Dundee Health and Social Care Partnership Annual Performance Report 2023-24

Introduction

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

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

Bob Benson, Chair

Dundee IJB

Dave Berry, Acting Chief Officer

Dundee IJB

This report is part of a suite of 3 reports which presents performance against the National Health and Wellbeing Indicators as well as providing examples of services and initiatives which have contributed to the achievement of the Strategic Priorities in our Strategic and Commissioning Framework 2023-2033. Within these reports you

can view the greatest achievements, challenges and areas for improvement, plus examples of person-centred outcomes and feedback received from people who use our services, their carers and families and our workforce. These reports can be viewed here:

Versions optimised for Smartphone

Governance

Working and Planning Together

Reducing Inequalities, supporting Self Care and ensuring services are Open Door

Versions optimised for PC / Laptop / Tablet

Governance

Working and Planning Together

Reducing Inequalities, supporting Self Care and ensuring services are Open Door

The plan for excellence in health and social care in Dundee, Strategic Commissioning Framework 2023-2033

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

Click here to view the Plan for Excellence in Health and Social Care in Dundee

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

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

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

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

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

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

Inequalities

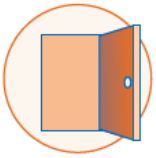
Support where and when it is needed most.

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

Self Care

Supporting people to look after their wellbeing.

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



Open Door

Improving ways to access services and supports.

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

Planning together

Planning services to meet local need.

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

Workforce

Valuing the workforce.

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

Working together

Working together to support families.

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

During 2024/25 the Partnership will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make the ambition and priorities happen. The IJB will also publish a performance framework that will set out how the IJB will measure their progress in achieving the changes that they want to happen.

Population

- Dundee has a population of around 148 thousand people, comprising of 48% males and 52% females
- Over the next 20 year the total population is projected to decrease by 0.3%
- There are around 26 thousand people aged 65 and over and in the next 20 years, the population aged 75 and over is projected to rise by approximately 40%
- Female life expectancy at birth is 79 years which is 2 years less than the average Scottish female life expectancy
- Male life expectancy at birth is 74 years which is 3 years less than the average Scottish female life expectancy
- Dundee is the 5th most deprived Local Authority area in Scotland, 37% of the population lives in the 20% most deprived areas of Scotland
- 6 of the 8 Local Community Planning Partnerships (LCPPs) have areas which are in the 20% most deprived in Scotland
- Dundee has the 4th highest prevalence of drug use in Scotland. There is an estimated 2,300 people using drugs (ages 15-64) in Dundee. 70% are male and 30% are female.
- 7% of Dundee's population (10.5 thousand people) identified themselves as having a disability

Workforce

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

- 942 staff are employed by Dundee City Council (DCC) to work in the Partnership and 1,725 are employed by NHS Tayside to work in the Partnership.
- 42% of the Partnership workforce is aged 50 and over
- 82% of the DCC workforce employed to work in the Partnership and 89% of the NHS Tayside workforce employed to work in the Partnership is female
- 7% of the DCC workforce employed to work in the Partnership and 2% of the NHS Tayside workforce employed to work in the Partnership reported that they have a disability, compared with 8% of all Dundee residents aged 16-74
- 1% of the DCC workforce employed to work in the Partnership and 4% of the NHS Tayside workforce employed to work in the Partnership come from a minority ethnic group compared with 11% of Dundee residents aged 16 and over

In addition, third and independent sector providers employ over 800 people in care at home services, over 1,000 people in care home services and over 1,100 people in learning disability / mental health care at home / housing support services

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

- 103 DCC employees and 242 NHS Tayside employees left during 2024/25 (a large proportion of NHS Tayside leavers were nurses who moved to over parts of NHS Tayside.
- 92 DCC employees and 330 NHS Tayside employees started during 2024/25 (approximately half of the NHST Tayside new starts were nurses and many were already employed by NHS Tayside out with the Partnership).

In line with the health profile of the general population and the consequence of longer hospital waiting times due to the COVID-19 Pandemic, many people in Dundee are living with health conditions at a younger age and our staff sickness absence rate is high.

- For Dundee City Council staff employed to work in the Partnership, 12% of work days were lost to sickness absence
- For NHS Tayside staff employed to work in the Partnership 7% of working hours were lost to sickness absence

For both employers the reason contributing to the most time off work was regarding anxiety, stress, depression or other psychiatric reason.

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

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

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

Workforce Wellbeing

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

The Partnership continues to recognise that supporting the health and wellbeing of the workforce is vital for the delivery of effective outcomes, not just for those who use

services, but importantly to ensure that we have a workforce who feel valued, respected and get the rights supports, at the right time.

Following on from the launch of the DCC Health & Wellbeing Framework in 2023, there have been additional supports and resources provided to the whole HSCP Workforce with a wellbeing focus. These have included the new Navigating Individual and Organisational Resilience workshop, launched in early 2024, ongoing Reflection and Resilience work with teams, and other forms of Team Development that have wellbeing at the core.

The DCC Employee Health & Wellbeing Service SharePoint site has provided access to a range of topical and themed information relating to wellbeing. This information covers many of the national and international health and wellbeing events such as Menopause Awareness events and Cafes, Men's Health, Employee Financial Wellbeing, etc. In addition to this, the site offers a direct link to the Scottish Government's National Wellbeing Hub – a resource providing wellbeing supports and information for the Health & Social Care Workforce across Scotland.

Wellbeing Ambassadors

DCC Wellbeing Ambassadors continue to be the wellbeing "eyes and ears" across the Partnership, supporting a broad range of colleagues to access the help they need. Dundee HSCP currently has six Wellbeing Ambassadors who undertake this role.

(Trauma Incident Management) TRiM

Our trauma informed response to potentially traumatic events in the workplace has received 3 TRiM referrals from Dundee HSCP in the last 12 months. This protocol represents a commitment to supporting individuals in the workforce who may have been impacted by a potentially traumatic event.

Health & Wellbeing Joint Work with Trades Unions

Throughout 2023 and in to 2024 and beyond, regular health and wellbeing focused dialogue and actions have taken place with Trade Union colleagues. A Health and Wellbeing Action plan is in place because of this work. As a "live" document, this plan takes forward specific actions to improve health and wellbeing, including Absence Review Learning and targeted focus group work where the data indicates that there are pockets of high absence or wellbeing related challenges across HSCP operational teams. This will continue for the remainder of 2024 and into 2025.

Partnership Working with Able Futures

Dundee Health and Social Care Partnership and NHS Tayside continue to offer employees access to Able Futures. Able Futures delivers the Access to Work Mental Health Support Service, which can give access to a mental health professional. This service provides regular time to speak with a mental health specialist about issues

that are affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help their mental health at work.

How we have spent our resources

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

The Governance Framework and Internal Control System

Dundee Integration Joint Board spent £340.6 Million on integrated health and social care services during 2023-24

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

	2019-20 (M)	2020-21 (M)	2021-22 (M)	2022-23 (M)	2023-24 (M)
TOTAL SPEND	**£279.3**	**£299.7**	**£282.5**	**£321.1**	**£340.6**
Older People	£62.0	£63.1	£62.3	£70.1	£75.2
Mental Health	£8.5	£9.4	£9.9	£11.2	£16.0
Learning Disability	£28.9	£28.7	£31.2	£34.1	£35.3
Physical Disability	£6.8	£5.6	£6.9	£8.1	£7.6
Substance Misuse	£4.7	£5.2	£4.8	£5.8	£4.5
Community Nurse Services / AHP / Other Adult Services	£15.1	£16.8	£16.1	£12.8	£18.5
Other Community Services (Lead Partner)	£26.5	£28.8	£18.2	£33.0	£36.5
Other Services / Support / Management	£48.5	£60.8	£51.4	£60.8	£58.0
General Medical Services (FHS) & Prescribing	£78.3	£81.4	£81.7	£85.2	£89.2
BUDGET RECEIVED	£270.7	£301.8	£290.4	£328.6	£336.8
Year-End operational surplus / (shortfall)	(£8.6)	£2.1	£7.8	£7.5	(£3.7)

The IJB reported a year end underlying operational overspend of £3,744k for 2023/24, arising from an underlying overspend of £3,269k in social care budgets, an underlying underspend of £2,525k in health budgets and a planned shortfall within the integrated budget setting process for 2023/24 of £3,000k.

Within Dundee City Council delegated services, the teams continue to see a high levels of vacancies due to workforce recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £2,931k spent over 2023/24. Increasing demand for community services, has resulted in increased hours for services such as care at home which has seen an overspend of £4,879k. However, the increased care at home activity has had a beneficial impact for in-patient services in Tayside through reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care.

Similarly, the underspend within the NHS delegated service budget also relates to recruitment and retention issues. This issue which has been seen nationally throughout different health boards is being considered by Scottish Government in terms of a response. During 2023/24 the effects of the cost of living crisis was felt heavily by many staff. The Agenda for Change pay award reflected these challenges with a pay and non-pay deal agreed with the aim to attract and retain more staff going forward.

Complaints

In 2023/24 a total of 193 complaints were received regarding health and social care services provided by the Partnership. This year 33% of complaints were resolved at the first stage of the complaint process, frontline resolution. Around a third of complaints received are upheld or partially upheld for Stage one and Stage two, and slightly higher at over a half for Escalated Stage two complaints.

Complaints related to a number of different aspects of health and social care provision.

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

Where complaints are upheld or partially upheld, we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included:

- prompts for names to be checked when administering medication
- communication around process for college support
- driver awareness training eLearning to be completed for meals service drivers
- awareness of charging policy to be shared and discussed at appropriate team meetings

The Partnership also received positive feedback regarding services. Some examples are included in the other two APR Editions (see link above).

Key Challenges

Deprivation - high levels of multiple deprivation and associated lifestyle factors has impacted on the demand for drug and alcohol and mental health services

Cost of Living Crisis - The higher levels of inflation and rising energy prices continued to fuel the cost-of-living crisis into 2023/24, the effects of which were felt by both service users, families and carers and staff. The crisis has resulted in increased poverty within the city and exacerbated health inequalities that already existed within the population

Primary Care - Challenges continue to present within Primary Care services, including the closures of Ryehill, Park Avenue and Invergowrie medical practices and the impact on other Dundee General Practices of supporting practices with closed patient lists. Primary Care has also experienced significant challenges in relation to recruitment and inadequate infrastructure, including IT and property

Dundee Drug and Alcohol Recovery Service - Throughout 2023/24, the challenges associated with the Dundee Drug and Alcohol Recovery Service have been monitored as a strategic risk to the IJB. This risk has been reducing throughout 2023/24 as feedback received from the people using services and progress against the national Medication Assisted Treatment Standards has evidenced significant improvement in service provision

Viability of External Providers - A range of external providers in the third and independent sector have experienced increased costs during 2023/24, including staffing cost and inflationary increases to goods. The IJB has continued to invest in collaborative and supportive relationships with external providers, that focus on improving service quality as well as supporting services to manage financial challenges. During the last year, the IJB has worked with social care providers to support a Fair Work approach, which will contribute to more sustainable service delivery in the future

Staff Resource - The increasing demand for Health and Social Care Services plus challenges in recruiting to a range of roles including nursing, medical staff, allied health professionals and social care staff. Challenges in recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Use has meant

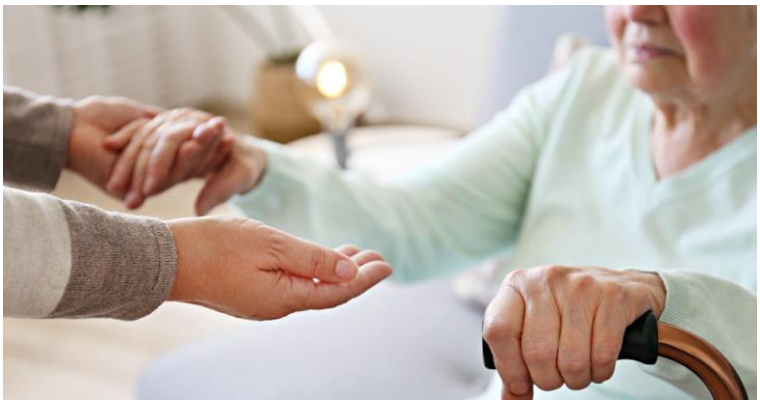
added pressure for nurses and other staff leading to an increase in overtime and agency workers which creates a financial burden for the IJB. This added pressure has resulted in higher staff turnover with more posts remaining vacant throughout the duration of the year

Digital Solutions - Staff across the Health and Social Care Partnership continue to work with a range of IT systems and digital technologies. During 2023/24 both NHS Tayside and Dundee City Council, who provide IT support to the HSCP, have continued to progress their digital strategies. Applying these strategies to the specific needs of health and social care services remains challenging, particularly in terms of ensuring that information is shared appropriately across IT systems

Continuing restrictions on public sector funding for both Local Authorities and NHS Boards has impacted on the ability to provide the funding required to support services delivered by the Health and Social Care Partnership. The Scottish Government has highlighted a significant gap in funding over the next 4 financial years. This is also impacting on capital expenditure that is required to build and maintain properties from which health and social care services are delivered

Property - The Dundee IJB and DHSCP do not own any buildings and rely on Council owned, NHS owned and rented properties. A schedule of maintenance is required in many buildings and some buildings are not optimised for the service being delivered there and some are not located in the areas of greatest demand

Quality of DHSCP services



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

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

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

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

People's wellbeing | Leadership | Staff Team | Setting | Care and Support Planning

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

In 2023/24, 47 services for adults and care homes registered with the Care Inspectorate in Dundee were inspected and 69 inspections were completed. Of the services that were inspected, 29 of the 47 received no requirements for improvement. No Enforcement Notices were served.

4 of the services provided directly by the Partnership were inspected during 2023/24

- Turriff Care Home received grade 4's (wellbeing and leadership) and no requirements
- Menzieshill House Care Home received grades 3 (wellbeing) and 3 (leadership) with requirement for improvement
- Janet Brougham House Care Home received grades 4 (wellbeing) and 3 (leadership), with requirement for improvement
- Home Care Enablement and Support Citywide and Community Mental Health Older People Team received grade 5's (wellbeing and leadership), with no requirements

30 of the 69 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of ‘good’, ‘very good’ or ‘excellent’.

13 services received 1 or more complaint.

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

Kingsway Care Centre was inspected by Healthcare Improvement Scotland (HIS) in January 2024.

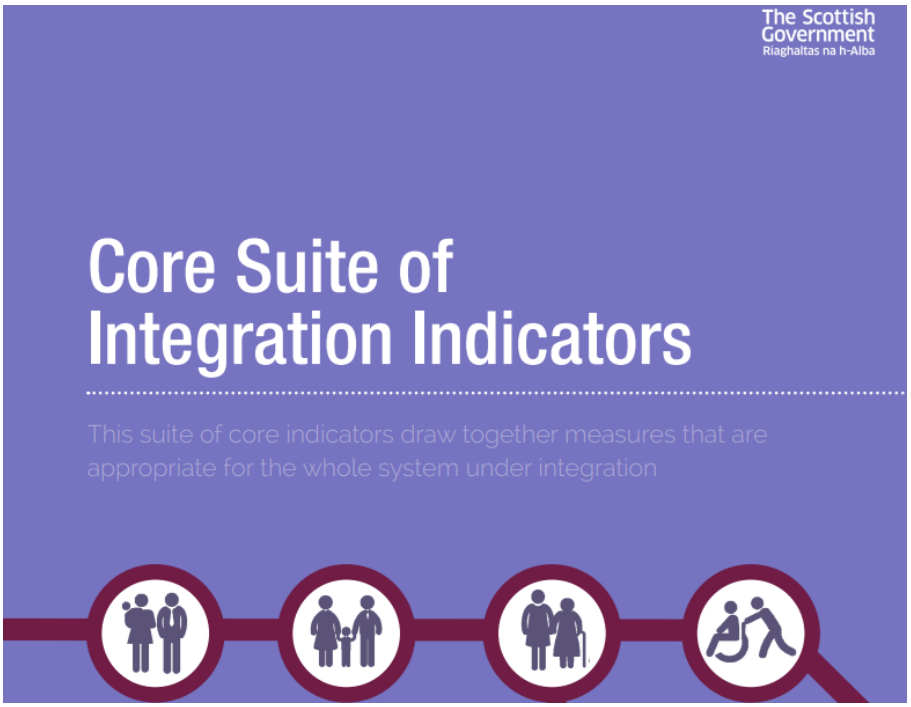
Inspectors highlighted several areas of good practice, specifically that staff showed good knowledge of infection prevention and control, and good hand hygiene practices.

Patients spoke positively to inspectors and said they were happy with their care and the cleanliness of the environment. Inspectors also observed that personal protective equipment was available and in use throughout the wards and there was good compliance with the management and storage of linen.

The inspection report highlighted the positive relationship between ward staff and the infection prevention and control team, noting the team was available for advice and support.

The report also outlined some areas for improvement, including a requirement relating to maintenance of the ward environment. The inspectors said that effective systems must be in place to ensure the care environment is maintained and is in a good state of repair to support effective cleaning. The action plan includes the use of an infection prevention and control auditing tool to continue monitoring compliance with the National Infection Prevention and Control Manual. There are also plans to implement a computer maintenance management system across NHS Tayside sites which is designed to help manage maintenance requests more efficiently.

Performance against National Health and Wellbeing Indicators



1Click here to view this Scottish Government publication

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

Where the Partnership improved from the 2018/19 baseline year

- Hospital emergency bed day rate for people aged 18 and over decreased by 8.5% and for the last 4 years the Dundee rate has been less than the Scotland rate.
- The proportion of the last 6 months of life spent at home or in a community setting increased from 89.1% in 2018/19 to 90.7% in 2023 and since 2018/19 Dundee's performance has been similar to or better than the performance for Scotland.
- The % of adults with intensive care needs receiving care at home increased from 58.7% in 2019 to 61.8% in 2024.

In addition to annual reporting, performance is also monitored quarterly and compared across Local Community Planning Partnership areas and reported to the Performance and Audit Committee of the IJB. Where further analysis in required to understand the data and improve services in-depth analytical reports are also developed. These can be viewed here.

Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2023/24.

The methodology was changed by Scottish Government for the 2019/20 survey and it is therefore not accurate to compare results from before this survey with the more recent survey results.

Note: 2023 calendar year or 2023/24 financial year data was not provided by Public Health Scotland for indicators 10,11,17 and 20-23 therefore they have not been included in the table below. Further information about these can be viewed here

Better than Scotland

Worse than Scotland

Same as Scotland

National Indicator	Improvement from 2017-18?	Improvement from 2021-22 survey?	Comparison with Scotland 2023-24
1. Percentage of adults able to look after their health very well or quite well			
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible			
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated			
5. Percentage of adults receiving any care or support who rate it as excellent or good			
6. Percentage of people with positive experience of care at their GP practice			
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			
8. Percentage of carers who feel supported to continue in their caring role			
9. Percentage of adults supported at home who agreed they felt safe			

National Indicator	Improvement from 2018-19?	Improvement from 2022-23?	Comparison with Scotland
12.Emergency admission rate (per 100,000 people aged 18+)			
13.Emergency bed day rate (per 100,000 people aged 18+)			
14.Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
15.Proportion of last 6 months of life spent at home or in a community setting			
16.Falls rate per 1,000 population aged 65+			
18.Percentage of adults with intensive care needs receiving care at home			
19.Number of days people spend in hospital when they are ready to be discharged, per 1,000 population			

Awards

- In the Community COPD Service 2 of the Senior Specialist Nurses received their 40-year service award.
- Balcarres Care Home won the Scottish Care, Care Home Service of the Year Award.
- Menzieshill House team, residents, young volunteers, and local children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.

Areas for Improvement or Development in 2024/25

Enhance models of care for people with very complex needs, including the support required to live independently at home and when transitioning to adult services

Develop strategies to increase recruitment and improve retention of staff working in internal and contracted services, particularly to support people with very complex needs

Continue to improve health inequalities, ensuring harder to reach groups are identified and supported

Develop quality assurance frameworks and improved reporting arrangements, including the measurement of impacts and outcomes

Contribute to the streamlining of governance arrangements and interfaces with corporate bodies

Develop a resource framework which includes market facilitation, which is a plan to shape the local social care market in response to the changing needs and aspiration of local people

Implement the requirements of the Safe Staffing Act

Increase reporting on workforce issues including the Workforce and Organisational Development Strategy and associated intelligence

Promote engagement with staff in developing and maintaining the Partnership culture as well as sharing and embedding the guiding principles

Continue to engage with and respond to National Care Service plans and transition planning

Implement a framework for public engagement and involvement

Increase resilience planning across both business continuity and learning and development activities

Promote and develop the availability of solutions to digitally enable and transform health and social care systems.

Continue to develop transformation and improvement projects in line with the IJB's Transformation Programme

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

Dundee Health & Social Care Partnership

Annual Performance Report - Reducing Inequalities, supporting Self-Care and ensuring services are Open Door

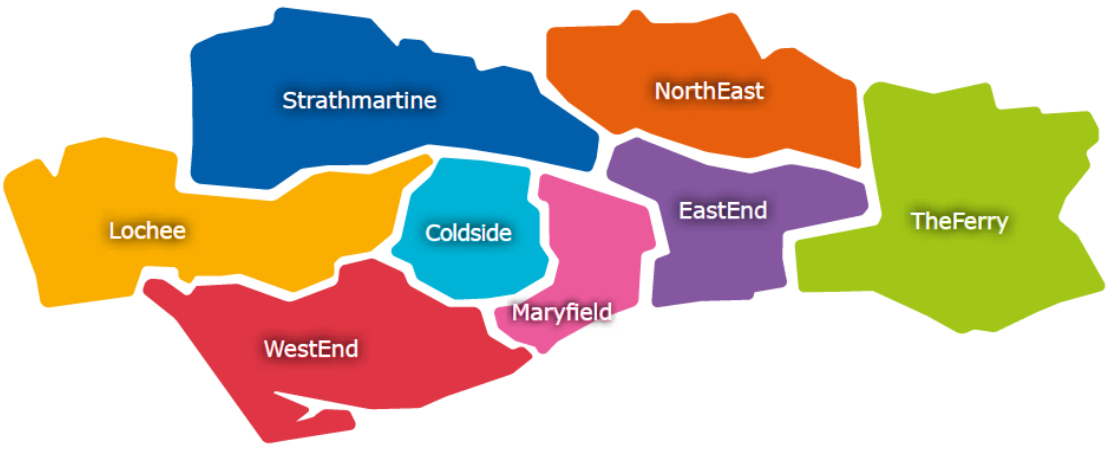
To view the Microsoft SWAY interactive version of this report please use the links below

Version optimised for Smartphone:
https://sway.cloud.microsoft/PdjGbdItAEvd7Ft2?ref=Link

Version optimised for Laptop, PC or Tablet
https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link

Introduction

Dundee is a City with a population of approximately 150,000 people. It consists of 8 geographical areas of the city. Localities and communities can have geographical boundaries but many instead, are defined by social, cultural, environmental and health related aspects.



Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These differences are often called Health Inequalities.

People who are affected by poverty or poor social circumstances or who have a Protected Characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people.

Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty and the issues that are often associated with this. These include drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.

As part of the work to make Dundee a 'fairer' city the IJB has developed new equality outcomes as part of their work to develop a new strategic commissioning framework for health and social care in Dundee. During the period 2023-2027 the IJB will progress the following equality outcomes:

1. Improving the accessibility of information published by the IJB.
2. Increasing ways to listen, hear and learn what matters to people.
3. Finding ways to make sure IJB membership is diverse and reflects the overall population of Dundee.
4. IJB contributes to an improved culture within the workforce to actively challenge discrimination.

Covid-19 Recovery and Cost of Living Crisis

Inequality within Dundee has further been made apparent throughout 2023/24 where the population has been impacted by the cost-of-living crisis.

The Engage Dundee survey explored citizens' experiences of coping with the cost-of-living crisis over a 12-month period from November 2022. The survey collected information on personal circumstances and characteristics and included categorical responses on difficulties experienced; personal finances; services/ support used; health and wellbeing; other changes experienced and future support. Respondents were invited to provide additional comments and leave contact details should they wish to be involved in further discussions.

Results found that people were struggling with costs relating to food, energy, rent/mortgage and unpaid care.

- Almost 1 in 8 of those leaving comments reported that their health and wellbeing were worse generally as a result of coping with the cost of living and that ongoing health issues were persisting due to being cold, healthy food being too expensive and that homes were not heated adequately leading to feelings of depression.
- Respondents were asked to rate their general health on a scale of 1 to 5, with 1 being “very bad” and 5 “very good”. The most common response was 3 (38.9%) with an average score of 3.3 across the total sample.
- 65% of people responded saying they were struggling with costs of exercising/keeping physically active and 72% struggling with costs of things that are good for your mental wellbeing.
- 86% of people responded that they experienced feelings of fear, anxiety, stress or worry.
- Almost half of those with a pre-existing physical or mental health condition reported these had worsened due to the cost-of-living crisis, including from the effects of inadequately heated homes and poor diet. Around one third reported developing a physical or mental health condition over the previous 12 months.
- Many respondents commented on negative health impacts from the cost of living. Ongoing health issues persisted due to being cold, not being able to afford healthy food, skipping meals altogether or heating homes inadequately. Some respondents were unable to find time for self-help due to working longer hours and a small number commented that a lack of face-to-face care had impacted them negatively.
- Over 1 in 5 of comments referred to deterioration in physical health with some respondents feeling fatigued, in more pain, or unable to manage pre-existing conditions due to being cold or not eating well. Some were less physically active whilst others gained weight due to the cost of healthy meals. The prohibitive cost of transport meant that some could not seek medical help whilst others could not afford non-prescribed medication and treatments.
- 4 in every 10 comments reflected impacts on mental health including chronic anxiety due to financial worries, inability to socialise, or working longer hours leading to stress and in some cases depression. Some felt drained, demotivated, ashamed, miserable and overwhelmed from trying to cope. Financial worries exacerbated depression and anxiety which were previously well managed and there were concerns about the future, a lack of control and poor sleep.
- Deterioration in mental health was recognised as impacting on relationships. Respondents stated that low mood and motivation made it difficult to connect

with others and that parental stress impacted on children's mental health and wellbeing. Some felt increased working hours were affecting family life.

The crisis is having a profound effect particularly on those living in the more deprived areas who were already struggling to make ends meet.

As a response, interventions such as food vouchers, no cost family activities, and free hot meals were organised and appeared to have a positive and protective effect.

Further to this, the effects of the COVID-19 pandemic were still visible throughout 2023/24. Since the pandemic, long lasting effects have been inherited such as an increase in demand for services whether it be through COVID absence, long COVID or indirect consequences such as deteriorated Mental Health/Drug & Alcohol issues. The increase in demand and longer waiting lists have put pressure on services at a time where limited additional financial resources are available to invest.

Partnership services have now adopted a 'new normal' approach where health and social care services will continue to build on the new ways of working which have been required to be implemented as part of the Covid-19 response, such as increased use of technology to carry out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

Winter Fund for Carers

Carers are more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. In the winter, costs of living can increase, especially in households where fuel costs are high and warm clothing, footwear and bedding needs replaced and where disability can make it harder to keep warm.

In 2023/24 Dundee IJB allocated the Carers Partnership money to Dundee Carers Centre for a Winter Fund to support carers most in need. The fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period. It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis.

Dundee Carers Centre administered the fund and they ensured that it was publicised widely across the local support agencies to ensure that carers who did not currently receive support from the Centre were also encouraged to apply for funding.

Similarly, the funding panel who reviewed applications and made decisions comprised of representatives across the sector, including money advice services.

This year's applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food. In 2023/24 the fund distributed 429 grants totalling £124,019, covering costs such as food and fuel, travel, white goods, winter clothing, and bedding and furniture.

Of carers who responded to the Engage Dundee survey:

- 56% reported that they had gone without food or energy so that they could pay a bill (46% of all respondents also reported this)
- 93% reported that they felt fear, anxiety, stress or worry (86% of all respondents also reported this)

Click here for Dundee Carer's Centre Website

Equality Mainstreaming

Successful progress towards equality requires policy makers, decision makers and the workforce to take account of the differences between people and groups of people and recognise a positive value in those differences as well as mitigating any potential negative impacts. Dundee IJB is committed to ensuring that no one has poorer life chances because of their personal characteristics such as their gender, where they come from, the colour of their skin, what they believe or if they have a disability.

Click here to view our Equality Mainstreaming Report and Equality Outcomes

Some of our Key Achievements:

- Expanded access to learning opportunities for equality and fairness matters available to the workforce within the Dundee Health and Social Care Partnership. This has included the establishment of a Dundee Health and Social Care Partnership Equality and Human Rights Workforce Learning Network and contributions to existing workforce networks for people with a disability, who are Black, Asian or from another minority ethnic group or who are LGBTQ+.

- Focused improvement activity to ensure that the IJB is undertaking Integrated Impact Assessments (covering both equality and fairness matters) for any decisions it is taking that might impact on protected groups or have fairness impacts. This has included changes to the way in which Integrated Impact Assessments, as well as other important equality information, is published by the IJB.

- Continued efforts to engage with people from protected groups as part of the IJB's strategic planning activities. This has included taking additional steps to ensure that engagement events and opportunities are accessible to people who have additional communication needs. It has also included publishing plans and supporting information in alternative formats, for example the Strategic Plan for supporting people with a Learning Disability and Autism was accompanied by a video interview and short information leaflet.

- Commissioning of specific service improvements that have had a positive impact on people who have protected characteristics. This has included the development of the Dundee Community Wellbeing Centre (known locally as Hope Point), as well as the shared care model for support to people who use drugs through GP practices. There has also been investment in services to support women experiencing domestic abuse and sexual violence, including specific provisions for women who are British Sign Language users. Finally, through the Carers Partnership support has been provided to those most in need of financial and practical help through the Carers Winter Fund.

Please click here to view further information about Equality Matters.

The Dundee General Practice Strategy

The Dundee General Practice Strategy has been developed with GP colleagues, cluster leads, other practice staff and service leads. It is set out in 3 parts, the Areas of Focus, the Guiding Principles, and the Activities over the next 5 years that will provide the structure to achieve the ambitions.

- 20 Minute Neighbourhoods which is looking to provide care closer to home and align with the green agenda in reducing the need to travel.
- Inequality and diversity to recognise and, where possible, tackle and promote inclusion.
- Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support health and psycho-social care.
- Digital Solutions to support patient care, provide clinical knowledge, and improve workflow, together with ensuring a focus on systems which are compatible with those already being used.
- Right Care, Right Place, Right Person which takes account of the patient's story and ensures service changes are informed by data and evidence.
- Citizens' Views which are part of our collaborative working and are important in guiding the development of services and as a mechanism for quality assurance.

General practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients who experience health inequalities. GP colleagues were keen to include activities that can deliver the ambitions set out in this Dundee General Practice Strategy. These actions contribute to the 5-year work programme.

- Maintain a healthy workforce
- Deliver evidence bases, patient centred care
- Continuously improve services
- Deliver value-based health and care
- Focus on prevention, self-care and early intervention
- Address inequality and inequity
- Approve access to general practice and linked services

A stakeholder group contributed to the development of this Dundee General Practice Strategy. This group included Dundee citizens, service leads, together with general practice and Dundee HSCP colleagues.

The citizens of Dundee gave their views in two ways. There were group discussions and an invitation to complete an online or paper version of a patient survey.

The survey results found that it is activities to improve access that respondents wish to be focused on. This was echoed in the group discussions with both staff and patients. Improvements to access include:

• Providing information to patients on the services available and how to access those services

• Improvements to appointment booking system

• Training for practice reception teams to support with navigating patients to the right care, right place and right person was the top guiding principle for survey respondents

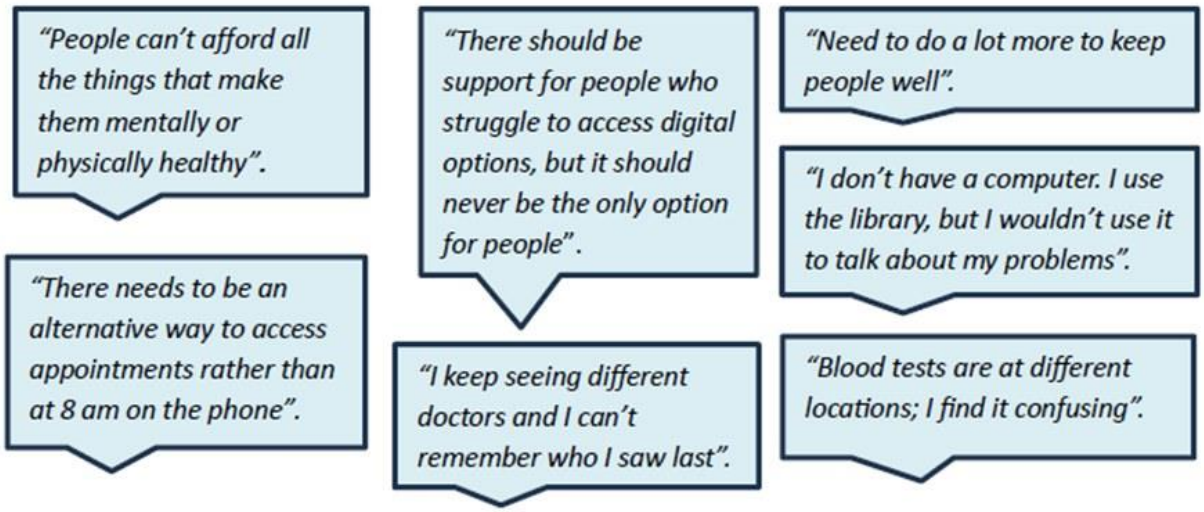
Other notable findings were:

• 20-minute neighbourhoods were valued, and this aligns with Dundee's City Plan

• Pressures on general practice were recognised with sustainability the second Area of Focus

• Digital solutions were the lowest priority of the Guiding Principles for a mix of reasons including digital poverty and older age group concerns around usability

Below some quotes from patients:



Health Inclusion Nursing Team

The Health Inclusion Nursing Team consists of Registered General and Mental Health Nurses as well as Associate Practitioners working in communities across Dundee City covering all localities. The Team provides health support and advice, holistic health assessments, person centred support to access and engage with services, 1-1s, croup work and health and wellbeing interventions. They work closely with individuals who are homeless or at risk of homelessness, involved in Community Justice, use drugs or alcohol, carers, refugees and asylum seekers, from minority ethnic groups, people who are hard to reach and people living in areas of deprivation and/or poverty. The service delivers nurse-led drop-in clinics and work in close partnership with statutory and voluntary services.

In 2023-24 there were:

- 1,267 referrals of which 522 were for people who were female and 745 were for people who were male
- 312 Keep Well health checks of which 120 were for people who were female and 192 were for people who were male
- 3,139 community health consultations with 1,710 people in community cafes, hostels, criminal justice, asylum accommodation and nurse led outreach health clinics

---

"I felt disassociated from my health before now. I feel more in control. My health has improved as a consequence"

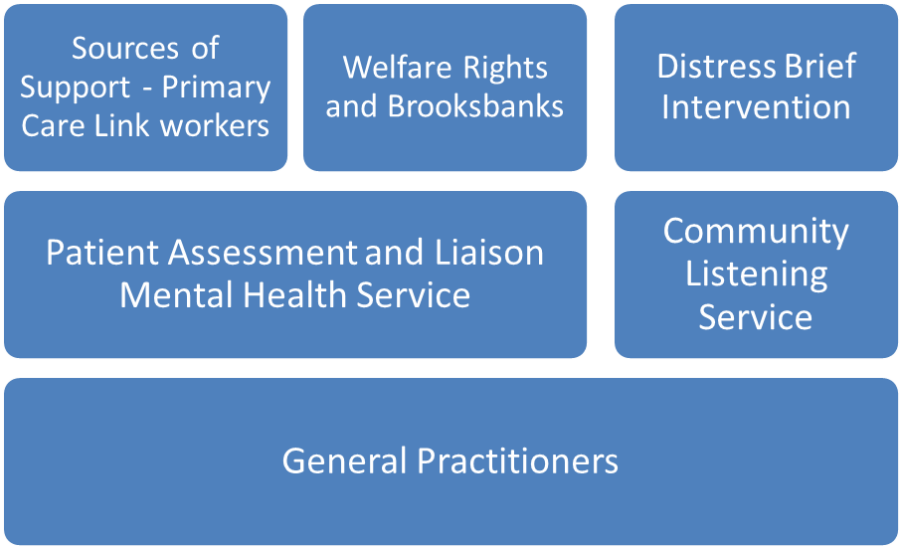
"Wouldn't have found the Health and Homeless Outreach team if I hadn't gone through other services first e.g. Just Bee, Steeple, Haven. Service is excellent. Helped me avoid homelessness with their help and signposting plus building my confidence around asking for help from mental health and GP"

"Easier to see the nurse. Harder to get appointment with my own doctor"

"The services offered by these angels is very much needed and very worthy. I see these people at numerous places - helping so much. Many thanks"

"Having used the local service, I can honestly say this is a first class professional and confidential and they signposted me to further sources of support"

Mental Health and Wellbeing Services in Primary Care, Dundee



The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled to deliver this.

This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework that utilises a multi-disciplinary team alongside collaboration with communities, third sector, and specialist services.

General Practitioners (GPs)

Doctors working within GP Practice Teams and the GP Out-of-Hours Service continue to provide mental health assessment, support, treatment, and referral to other NHS-Services or DHSCP and Third Sector organisations for people of all ages. The in-hours GP service operates Monday to Friday 8 am to 6 pm, with the GP Out-

of-Hours Service providing cover for the remainder giving a 24/7 service. Practices operate different appointment systems but in essence provide a combination of appointments in advance, same-day appointments, and a system to respond to urgent and emergency unscheduled care inquiries. The GP Out-of-Hours Service is accessed via NHS 24/111. In combination, this provides a universal service with low barriers to access, the main limitation is caused by a mismatch of supply and demand. In-hours GP receptionists/patient advisors act as navigators for individuals seeking help for a mental health issue. They enquire and triage during the initial telephone call and decide who is most appropriate from the multi-disciplinary team to support the individual. In addition to direct patient services, GPs both in and out of hours respond to inquiries relating to the health of their registered patients from the Scottish Ambulance Service, Police Scotland, Educational Settings, Care/Nursing Homes, District Nurses, Community Pharmacies, Social Work, other NHS departments and many more.

Patient Assessment and Liaison Mental Health Service (PALMS)

PALMS is hosted by the Dundee Adult Psychological Therapies Service. The service is delivered by experienced Mental Health Nurses within GP practices across Dundee. PALMS is available to adults aged 18 and over (16/17-year-olds are eligible if not at school) who are experiencing mental health and psychological difficulties and are not already engaged with statutory mental health or psychology services. People can self-refer for an appointment to receive a one off 30-minute triage assessment of their current mental health and wellbeing difficulties. They will receive advice, signposting to self-help resources or third-sector services and where appropriate onward referral to other statutory services. PALMS actively liaise with NHS and other partnership services to facilitate timely patient access to support and treatment, including establishing clear referral pathways, and working collaboratively to contribute to wider local mental health developments. Mental Health Nurses also offer consultation to practice staff (e.g. GPs, Nurses, Health Visitors, and other) on patient care and locally available services. Between May 2023 and April 2024, PALMS provided this service to a total of 5193 individuals at GP practices.

Feedback from people who use the service

"Great service, hope it continues"

"I felt listened to and understood"

"Was lovely and supportive, made me feel very at ease and I felt this was a safe and good place to discuss some difficulties I had"

Feedback from GPs

“The service within our medical centre has been extremely beneficial. It has enabled us to navigate patients to the service who are appropriate for the service. In turn, this has helped with GP appointment capacity. I have found the service to be valuable at Grove.”

"....I feel less uncomfortable now .....as when prescribing medication we are offering a more holistic care to go alongside this”

“Very useful resource to help us manage a significant clinical burden”

"Frees up my time to do other work.” & “Fewer follow up mental health appointments.”

“I feel more confident now that we have good psychological assessment options that are actually available to patients”

“My overall view of having a PALMS nurse within the surgery in that of a positive one. She’s helped a lot of patients and they enjoy seeing her”

NHS Tayside Community Listening Service

The Listening Service is an NHS Tayside Spiritual Care service. They are available within GP practices in Dundee and offer up to six, 50-minute appointments with a trained volunteer/listener. This creates the opportunity and space for people to talk about any challenging situation (i.e., health, relationship, grief, loss) helping the person find their way forward. The service is currently available for any person aged 16 and over, however is not the preferred route for those in crisis, with suicidal thoughts or acute psychosis.

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

"The listener sometimes challenged me which was also useful and helped me reflect."

"She listened to me and did not dismiss me and my reality. I felt she let me take control of what I wanted to speak about."

"I believe meeting with the listener was a good thing for me as I was able to talk to a stranger and therefore, she had no preconceptions on my person life, unlike talking to the people around me."

Sources of Support – Primary Care Link workers

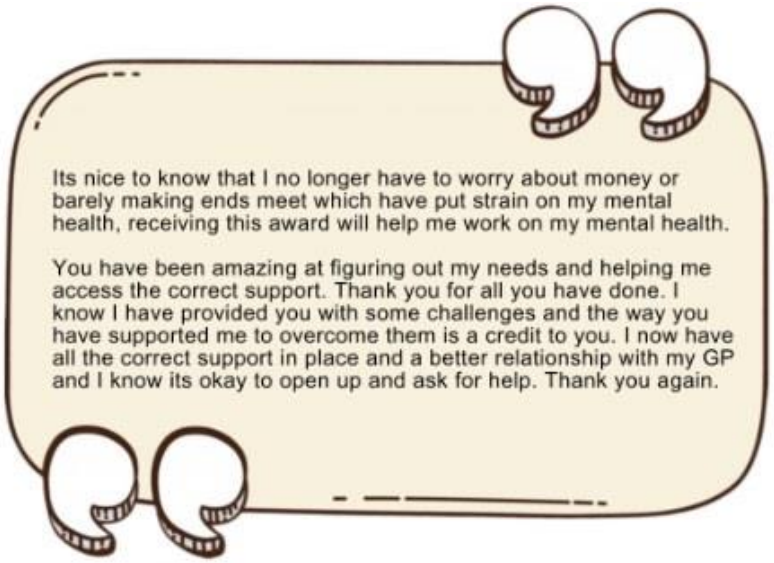
Sources of support have link workers available in all GP Practices in Dundee. The service includes any person aged 16 and over and can be accessed via a range of Primary Care referrers or self-referral routes. Their remit is to support people whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service offers non-medical interventions and coordinated care to help improve health and well-being. In Dundee, link workers will case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory, and third-sector services is a key feature of the link worker role. Primary Care

supports tackling mental health inequalities through these staff and it is evident from the service's activity that a higher volume of people from deprived areas access link worker support. Between May 2023 and April 2024, the service supported 941 people.

"Thank you very much for your support throughout the most difficult time of my life. I honestly appreciate all that you have done for me and helped, from filling in forms and supporting me to my assessment. I definitely wouldn't have been able to do it without you. This includes listening to me and especially out chats we have had together as it makes me realise, i am not alone in this. From the first time we met until now what a massive difference I can see within myself, it is unbelievable. So once again thank you for everything"

Where we made Improvements

- We enhanced pathways between the Scottish Ambulance Service and the services offered by the Primary Care multi-disciplinary team (MDT). A survey with ambulance staff identified a need to increase knowledge about what is available and how to access. A navigation tool for ambulance staff is being co-designed and will be tested by the Ambulance Service in Dundee from December. This will be evaluated and refined then embedded.
- An improvement project within Cluster One GP practices is focusing on the prevention of developing chronic pain by the optimisation of education and information about pain and psychosocial approaches offered by the Mental Health and Wellbeing MDT.
- A Dundee community resource directory with the available Primary Care Mental Health and Wellbeing services, and wider community services including those provided by third sector and statutory services has been developed. This is with a view to digitising this and making available to the public and staff providing services. Management and governance is being established in respect to this prior to being tested.
- A scoping review of the current provision has been conducted and areas identified requiring most development. These will be used to inform the development of the Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027.



Distress Brief Intervention (DBI)

The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling overwhelmed emotionally. In Dundee, the service is hosted by Penumbra and based in the city centre. Following the initial referral (which is immediate via email) a DBI peer practitioner will contact the person within 24 hours and support them for up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their distress and work together to identify ways of preventing and managing any future distress. These could include social difficulties such as relationship problems, anxiety, low mood, thoughts of self-harm, thoughts of suicide, housing worries, money worries, and employment issues.

DBI seeks to widen the support offered to people engaging with frontline services, at a time when they need it the most. Presently, there are several potential routes to receiving DBI. These are: via the emergency department, police, ambulance service, via the GP, or PALMS practitioner. At present the opportunity for these frontline services to refer a person to DBI is being managed through a phased programme to ensure they can meet demand. Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care

dbi Distress Brief Intervention
Connected Compassionate Support

"I was contacted very soon after I was referred to the DBI service. Even at initial conversation, I was made me feel he was there to chat about anything. It made me feel reassured. When we did have a longer chat, he made me feel I was not alone. It was good to hear he had once been in a similar situation. This made me feel things will get better. I did a lot of offloading, and felt I was listened to. There was no judging. Thank you."

"Thank you so much for your support and advice. I cannot tell you how much it has helped me over the last two weeks. I genuinely don't know where I would have been without it".

"You were so patient and understanding. You're so lovely and I appreciate it all, thank you."

"I found the support of DBI really valuable, and I am really grateful for the service, the staff member was great! Having someone non-judgemental, easy going, and encouraging to speak to has helped me during a tough time in my life. Thank you!".

HOPE Point Dundee

Hope Point has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health issues. The centre opened in July 2023 and has continued to be open 24/7 for people who need it. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to take account of individuals needs including equality and protected characteristics.

Lived experience has been integral to the developments both in terms of consultation in the planning stages and with regards to the staff team who are all employed in Peer Support roles. A welcoming, non-clinical environment and an approach underpinned by the principles of Time, Space and Compassion. Staff come alongside people on a short-term basis to help solve the difficulties they are facing, plan next steps safely and connect them with other supports and services if that is what's required.

2,466 contacts were made to the service up to March 2024

“The staff at Hope Point saved my life. Amazing people! Amazing Service!”

"It was beneficial for me to see staff here and feel valued and listened to"

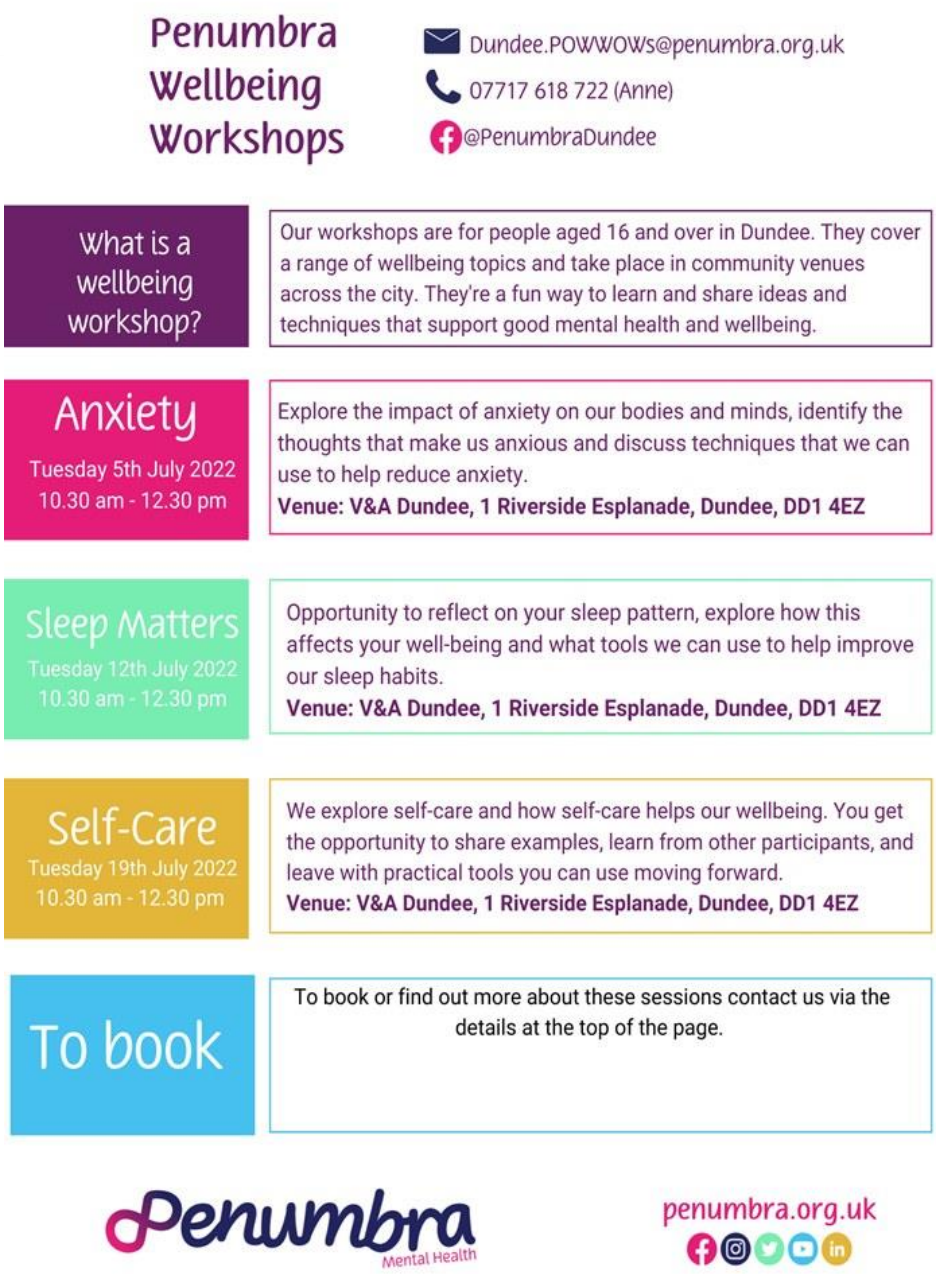
"It is amazing that there's a 24 hour accessible centre for any adult or young person struggling with mental health"

"I was absolutely hopeless before finding Hope Point, now I'm full of hope"

"You guys have saved my life many times over"

Penumbra Wellbeing Workshops are community based, relaxed and informal, explore self-management, open to the general public and are delivered in conjunction with other agencies for specific groups

Penumbra Wellbeing Workshop



Of the 115 people who completed feedback questionnaires:

- 100% felt able to access support when they needed it.
- 91.1% felt the environment made them feel comfortable.
- 100% felt valued & respected by our team.

Where appropriate, a distress measure is used where people self-rate the degree of their distress on a scale of 0 to 10. This takes place at the start and at the end of an intervention with Hope Point staff. 100% saw a decrease in their score. The average was 3.6 points reduced distress rating.

Creating Hope Together Through Suicide Prevention

Suicide is a complex issue for people in Dundee, and the 'whole of government and whole society approach' of Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 is welcomed. The Protecting People and Dundee's Children at Risk and Adults at Risk Committees, which are to be established as part of local governance structures, will take responsibility for alignment of the National Strategy and local suicide prevention priorities. Locally, suicide prevention work continues to progress across several spheres ensuring this aligns with the national strategy, and other national policies including the Mental Health and Wellbeing Strategy 2023-2033. It is a priority within the Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan (2020-2024), and activities are supported by Public Health Scotland colleagues working locally and nationally.

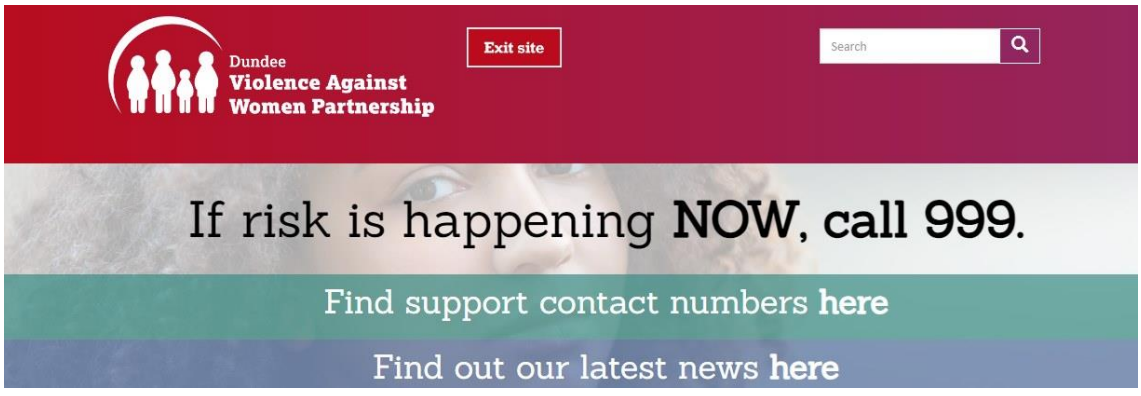
Key achievements in the last year

- A full-time Suicide Prevention Co-ordinator has been employed to co-ordinate, lead and drive forward key work in relation to suicide prevention.
- A Suicide Prevention Stakeholder Event in Dundee was held with around 100 attendees to inform the development of Dundee's Suicide Prevention Delivery Plan which will be available in the coming months.
- Membership of and contribution to the Tayside Multi-Agency Suicide Review Group.
- Targeted work around locations of concern.
- The co-production of a service to support people bereaved by suicide is underway.
- The Tayside Suicide? Help! App and website has been refreshed and presents local information and support available for people.
- NHS Education for Scotland suicide prevention courses have been delivered and colleagues across many sectors are working to achieve an increase in training. These are promoted through widely emailing colleagues who provide services, promoting the Protecting People Learning Framework website as well as encouraging participation across DCC, NHS, Independent and Third Sector networks.
- Pilot funding was awarded from the Tayside Health Charity to build learning and capacity and develop a third sector alliance to deliver suicide prevention training across services and communities.
- Hope Point: Wellbeing Support Service continues to establish itself in the city as a safe place, open 24 hours a day, 7 days a week for people in distress and at risk of suicide. This peer support service offers a compassionate response and ongoing evaluation shows this a valuable asset for the

city. Meanwhile, Distress Brief Intervention services have been expanding to support the work of Primary Care, Police Scotland, and the Scottish Ambulance Service for people in distress.

In August 2023, the National Records of Scotland published its statistics for probable deaths by suicide in 2022. Across Scotland there was an increase in probable suicides (9 deaths) from the 2021 figures, with a total of 762 deaths in 2022. In Dundee specifically, in 2022, 29 people died by probable suicide, this is an increase of four people from 2021 (for comparison 2000=34, 2019=33, 2018=34). The rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas. Suicide rates for males are still twice as high as females however it is worth recognising that female deaths across Scotland in 2022 increased by 18 and males decreased by 9 on the previous year.

Violence Against Women



Click here for the Dundee Violence Against Women Partnership Website

Deaf Links

Deaf Links is a Tayside-wide charity based in Dundee. Through a wide range of services, activities and learning opportunities they support people who experience sensory loss.

In partnership with Women's Aid in Dundee, Angus and Perth, Deaf Links are committed to supporting Deaf women who are experiencing and form of abuse or coercive control.

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

The advocacy services provided empower, inform and enable women in a variety of settings liaising closely with statutory and other voluntary organisation.

The Violence Against Deaf Women Advocacy Worker also provides information sessions to Deaf Women and raises awareness of BSL and Deaf Culture with mainstream service providers.

Click here for further information about Deaf Links

Shakti Women's Aid

Shakti Women's Aid is a national organisation specialising in supporting Black and minority ethnic women and children experiencing domestic abuse and honour-based violence. They had provided an outreach service in Dundee for a number of years, supported by two successive allocations from National Lottery funding followed by allocations from Scottish Government and Imkaan (a UK-based organisation dedicated to addressing violence against Black and minoritised women and girls). Funding from these sources came to an end in March 2023; on a short-term basis

Shakti were utilising reserves to continue the service in Dundee. During 2022/2023 Shakti Women's Aid Dundee Outreach Service supported 60 women survivors of gender-based violence; during the year 34 women successfully exited from the service, with 31 women receiving ongoing specialist service support. An evaluation of the service carried out prior to the pandemic found that key benefits of the service included: specialist support to complement work of local service providers and additional expertise regarding immigration rights. In 2023/24, the Integration Joint Board, alongside other public sector partners, invested one-off funds to ensure that the Shakti Outreach Service continued to be able to provide support in Dundee, while the organisation worked to identify longer-term funding sources.

'Not many agencies understand the cultural issues and the bottlenecks. I was married to my second cousin and there was so much pressure on me. I thought I would lose my child. So, by understanding these sorts of pressures, they were able to help me take it a step at a time.'

'I had nothing. I had no family here. I had no money. I had no friends because of my husband. My language was not good. I had no nappies for my child. I don't know what I would have done. But I have hope now.'

Welfare Advice and Health Partnerships (WHAP)

Welfare Rights Officers from Council Advice Services and Brooksbank Centre and Services offer support to patients in Primary Care across 11 Dundee general practices. They assist patients with socio-economic problems such as benefit claims, appeals and debt advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

In 2023/24 officers in Council Advice Services and Brooksbank Centre and Services raised £3,447,036 for patients of the 11 practices, up by 72% on the previous year.

Council Advice Services also raised £1,718,638 through the work of their 2 staff in the Macmillan Cancer Support Welfare Rights Team who work in various wards and clinics in Ninewells Hospital.

Additionally direct referrals from midwives and health visitors, referred for income maximisation led to gains of £717,000 in 2023/24.

In total in 2023/2024 Council Advice Services successfully claimed £11,975,038 (provisional figure) in benefits and additional income for customers.

Case Study:

Patient was initially referred to service by her GP who booked an appointment with the welfare rights officer (WRO). The patient was a young woman who had recently fled an abusive relationship with her 2 young children and was having financial difficulties as a result. Her Universal Credit was adjusted by the WRO and Scottish Child Payment claimed as this was a benefit the patient was unaware of. Best start grants and best start foods were applied for the youngest child. Child Disability Payment and the follow-on Universal Credit increases were then also claimed successfully for the eldest child. The patient was struggling mentally and physically due to the abuse she had suffered and there was a concern of the children having to enter into foster care if the mother was shown to not be able to provide for them. These concerns around financial provision were addressed through the Universal Credit and Scottish Child Payment interventions and the other subsequent claims. The customer benefitted by being able to attend all ongoing appointments within the GP surgery, which was a safe space for her to be and the GP also made a referral to Sources of Support, and with permission we were able to work together on some of her most persistent issues.

Best Foot Forward

A group of 21 parents and their children attended for 10 weeks of group discussion and participation around topics such as: healthy eating habits, meal planning, sleep routines, screen time, fussy eating, healthy mouths etc.

At the time of writing, 21 adults and 26 children had signed up (47 total participants).

The school is based in the Douglas area of Dundee with 83% of children living in SIMD 1&2 (most deprived areas).

Best Foot Forward is a partnership between the NHS Healthy Weight team, Active Schools and Claypotts Castle primary school. It is hoped that the Best Foot Forward programme will encourage peer support and relationships between parents/carers, and to foster open and honest conversations around the challenges of achieving healthy eating and physical exercise day to day. The sessions are 1.5 hours long with both adults and children attending together. There will be an input each week followed by either a cooking session or a physical activity session.

Each week there are healthy snacks available for the families to try – rotating these so that participants will try new foods (various fruit and veg, oat cakes, dips etc.). In addition, the families are given a 'Take Home Your Tea' bag with a recipe card and the ingredients required for the recipe. On completion of the 10-week course, each family is gifted with a slow cooker or air fryer. The hope is that this will encourage the adults to continue cooking meals ‘from scratch’ by providing the means to do so. Slow cookers and air fryers were identified as being economical to run and user friendly – therefore more likely to be utilised on a regular basis.

Parents/carers were asked to sign up to the group if they felt this was an area of family life that they were interested in talking about/seeking support for. The group was originally intended for 10 families, but the interest was so great, it was capped at 21 with the view to run a further course later in the academic year.

Contributors to the Success:

- The visit by Dundee FC players (arranged by Active Schools) who inspired and motivated the children to think about lifestyle, activity levels, diet choices etc required to be a professional sportsperson.

- The Child Smile team offered helpful advice and guidance which led to a number of parents reaching out for further support with their child's oral health.
- The Active Schools Assistant and Health and Wellbeing Assistant attended each week which allowed the offering of a practical cookery session (for the entire group), a visit to the local council-run sports centre, and two yoga sessions – one for mindfulness and relaxation for adults, the other to aid restful sleep for the children.

Community Independent Living Service (CILS)

All of the CILS therapy interventions are to people with health conditions or disabilities to provide care and support they need in their own homes. This service supports people in their own homes ensuring that this is the best possible environment to support their care and their overall health and wellbeing. This service:

- **Prevents** – deterioration of an individual regarding their activities of daily living including mobility, and prevents unnecessary Packages of Care being provided & unnecessary hospital admissions
- **Maintains** – independence in *own homes* through rehab/ therapy interventions for better quality of life;
- **Supports** – individuals to self-manage and be independent within own homes and realise their own potential;
- **Facilitates** – Urgent hospital discharges for earlier and smoother transition to home from hospital.

Key Achievements

- Self-Management

Introduced and developed supported self-management through use of the bookable appointments with an occupational therapist to provide advice, information and guidance to families as well as other staff in different services so that people understand the choices available to them and are supported to make informed decisions about their own care and support.

- Access to services and promoting self-care

This year falls advice was shared, with key links to third sector support. Road shows across Dundee were held, linked to open days at Dundee football club/ Ninewells hospital entrance for all visitors/ and at a supermarket to promote supported self-care and activity and prevent falls.

Information was shared at the Independent Living Centre in the form of leaflets and opportunities to try out items of equipment.

- Sharing of information to improve support

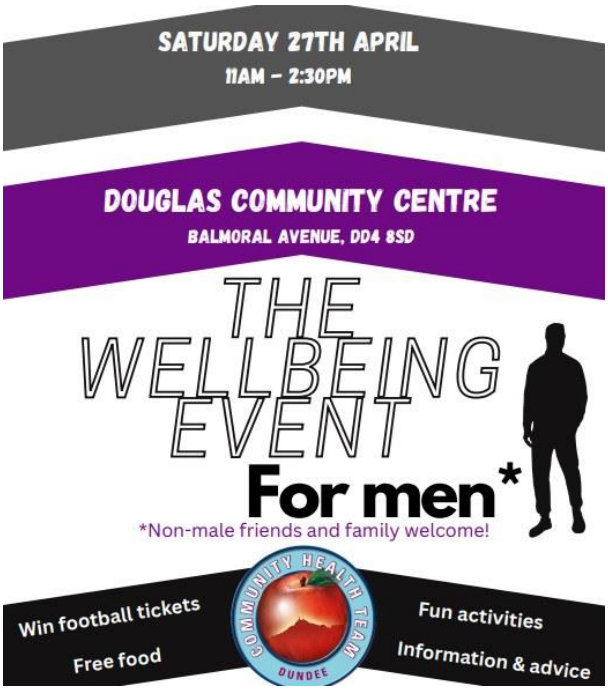
Move to integrated and shared client records with community colleagues to support and facilitate earlier support and avoid unnecessary duplication.

Equipment ordering and accessing has improved to a faster and efficient service delivery which includes telephone personal texts regarding the delivery drop off time which is both supportive of the client and family in knowing when an item is being delivered and being at home to receive it.

- People experiencing integrated care and support that is smooth and seamless

This has included competency training of all CILS staff – physiotherapists and occupational therapists and support worker staff in assessing and issuing basic equipment and minor adaptations, for example double stair banisters in the home as a wrap-around service providing prompt and immediate support and without a delay in waiting.

Community Health Team



Click here to view Community Health Case Studies including

- Resolve and Involve
- Menzieshill Cooking Group
- Eat Well, Play Well

- Stepping Stones
- Community Health Advisory Forum

Drug and Alcohol Services

With Dundee continuing to have some of the highest rates of drug deaths in Scotland the Dundee Alcohol & Drug Partnership (ADP) is committed to delivering effective, accessible and trauma-informed services that focus on prevention, protection, harm reduction and resilience, informed by evidence and lived experience. A key element of the Recovery System of Care (ROSC) is the implementation of the national Medication Assisted Treatment (MAT) standards. The ADP in Dundee is continuing to strengthen the highly effective non-fatal overdose response pathway and has commissioned the assertive outreach project to support individuals into treatment. Progress with the implementation of MAT standards means individuals in Dundee are now receiving same-day prescribing, they can access a range of treatment options and are supported by independent advocates to maintain engagement for as long as required.

94% of people referred to services begin their treatment within 21 days of referral

---

Dundee Alcohol and Drug Partnership (ADP) has launched new resource providing a range of information for the public and workforce about local services.

The ADP website has been developed by partners with input from people with lived experience of substance use as well as local communities.

The website provides wide ranging information on drugs and alcohol, including help for people who are looking for appropriate services and support to assist them, their family, and friends on their recovery journey.

It provides updates on what is happening in Dundee's communities and how to get involved, as well as giving advice on appropriate language to avoid stigma.

It will also bring together resources for the workforce, highlighting the values of the Partnership and signposting to helpful information, key documents and learning resources.

ADP interim chair Dr Emma Fletcher said:

"A huge amount of hard work has gone into developing this comprehensive website and I'm delighted to see it formally launched today.

"I know that people working in the recovery community will find it beneficial in terms of bringing together so many useful resources in one easy-to-access place.

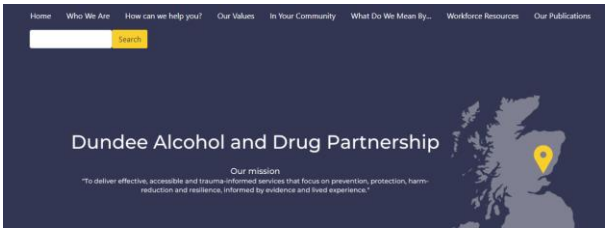
"And it is another way that people looking for help can find out where to access it.

"We want this to be a website that members of the public visit regularly too. It's a great way to learn more about the range of work that's going on to address Dundee's deep-rooted challenges.

"It will help citizens understand the context and complexities of the journey we are on, as well as the part we can all play in making Dundee a supportive city for all."

The Dundee ADP is also responsible for developing a local multi-agency Strategic Framework. Both the website and the framework aim to reduce harm from alcohol and drug use, support wellbeing and the recovery of people who experience longer-term challenges.

Find out more by visiting the new Dundee Alcohol and Drug Partnership website



1 - Click here to view the website

The MAT (Medication Assisted Treatment) Standards Implementation 2023-24 scoring showed substantial progress had been made in Dundee between 2022-2024, especially in relation of the availability of treatment for those who use drugs. All ten of the MAT Standards scored 'Green' or 'Provisional Green' in 2024, having all previously scored 'Red' or 'Amber' in 2022.

Click here to view the National benchmarking report on implementation of the medication assisted treatment (MAT) standards

Primary Care Drug Use Redesign Project

Using funding from the Scottish Government, a project was set up in early 2022 to deliver a vision where individuals in Dundee experiencing problems with drug use were supported within primary care (general practice and community pharmacy) together with third sector organisations to support them to achieve the best health outcomes possible.

One of the major benefits of patients being supported with their substance use in their general practice is that the care is holistic, and not limited to their drug use. This is important as the statistics show that this group of patients experience co-morbidities and early death due to untreated conditions.

The project began with patients who were stable on their opioid substitution therapy (e.g. methadone) and registered to either Maryfield or Erskine. This year Newfield have come onboard with an enhanced service to support their patients who use drugs.

"I had the most amazing support worker to help me get through the darkest time in my life… I felt as though I had structure and I had someone who really cared about my wellbeing … I wouldn't know about half of the services I've now used if it wasn't for my key worker who made me realise I shouldn't be ashamed of my struggle but proud that I did seek help and have come out the other side of this… She taught me how to rationalise my thoughts and to monitor my actions using a cost/benefit analysis… I feel like I can start afresh now and actually move forward in life instead of feeling stuck on the spot and like I'm going nowhere".

There are also 6 practices offering their patients a holistic health check. The uptake of this increased this year by 35% on the previous year. Additionally, patients are attending follow up appointments with their practice or a specialist service.

The project ambition is to have a dedicated drug use team for the city. At present the team includes two part time GPs, two nurses and 3 third sector key workers.

To date, there are patients reducing their methadone doses and there has also been a patient discharged from the service having achieved abstinence.

An important element of the service is the support to patients from Third Sector Key Workers.

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

Annual Performance Report: Working and Planning Together

To view the Microsoft SWAY interactive version of this report please use the links below

Version optimised for Smartphone:
https://sway.cloud.microsoft/lHQwuigSrB7XgVMs?ref=Link

Version optimised for Laptop, PC or Tablet
https://sway.cloud.microsoft/gPEBomgzUhNtsgG9?ref=Link

Strategic Commissioning Framework

The Dundee Integration Joint Board (IJB) is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. They must agree a plan that sets out the IJB's ambition and priorities for health, social work and social care services in Dundee and how they plan to use the resources they have to make this ambition a reality. The plan also describes how health and social care services will be delivered and improved; these are the services delivered by Dundee Health and Social Care Partnership. The Health and Social Care Partnership is the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed.

A full copy of the plan can be found here

In April 2023 the IJB approved its new Strategic Commissioning Framework 2023-2033. 'The plan for excellence in health and social care in Dundee' builds on the previous framework and reflects the outcome of considerable engagement with communities and stakeholders. Work has started to develop companion documents including: an Annual Delivery Plan, Performance Framework and Resources Framework but has been delayed by staffing pressures and the prioritisation of a response to the Joint Inspection of Adult Support and Protection in Dundee.

The new Strategic Commissioning Framework will help the IJB reach their ambition:

People in Dundee will have the best possible health and wellbeing. They will be supported by health and social care services that:

- Help to reduce inequalities in health and wellbeing that exist between different groups of people
- Are easy to find out about and get when they need them
- Focus on helping people in the way that they need and want
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention

There are six strategic priorities in the framework as follows:

- Inequalities (support where and when it is needed the most)
- Self-care (supporting people to look after their wellbeing)
- Open door (improving ways to access services and supports)
- Planning together (planning services to meet local need)
- Workforce (valuing the workforce)
- Working together (working together to support families)

These priorities are consistent with and support the Scottish Government's nine National Health and Wellbeing Outcomes which apply across all health and social care services.

Engagement

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

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

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

Alternative routes for providing feedback, by non-digital means, were also identified and promoted to the public. Flyers highlighting the consultation and how to get involved, both digitally and non-digitally, were issued to libraries, community centres and sports venues (via Leisure and Culture Dundee) for display in public areas. This

included the offer for a printed copy of the consultation draft and summary version to be provided to people via post or other means.

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

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

People told the Dundee Partnership they want to have more say in improving things in their communities.

They said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost-of-living crisis on people's health and wellbeing.

They also said that the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don't mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need and help them to look after themselves and one another rather than doing everything for them.

Learning Disability Services have hosted several events aimed at sharing information and hearing from people in their local communities. In 2023, information events were held in the North East, Broughty Ferry, Maryfield and the West End, and 4 more events will be held during 2024 and 2025. These are part of an ongoing dialogue between the Partnership and people with a Learning Disability as well as the workforce and family members/carers and help the Multi-Agency Strategic Planning Group shape plans for the future. Partner agencies and community groups also have an opportunity to listen to their potential customers and develop services that meet their needs. Unpaid carers and family members of this group of people expressed an interest in having a formal mechanism to learn about developments

and share their views. An initial discussion meeting took place with carers in December 2023 to explore and make plans for how this might best be achieved.

The Independent Review of Adult Social Care in Scotland

The Independent Review of Adult Social Care in Scotland (2021) found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.

The Value of Co-Production within Health and Social Care

In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community-based health services are delivered in the future. It might also affect the way that adult and children's services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

Click here to learn more about the National Care Service in Scotland

Click the image to view the Scottish's Government's vision for the National Care Service in Scotland

Care Homes

The Dundee Activity Network and the Benefits of Being Involved

The aim is to improve the quality of life and physical and mental health and wellbeing of care home residents through offering person-centred meaningful activity which is focused on the needs, interests and hobbies of residents.

Activity Networks in other areas have been the catalyst for new innovative initiatives, including national pilots and can help facilitate inter-care home interaction, community involvement and intergenerational working.

Benefits of being involved in an activity network:

- Sharing of good practice, activity ideas and how to adapt, materials and resources
- Networking and support
- Training opportunities for care home staff
- Bring information from network back to the care home
- Facilitates collaborative working and inter-care home activities such as Go4Gold
- Opportunities to be involved in national initiatives

Since September 2023, there have been get togethers, events and some friendly competitions. More events, competitions and a Going4Gold event are planned for September 2024

"I just want to say a big thankyou to the residents and staff who put lots of effort into what they all made for the competitions and the judges who had the difficult task of choosing the winners. It was lovely to see everyone enjoying themselves and getting involved in a singsong. A big thankyou to Janet Brougham, Menzieshill House and Mackinnon Centre for being the hosts who put on lovely spreads of food and drink on the day. This was the first of many events, competitions, and a chance for residents to come together and socialise."

Carole Brunton, Independent Sector Lead, DHSCP, Scottish Care

Photos from the Janet Brougham Easter Card Making Competition held March 2024

Photos from the Menzieshill House East Bonnet Competition held March 2024

Photos from the Picture Making Competition at Mackinnon Centre


ONE
DAY
AT A
TIME

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

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

Shirley, Tweet, and Lucas (chicks) all arrived on the 23rd and finally, duckling number 5, Tarka.

Maggie, Manager stated

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

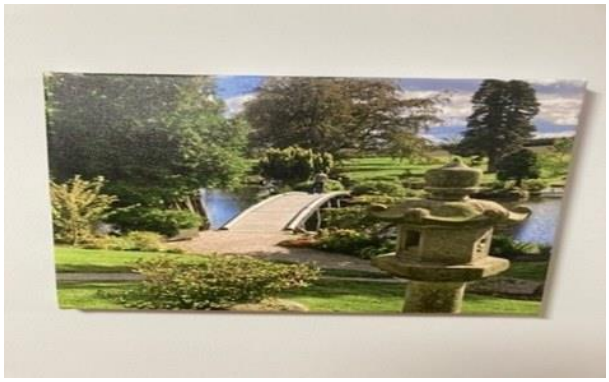
Staff at Janet Brougham House and one of their resident’s family have been participating in the AIR project which is run by St Andrews University. This focusses on different ways of communicating with residents who have limited verbal communication. This is proving to be very effective in their interactions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

Turriff House were looking to have their main corridor redecorated and the staff wanted to get the service users involved to give it a more personal touch. They

collectively came up with the idea of a photography project with the service users taking the pictures and getting them put on canvas to hang on the walls. Stuart Laverick (Activities Co-ordinator) said

"We have had the perfect opportunity to get some beautiful pictures as we go out on a bus tour every Wednesday to places like the Botanical Gardens, Forfar Loch, and the Japanese Gardens to name a few, as well as places that have got significant individual memories for the service users. As this was so successful, we are continuing with the project over the summer months this year."

There are so many great pictures, which meant the service users and staff had a hard choice of picking the ones that are now proudly on show in Turriff House.



Benvie Care Home - Project Smile

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

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

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

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

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

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

Menzieshill House team, residents, young volunteers, and children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.

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

The activity programme is run throughout the year, which focusses on boosting resident's wellbeing and reducing social isolation. Menzieshill's intergeneration approach plays a crucial role in achieving outcomes for residents whilst also benefitting younger people involved. Activities included most recently: 'The journey of the duck egg hatch,' storytelling, singing, sports days, gardening, arts, and crafts. Primary school and nursery children get to know the residents individually and learn how games, toys and technology have changed over the years. Young volunteers provide 1-1 social sessions with the residents and form social bonds.

One of the care home residents said of the young people;' They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age.

Balcarres Care Come won the Scottish Care, Care Home Service of the Year Award

Lynn McLean, Manager stated

"It was an amazing achievement for everyone at Balcarres when we won the Scottish Care, Care Home Service of The Year Award then a regional and a national award from HC-One all in the space of a few months, I am one proud home manager."

One of the judges quoted

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

Examples of why Balcarres won their awards:

Funerals - When a resident dies, they may have a reduced amount of family, so the care home holds the wake with a buffet and beverages to celebrate their loved one's life and experiences with the staff and residents at Balcarres.

Wishes - A couple had a wish to have lunch in Forgan's, St Andrews as this had been one of their favourite places to go – Balcarres booked a table for them and arranged the whole day - they both had an amazing afternoon.

On another occasion, a resident wanted a surprise for when his wife visited the home to see him on Valentine's night. Balcarres purchased chocolates and roses and set a table for them both where they were served an a la carte menu. The wife was absolutely delighted and was a huge success that Balcarres continue to offer.

Supporting Tayside Excellence Programme (STEP) for Tayside Care Homes

The STEP was designed to improve and enhance care to residents collaboratively within Tayside; created as a supportive tool that provides the ability to self-assess against the healthcare framework for adults living in care homes, making reference to the health and social care standards.

The STEP is collaborative and looks at a whole system approach to the delivery of care to residents and allows us to identify where there is a need for improvement, where support and resources can be provided to enable this to happen.

Following an initial pilot phase, the full programme was rolled out to all care homes across Tayside from July 2023.

Urgent Care Home Visiting Team

The Urgent Care Home Visiting Team of Advanced Nurse Practitioners provides a same day response, on behalf of the GP to care home residents who are deteriorating or are acutely unwell.

The Team supports care home staff to identify people approaching end of life, supporting symptom management and end of life care.

The Team works closely with multidisciplinary colleagues to support residents, their relatives and care staff to prepare for, and deal effectively with the transition to end of life.

The use of evidence-based assessment tools including Supportive and Palliative Care Indicators Tool (SPICT) and the Gold Standards Framework Proactive Identification Guidance were used to identify care home residents who would benefit from a palliative approach based on their individual need.

GP appointments data from January 2022 to December 2023 was reviewed and 18 people were identified as living with potential palliative end of life situations and therefore the working relationship between GPs and Care home staff was developed. Through training and support from the palliative care team, care home residents were able to be assessed to ensure they were receiving the best approach of care to meet their needs.

"ANPs work extremely hard.....this is an excellent service.....enhanced my home through support and care...GPs pass a lot to them" GP

"I was struck this year by how many patients identified as having cancer or long-term health conditions had been care for at the end of their lives by your colleagues. Thank you" Care Home Manager

"This team is now and integral part of the MDT for staff in care homes to feel supported and valued. Really good therapeutic relationships have been established" Senior Carer

"We appreciate the single point of contact and the consistency of having support from one team rather than a large number of GPs" Care Home Staff

Feedback regarding Kingsway Care Centre

"Each time I have visited I have witnessed such tender, kind considerate specialised care. I genuinely feel that every time my dad sneezes someone will wipe his nose for him! The nurses persevered as best they could to trim his moustache. His nails are always clean and trimmed and whichever clothes he has on they are always clean and coordinated.

My Dad loves his food and I know that he eats a well-balanced diet every day and that he enjoys plenty of varied treats !!

He engages with staff and residents as they play Dominoes and Bingo. He is accompanied on walks or in a wheelchair regularly to the local restaurant/pub where he enjoys a half pint and a new environment. The staff play his favourite music for him, and he still has a wee dance with them when he is able.

His bedroom is always clean and tidy and personalised with photos and I know the staff relate to these photos with him daily and encourage him to listen to their understanding of the photos and the good memories they recall for him.

Sadly, my Dad is unable to communicate with appropriate words now but staff sensitively guide him and remind him of the stories behind the photos. That is a truly precious act in itself and one that my Dad and I hugely appreciate.

My Dad cycled all his life and the staff have had him on the Ward exercise bike as often as he would engage ant tolerate. They read his books with him and point out

the window to the Birdlife in the Garden and encourage him to participate with any other ward activities he may enjoy.

Every phone-call I have made has been answered quickly, professionally and with minute detail of care given which gives me great peace of mind especially as I cannot visit as often as I want to.

Each member of Staff are remarkable and utterly dedicated people. They are a tribute to each and every person in the caring profession".

Step Down Care

There are 3 Step Down properties in Dundee which support discharge from hospital.

- A total of 614 bed days were saved during 2023-24. In addition to better outcomes for people than if they were in a hospital setting, there was a financial saving of £196,490.

Services for People Affected by Cancer

Tayside Cancer Support Service

Tayside Cancer Support Service is a Dundee based charity that cover the whole of Tayside and North East Fife and offer vital support to those affected by cancer;

- 121 counselling +/- complimentary therapies (short waiting list)
- befriending
- monthly drop-in cafe at St Aidan's Centre Broughty Ferry

MacMillan Cancer Support

The Cancer Strategy for Scotland 2023-33 person-centred care for all objective requires all cancer care pathways to include a TMICJ service providing key workers, holistic needs assessment, triage and help with navigating complex cancer care systems. Tayside has TMICJ services with local link workers in Angus, Perth & Kinross and Dundee City hosted by multiple organisations. Macmillan and Scottish Government fund 5wte link workers and one administrator.

The Tayside MacMillan Improving the Cancer Journey Service supports the national cancer strategy by enabling access to person -centred care for all:

✓ TMICJ is an essential listen, assess, plan, triage and coordination service for people who need/want non -clinical community -based support and care during their cancer experience.

✓ TMICJ takes up referrals at every phase of a person's cancer journey and facilitates access to prehabilitation, rehabilitation, reablement and palliative interventions.

1,419 care plans were provided across Tayside, of which link workers performed an average of 3.7 actions to support individuals reduce their concerns and access supportive care.

There was 100% increase in activity between March 2023 and March 2024, evidencing investment in additional 2.5 link workers plus promotion and engagement has improved access and use of this service.

People mostly want supportive care during treatment (34% 2023-2024, slightly up on 30% 2019-2024). More people are using the service at the point of diagnosis (increase 9% to 13%) and started to use ICJ to access prehabilitation (1%), with work planned to increase this access point. 16% of people in palliative care used ICJ, up from previous periods (12%), again due to targeted professional engagement.

Practical concerns – just under a half (47%) of all people wanted to talk about and explore help with practical concerns, dominated by money worries, social support, transport and housing.

Physical concerns – Just over a third of people wanted help with physical concerns with moving about the top issue, followed by eating and fatigue. Leads facilitated learning about moving more interventions and link workers participated in move more sessions to help shape effective conversations and enable take up of local interventions.

Emotional and family concerns – accounted for 15% of concerns raised with link workers. 6% of people wanted to discuss family concerns.

Referral to partner agencies – along with the increase in referral activity, service offer improvements and partner agency engagement has led to a significant increase in referral and signposting activity during 2023, up from 2022 by 68% and 830%, respectively.

The intended outcome is to connect people to tangible interventions that impact positively on their health and wellbeing AND specifically to help people take up the intervention at a time when they cannot or may not feel like doing something to help themselves.

This has been achieved by enabling access via referral to over 69 referral partners and signposting/ sharing information to over 100 available supportive care services.

Post Diagnostic Support

The Post Diagnostic Service in Dundee has grown within the last 5 years, developing from a team of 5 to 11 this introduced an additional Mental Health Nurse, Occupational Therapist and a further 3 link support workers. The expansion in the team ensured staff were undertaking educational opportunities - taking part in group facilitation training, confident conversations, playlist for life, POA and Capacity training and so many more which now enables staff to deliver groups such as CST, supporting people living with young onset dementia, carers groups, post diagnostic groups that enriched the lives of people living with dementia and their carers.

As the team grew the service needed to ensure they continued to develop effectively as a service. We needed to create a more cohesive strategy for a continued gold standard service and were delighted to be selected as an improvement site for a Care Co-ordination project with Healthcare Improvement Scotland.

Four main areas we focused on were:

1) Closer working relations with primary care

2) Closer working relations with AHP, Particularly Speech and Language Therapy

3) Improving our care co-ordination, planning and delivery

4) More confidence in promoting our service

The team now have a better understanding of our role in the wider context of improving outcomes for the people of Dundee and more confident to put ourselves forward and take on challenges for the improvement of the service. PDS staff feel more confident about going into communities and raising awareness of dementia and also now looking to adopt tools like the RESPECT document that is being promoted throughout Tayside as a tool that we can use to continue to push the boundaries of our service to incorporate a more holistic approach ensuring we can discuss Advanced Care Planning in a more confident and self-assured manner.

The service also made an appearance on BBC Scotland highlighting the high-quality service they provide.

How gadgets are helping a couple live with dementia

Community COPD Service

Our service continues to provide care and support, including palliative care to all housebound patients via a designated practice link nurse. They are also available to provide remote clinical advice and support for GPN/GP, as requested, for patients with severe and complex health needs.

From 1st July to 29th February 375 referrals were received from 21 of the 23 GP practices.

The COPD team has developed a community-based patient assessment (NPA) clinic for patients with suspected COPD for all Dundee practices. This service provides holistic assessment including spirometry, diagnosis, initial treatment planning and any onward referral/referral advice for those with suspected COPD. This provides continuity of care in the diagnosis of COPD in the City.

4 additional pathways have been added to the COPD discharge service to help to identify patients with worsening of their COPD and offering Specialist Nurse assessment including medication concordance, patient/carer education and referral onto other support services if required. These help to reduce unnecessary admission through the earlier identification of vulnerable people and working with them to assist them to manage their disease with specialist education and support. These pathways are with Scottish Ambulance Service, Out of Hours via a 3-month trial, A&E and Community Advanced Nurse Practitioners (ANPs).

Patients who historically would have been conveyed to hospital by ambulance when they become breathless can now be referred from Scottish Ambulance Service. This pathway facilitates direct communication between ambulance clinicians and the COPD team. The COPD Clinicians then follow up patients at home and undertake appropriate interventions including non-pharmaceutical evidence-based interventions to help manage breathlessness in the home.

We continue to review the service and look for new ways of identifying and engaging with COPD patients. We have formalised a pathway between DECAT and Community Nursing ANPs that will ensure patients have access to COPD Specialist Nurse follow up at home following an acute exacerbation of their COPD which was treated at home by these services.

Pulmonary Rehabilitation classes, led by Physiotherapy colleagues, at Kings Cross Health and Community Care Centre are supported by the COPD team.

COPD Practice Link Nurses support practice facilitation discussions with the Respiratory GPN +/- GP in each Practice.

In September 2023 we reintroduced the COPD annual educational event to which Practice-based staff with an interest in COPD were invited. This year's event has also been opened to Community ANPs and Secondary Care Respiratory Liaison Nurses.

District Nursing

The introduction of the Clinical team Leader (Advanced Practice) in Dundee District Nursing Service has resulted in many positive outcomes for patients and reduced workload for GPs.

This service was designed by engaging in collaboration with other services, such as DECAHT, engaging with District Nursing teams and GPs to promote the role and build professional relationships.

Case Study: Supporting Advanced Decision Making

Referral from District Nursing team to an age 60+ female due to a suspected chest infection and urinary retention.

Past medical history of COPD suspected upper GI cancer which patient does not wish to investigate, low mood with previous self-neglect and very poor mobility and requirement for a stand aid to mobilise from bed to wheelchair.

A package of care was also being provided.

Consultation and clinical examination was undertaken which determined an infective exasperation of COPD (IECOPD). Clinical supervision was provided during this assessment to develop competence around clinical and prescribing decision making.

CTLAP were able to prescribe treatment for this. During the assessment, it was also discovered that this person had excoriated, irritated skin to her arms and legs. An appropriate emollient was prescribed to treat this and relieve discomfort. Bloods were also obtained for differential diagnosis as well as bladder scanned to avoid unnecessary catheterisation. This person was added to the caseload for a review following treatment of IECOPD.

Case Study: Autonomous Advanced Decision Making

District Nursing Team were attending daily to an age 90+ female with a leg wound.

District Nurse requested a visit by CTLAP as they felt that this person needed more antibiotics as they thought her leg was still infected.

Past medical history of atrial fibrillation, dementia and heart failure.

After conducting a full assessment and consultation, it was determined that she had a prevalent cellulites and bilateral oedema in her legs and sacral oedema indicating fluid overload secondary to her diagnosis of heart failure. This was in turn affecting her mobility resulting in an increase in falls. She also didn't have the most appropriate dressing choices on her leg wound.

Prevention of leg wound healing dur to oedema and infection. A wound swab was sent, antibiotics were prescribed for cellulites whilst awaiting swab results. Her diuretic was also increased. Her wound care plan was also updated to a more appropriate choice according to the wound formulary, including the addition of Prontosan soaks to reduce microbe / bio film of wound. Bloods were requested in 7-10 days for review following increase in diuretic. A physio referral was also submitted as a request for the District Nursing Team to continue wound care with the updated wound care plan, obtained repeat blood pressure on next visit following an increase in diuretics and to complete falls assessment on next visit.

Feedback:

"I've found you approachable and relatively easy to access, you call back promptly if you're not able to answer your phone. You've been great for discussing patients and ideas with. You are decisive if you think it's an appropriate request that we're making, if not point us in the right direction of who can help" Community Charge Nurse

"I can speak on behalf of all the Drs here at the practice when we say that we really appreciate your help and support to our DNs with regards to patients. You have been very helpful and logical in your approach to patient care" GP

Dundee Community Treatment and Care Services (CTACS)

CTACS offers treatment room care to non-housebound patients across Dundee. We offer phlebotomy, biometrics including BP measuring, chronic disease monitoring, wound care including removal of clips or staples, assessment and management of leg ulcers and Warfarin monitoring for non-housebound and housebound patients. We also have a catheter clinic 1 session per week for routine catheter changes for non-housebound patients.

Key achievements:

- Leg Ulcer Clinic waiting list reduced to 4 - 6 weeks
- Additional Phlebotomy clinics reduced waiting lists for routine blood appointments same week availability for some locations
- No waiting lists for ear irrigation
- Additional non-medical prescriber for service will improve patient care and reduce GP workload
- Leg Ulcer Clinic commenced new bandaging system benefits to patients less bulky and lighter easier to tolerate, quicker to apply

- Reducing phlebotomy appointment slots to 10 mins has increased capacity which offers more availability to patients
- Wound healing rates increasing patients satisfied wounds cared for and healing well

Care at Home

The Care at Home Team has been involved in many projects where they worked and planned with others to improve pathways and services for the people they support

- Thematic Fire Review which included Risk Recognition and Hoarding and Clutter Risk Training and also changes to paperwork and assessments to incorporate fire safety discussions and evacuation plans
- Technology Enabled Care 'Try Before you Buy' scheme
- Falls Prevention and Education Training which includes co-working with SAS, Falls Team and Social Care Response Service

Reduction of 428 falls through this joint project so far

Case Study

Mrs A is an age 90+ female who is a frequent faller (3+ occasions), has osteoarthritis, angina and reduced mobility. After falling at home, she was initially supported by the Social Care Response 'Community Alarm' Team. An assessment was undertaken, focussing on the key areas and was supported with pieces of equipment from Occupational Therapy, provided with advice and referred to a 6-week strength and balance programme and she has had no falls since.

Case Study

Mrs B has advanced dementia and she has been receiving support from the Social Care Response service for approximately 1 year. In that time Mrs B's health and wellbeing has deteriorated and she has been prone to wandering and falling, resulting in admissions to hospital as she was injured. Once home this pattern continued and the social care response team referred Mrs B to the falls screening and assessment team for support. Mrs B was also assessed for a care package to help her in the morning and evening. The Resource Matching Unit sourced this package of care for Mrs B to allow her to be supported at home. The Social Care Response service also deployed a Technology Assessor to meet with Mrs B and her daughter and they took a person-centred review and along with Mrs B's daughter decided to install a bed sensor and door sensor linked to Community Alarm to safeguard Mrs B if she left the property. Mrs B and her daughter were also provided with a GPS tracker on loan, for if in the event she did leave the property Mrs B's daughter could locate her. An Mrs B's dementia was advancing, the Technology

Assessor also installed a Community Alarm and a heat sensor, in the event of a fire a rapid response could be given as the Community Alarm team would alert the Fire Service. With the support of SCRS Mrs B and her daughter were kept safe an informed, regular reviews were held to confirm the technology was still meeting the needs of Mrs B. Mrs B's daughter fed back that this was a 'lifeline' for her and her mother.

Discharge Planning

Work has continued to improve existing discharge planning processes and pathways as a means of reducing inpatient length of stay, as well as optimising outcomes for people by supporting discharge and provision of care closer to home as soon as appropriate. An enhanced flow coordinator role has been introduced within the Discharge Team which further strengthens the communication and management of capacity and flow across patient pathways.

Performance in relation to delayed discharge has continued to improve throughout the year despite a sustained increase in unscheduled admissions. Since a peak of delayed discharge in mid-August 2022 of 18 acute delays, and a total of 55 delays across all sites, performance in relation to the locally agreed RAG (Red, Amber, Green) matrix has consistently been in amber status since the beginning of May 2023 and continues to reduce. This demonstrates a specific improvement in relation to the management of non-complex delays, the reason for which had predominantly been the ongoing increased demand for social care.

Additionally, within Community Urgent Care and the Medicine for the Elderly medical workforce, all staff have now aligned around GP cluster teams with the aim of creating more effective and efficient virtual teams who communicate across the whole system to promote intervention on the basis of ‘right place, right person, right time’. This is a further step in the strategic plan to move to a whole system pathway approach which promotes early intervention and prevention of admission wherever possible by providing enhanced care and treatment closer to people’s own homes.

98.5% of all discharges were without delay

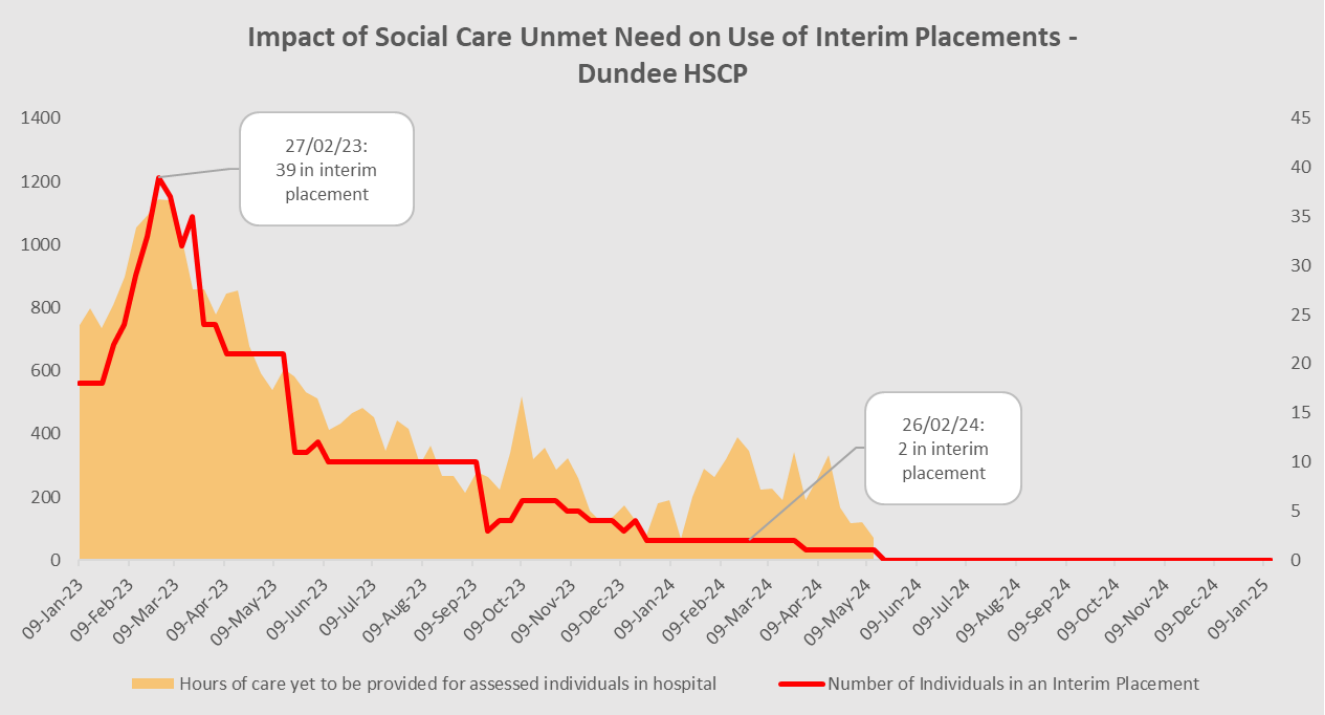
96.7% of all 65+ emergency discharges were without delay

91.5% of all Medicine for the Elderly discharges were without delay

---

To view more data about discharge management please click here

As a result of the improvements relating to social care, the bed days lost has gradually dropped over the year. In April 2023, 604 bed days were lost as a result of reportable delays in acute, compared to 94 in April 2024.



Use of interim placement as an alternative to being delayed in hospital awaiting services has gradually reduced in line with the reduction of social care unmet need. Social care is now more readily available, meaning patients can go home with services rather than an interim move to 24-hour care to await.

The cost of an interim placement during 2023-2024 was circa £800-£900 per week – in line with Care Home Weekly Rates for residential and nursing care. The cost of a standard 4 x daily care package (15.75 hours per week) is around £328pp/pw based on the 2023/24 hourly rate of £20.82.

In February 2024, there were a total of 39 patients in interim awaiting services. If we assume all patients are placed in a residential setting, the cost to the HSCP per week would be around £31,200. If we assume all those in interim were awaiting a 4 times daily package of care, the cost to the HSCP would have been £11,700 – a difference of £19,500 per week.

First Contact Physiotherapy and Musculoskeletal Service Dundee

Musculoskeletal problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. However, the existing patient pathway often includes an unnecessary delay while initial non-physiotherapeutic solutions are attempted prior to access to a musculoskeletal physiotherapy service. There are variable waiting times across the country for access to face-to-face physiotherapy. Physiotherapists are already well situated to work collaboratively with primary care multi-disciplinary teams and support the GP role as a senior clinical leader. Physiotherapists are an expert professional group. They have a high safety record and are trained to spot serious pathologies and act on them. Physiotherapists utilise their wider knowledge and skills as part of their assessment. A first point of contact service could also be seen in the context of the wider musculoskeletal pathway. Under the new contract, HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice.

The FCP service operates a hub-based model with four locations spread across Dundee City - MacKinnon in Broughty Ferry, Maryfield, Ryehill and Lochee Medical Practices. The FCP service aims to deliver efficient, high-quality management of MSK patients evidenced through achievement of clinical outcomes and feedback from patients and clinicians. It is accessible to all Dundee GP practices and although delivered primarily via in-person appointments, can be accessed via telephone or video consultations (NearMe) when required.

The main deliverables of the service include

- Release of GP appointment capacity
- Timely access to specialist assessment and advice
- Early promotion of self-management strategies
- Coordinated pathways of care
- Reduction in onward referrals e.g. imaging, secondary care
- Right person, right time, right place

Last 12 months

FCP appointments are currently released daily (one week in advance) to ensure those appointed are seen in a timely manner. Individuals are offered an appointment within one of the four Hub locations on a day and time that is suitable to them.

Over the last year, FCP capacity has improved following successful recruitment. Development roles have also been recruited with a view to increasing capacity further following a period of training.

In order to truly ease the burden on GP practices, up-skilling physiotherapy staff to be able to function independently of the GP where safe and appropriate to do so is essential for both streamlined patient care and to reduce the number of patients being re-referred to the GP for further review. Previous research has highlighted that up to 2% of patients attending physiotherapy services will require blood investigations as part of their assessment or ongoing management and the Chartered Society of Physiotherapy (CSP) also recommends access to these investigations is organised as part of implementing an effective FCP service. The FCP Clinical Lead has worked in partnership with the GP Sub Committee to ensure blood investigations can be requested and acted upon safely within Dundee. The aim is to roll this out in July/August 2024.

Following a legislative change in July 2022, Physiotherapists are now legally permitted to certify FIT notes. The FCP staff group have therefore also completed the necessary training (agreed nationally) to offer this to appropriate patients and reduce the need for signposting back to their GP.

During Covid, the MATS service, accessed via NHS24, was stepped down. Patients no longer had the option of completing a self-referral for MSK Physiotherapy services. Whilst the national direction to replace MATS is discussed and designed, the Dundee MSK service has introduced (April 2024) a guided self-referral option that can be completed and returned to the MSK service electronically or via the post. Early indications suggest this has been received well by GP practices and patients and has created capacity across the pathway of care.

" The difference in my physical and mental health is immense and I am very grateful."

"....my symptoms were complex and the physiotherapist helped me understand that even though not curable that there were certain exercises that I could do to help my situation. I am still in pain but the physiotherapist helped me cope with this pain and helped me enormously, I thank her greatly"

".... I got a prompt appointment with an excellent physiotherapist. I was reassured and my confidence was boosted"

"I go to physiotherapy at Kings Cross and I feel more confident after it. Really makes a difference and the staff I've seen have been great"

".... very professional service. Thank you..."

"The physiotherapist has been so helpful, with appropriate exercises and has given me confidence"

"I talked about something related to my physiotherapy which was very personal and sensitive during the consultation and the physiotherapist was genuine, kind, empathetic and positive about it. This helped me feel comfortable and confident..."

Violence Against Women

Women's Hub Dundee Violence Against Women Partnership have worked alongside a wide range of partners to develop Dundee Women's Hub, which opened in 2023. Practitioners working and engaging with local women recognised the need and desire for a women's only space for 1:1 support appointments, drop-in support, groups and activities. The Hub is a multi-agency support hub for women impacted by substance use and other disadvantage such as gender-based violence, homelessness, poor mental health, isolation and trauma. It provides gender-specific, trauma-informed support for women to make informed decisions regarding their support options, reduces barriers to accessing support and helps to improve their overall health and wellbeing. The Hub will continue to evolve and adapt their support based on listening to the voices of women.

The Corner

The Corner is a service which aims to enable and empower young people to look after and improve their health and wellbeing. The service continues to offer a wide range of initiatives in response to feedback from users, for example:

• Young People's Involvement Group - service users and interested young people get involved in supporting the work of the Corner and contribute to service improvement.

• The substance use support service STRIVE, in partnership with Hillcrest Futures, has expanded to support people aged 12-21 who are affected directly or indirectly by substance use and are homeless or at risk of homelessness, or struggling with school, family or friends. The service offers holistic health and well-being checks and provides 1:1 emotional support alongside harm reduction education. The service provides a whole family approach and has a dedicated family project worker. The Housing Education for Youth (HEY) project continues to deliver awareness and housing support information to all S4 pupils, in partnership with stakeholders from housing, homeless and young people's services (Action for Children, Angus Housing, HELM).

• The Corner continues to support the Early Years & Young People Team within NHS Tayside with their annual drama tour addressing young people's emotional wellbeing. All S3 pupils across Dundee watch a live performance of the Drama tour identifying health issues facing young people, such as substances, mental wellbeing, and sexual health. The Corner and other services are involved in a Q&A panel afterwards to answer any questions regarding health and wellbeing.

• The Corner delivers targeted outreach services to improve awareness of Corner services and offer tailored sessions on a range of issues faced by young people. Joint programmes with DCC Community Learning and Development teams are being developed to co- deliver certain aspects of health interventions to identified groups.

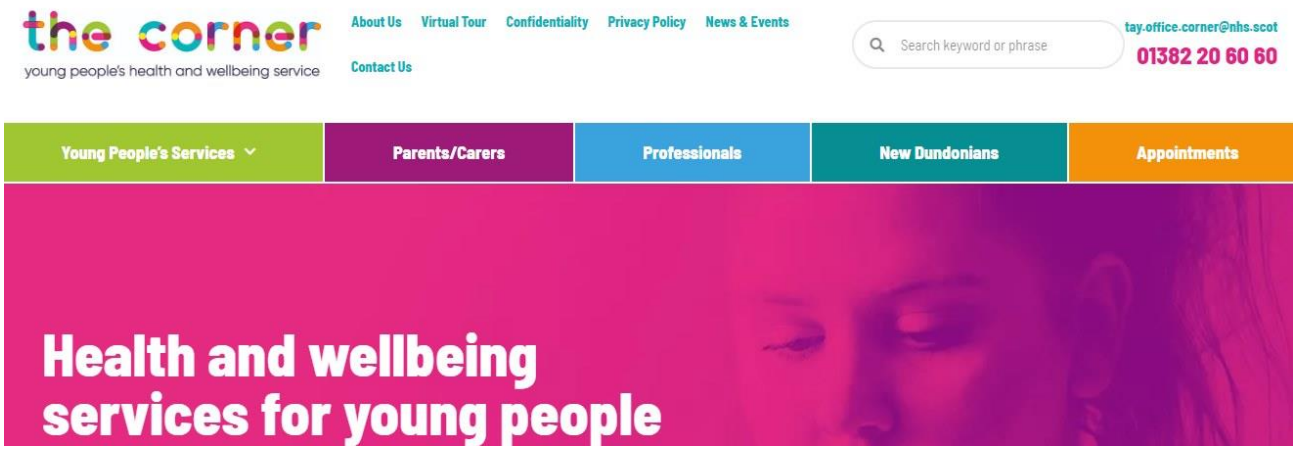
Detached Outreach continues to be delivered in partnership with Hot Chocolate and DCC Community Learning and Development team.

• The counselling service continues to provide one-to-one counselling to young people with mild to moderate emotional wellbeing issues. The counselling service offers up to eight sessions in a flexible and accessible way. Options include receiving support in-person, online, telephone and walk and talk.

• The Corner continues to work in partnership with Dundee Carers Centre, secondary schools and wider partners across the city to offer and deliver Health and Wellbeing checks to identified Young Carers aged 12-25. The checks also identify and address any unmet need by offering one to one support for identified Young Carers or linking them in with the Carers centre or identified services.

• Monthly attendance at local LGBT Young People's group with agreed session plans based on young people's feedback.

• The Corner drop in continues to provide health and wellbeing support to young people across the city. Open Monday to Friday 1-6pm, the drop in offers a range of service to young people. Every young person is offered a holistic health and wellbeing assessment, which identifies and addresses any unmet needs. Sexual health provision offers contraception (pill, patch, injection, implant insertion and removal), emergency contraception, pregnancy testing, sexually transmitted infection screening, free condoms, condom demonstrations, free sanitary products and support for termination of pregnancy.



Click here to view The Corner's website

Positive Steps

Positive Steps has been funded to provide a Crisis Response Outreach Service (CROS) to individuals who are in high level of crisis. CROS will provide a responsive, proactive, and personalised approach to supporting individuals. Dundee has a wide variety of specialised support agencies both statutory and third sector and often the barrier to engagement with these services is attendance and proactive engagement. Many of the most vulnerable within our communities find it difficult to coordinate and attend their support needs. CROS will contact individuals with 72 hours of the referral. Contact will be made by a variety of means and this will be dependent on the individual. CROS will call, text, visit homes, properties, know addresses, pharmacies, begging spots etc to make contact and will continue to try various methods until these are exhausted to engage the individual.

CROS will provide the catalyst to engagement with specialised services and support individuals to engage with the right support at the right time for them. CROS will coordinate support appointments and services, support individuals to attend, signpost to expert services, support individuals to understand their options, provide a “sticky” approach to support and complete welfare checks for those most at risk of harm.

CROS will follow the “Lead Professional Model” and can be the main point of contact in the early stages of the support journey. A needs assessment will be completed, and support needs identified will be prioritised with the individual. An action plan will be compiled with the individual and with consent, can be shared with support partners. CROS will discuss support options, source, and attend the chosen support with the individual to ensure engagement. This could take many sessions dependent on the needs of the individual and the issues they are facing. Time spent with individuals will be used to gain trust, cultivate relationships, and identify their needs.

Click here to find out more about Positive Steps

Tayside Adult Autism Consultancy Team (TAACT)

Tayside Adult Autism Consultancy Team (TAACT) works across the whole of Tayside and has its main base in Dundee. The Team includes a range of different professionals who have skills and experience in working with people with Autism Spectrum Conditions (ASC). This includes psychologists, occupational therapists, psychiatrists and speech and language therapists. The number of people coming forward asking to be assessed for ASC has increased markedly and the level of demand has resulted in significant waiting times. To make sure that we can better meet demand, a new Consultant Clinical Psychologist is leading the team and building up increased numbers of staff. A Partner organisation has also been commissioned to see people who have been waiting to be seen. This will result in waiting times decreasing and mean that TAACT staff can offer more direct work to people with complex needs and more consultancy to staff in other services already helping people with ASCs.

CONNECT

CONNECT is a new service for people experiencing psychosis for the first time. Around 43 new people experience psychosis for the first time every year and well-established research from around the world demonstrates that a particular approach - Early Intervention in Psychosis (EIP) - results in fewer people needing to go into hospital, shorter hospital stays for those who do and better longer-term wellbeing (including fewer relapses in the future). A key element of EIP services is early assessment and engagement with people and their families/supporters to build strong therapeutic relationships. CONNECT provides people with a compassionate safe haven when they can be at their most distressed and people can remain with the team for up to 2 years. It provides an encouraging, secure base to help people understand their experiences, develop and test out new skills as they recover. Importantly CONNECT enables people to access evidence-based care and treatment with a particular focus given to psychological and occupational recovery in addition to the use of medication if a person wants to take this.

The CONNECT team are now well established and work closely with other mental health services to ensure that everyone who may be suitable is found and seen quickly. Around 8 people a month are identified as possibly having a first episode of psychosis and around half-of these are confirmed as this being the case. Most people wait only 4 days from point of referral to being seen and everyone who has been engaged in treatment has stayed in treatment. CONNECT are already demonstrating that people they work with are going into hospital less than people who don't receive an EIP approach and a high number of people are returning to education/employment as they recover. Whilst at the moment CONNECT is only funded for three years and available only in Dundee, it is hoped that the model will be used across Tayside (keeping Dundee as the main hub) and will be continued in the longer term.

Image of some of the CONNECT team during a Ministerial Visit

Adult Support and Protection

A Joint Inspection of Adult Support and Protection took place between August 2023 and November 2023 with the report published in December 2023. This was a second phase inspection conducted by the Care Inspectorate at the request of Scottish Ministers with the focus on whether adults at risk of harm in the Dundee partnership area were safe, protected and supported. The joint inspection team found that key processes and leadership for adult support and protection are 'effective' with 'clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighs for improvement'. An improvement plan was submitted for the priority areas identified including consistent application and quality of investigations.

The inspection team identified six key strengths within the Dundee Partnership:

The way in which the Partnership responded to concerns about an adult at risk, including how quickly initial inquiries were carried out and the role of Council Officers in supporting investigations.

Attendance at case conferences by multi-agency partners and good collaborative working to support and protect adults at risk of harm.

How partners worked together though review case conferences and care groups to continuing to address risks to adults through protection plans.

Dedicated support from NHS Tayside Adult Support and Protection Team to members of the workforce involved in adult support and protection work.

The commitment of senior staff to including the voice and experience of adults at risk to influence strategic planning, including the voice of lived experience at the Adult Support and Protection Committee.

"There has been a good measure of success, built on strong engagement strategies inclusive of staff and people with lived experience"

The shared vision on senior staff, including innovative and ambitious plans to meet complex needs of adults at risk of harm in Dundee.

The inspection team also found six areas for partners to continue to work together to improve services and supports. This included: improving the quality of investigations, chronologies and risk assessments; completing ongoing work to update guidance and procedures; improving systems for quality assurance; improving the pace of improvement; and, making sure that improvement work is resourced and supported. Through the Adult Support and Protection Committee the Health and Social Care Partnership has agreed improvement plans to address these areas for improvement.

Click here to read the full inspection report

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

01382 434000

DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved, this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

Dave Berry	19/07/2024
Acting Chief Officer	Date
Christine Jones	25/07/2024
Acting Chief Finance Officer	Date
Roger Mennie	25/07/24
Clerk and Standards Officer	Date
Bob Benson	23/07/2024
Chairperson	Date
Councillor Ken Lynn	24/07/2024
Vice Chairperson	Date