REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 29 JANUARY 2025**

REPORT ON: **MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 2**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC3-2025**

1.0   PURPOSE OF REPORT

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

2.0   RECOMMENDATIONS

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

2.1   Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).

2.2   Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   BACKGROUND INFORMATION

4.1   The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health functions delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.

4.2   In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.0   LOCAL CONTEXT

5.1   Dundee has the 2nd highest rate in Scotland of adults (aged 16+) who reported in the 2022 Census that they lived with a mental health condition. Dundee has a rate of 162 people per 1,000 population compared to 131 per 1,000 population for Scotland. Dundee has 20,242 people in the 16+ age group who identified themselves as having a mental health condition; this equates to 16% of the 16+ population. The highest rate per 1,000 population was for the 16-34 age group. 17% of all females (16+) reported they had a mental health condition and 11% males. In the 2022 Census, Maryfield and Coldside had the highest rate per 1,000 population (16+ age group) and The Ferry had the lowest rate per 1,000 population. Maryfield had more than double the rate of people with a mental health condition, compared with The Ferry.

5.2   In the 2022 Census 24% of people with mental health conditions in Dundee rated their health as bad or very bad. This compares with 7% for the general Dundee population who rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 30% in the East End to 14% in the West End, of people who rated their health as bad or very bad.

5.3   In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.8 years).

5.4   The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources. It is estimated from Scottish Health Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, mental health and substance use disorders, and diabetes.

5.5   The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).

5.6   In the past academic reporting year (Aug 23 to July 24) there has been on average 60 children on the child protection register. Over that time, half of the registrations have been with parent/carers mental health as a reason for registration.

5.7   In August 2024, the National Records of Scotland published its statistics for probable deaths by suicide in 2023. Across Scotland there was an increase in probable suicides (30 deaths) from the 2022 figures, with a total of 792 deaths in 2023. In Dundee specifically, in 2023, 30 people died by probable suicide, 22 males and 8 females, this is an increase of one person from 2022 (for comparison 2022=29, 2021=25, 2020=34). At council level, the rate was higher (statistically significant) than the Scottish average in Dundee City, Highland, and East Ayrshire. In Scotland, male suicides increased by 34 to 590 deaths in 2023, while female suicide deaths decreased by 4 to 202 deaths in the latest year. The rate of suicide mortality in the most deprived areas in Scotland was 2.5 times as high as in the least deprived areas in Scotland.

6.0   WHAT THE DATA IS TELLING US

6.1   Although the rate of mental health admissions for the 18-64 age group has increasing trends in comparison to Q1 2022/23, numbers have begun to stabilise across all hospital admissions and emergency admissions. The rate of mental health admissions for the age 65+ age group also shows stabilisation across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by LCPP, with the most deprived localities having the highest rates of admissions.

6.2   The rate of mental health bed days for the under 65 and 65+ age groups has decreased which is an improvement across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions.

6.3   When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee had the 2nd highest rate of mental health emergency bed days for ages 18-64 and for ages 65+.

6.4   There has been an increasing trend in referrals for Psychological Therapies since Q1 2022/23, with a fall in since Q4 2023/24. Most new referrals were from West End and Lochee. There has been a slight fall in the proportion of patients referred to Psychological Therapies who commenced their treatment within 18 weeks of referral (completed waits). This has fallen from 75% in Q1 22/23 to 70% in Q2 2024/25.

6.5 The number of community-based mental health appointments from Dundee Crisis Team has decreased, however when all Community Mental Teams are combined the overall number of appointments has increased. The proportion of referrals accepted is just over 60%. The number of people discharged without being seen has a downward trend, with 431 not seen for Q2 2024/25. At Q2 2024/25 the number of community-based mental health return appointments for every new patient seen was an average of 10.

6.6 There is an increasing trend in the number of new referrals to Psychiatry of Old Age with numbers beginning to stabilise since Q1 2023/24. The proportion of referrals accepted has remained steady at just over 60%. At Q2 24/25, the highest number of new referrals came from The Ferry and the lowest number were from Maryfield. At Q2 2024/25, the average number of return appointments for every patient seen was 12. There was an increasing trend in the number of people discharged without being seen from Q1 2023/24 to Q2 2024/25.

6.7 The number of new referrals to Learning Disabilities services is showing an upward trend with 464 referrals in Q2 2024/25. The highest number of new referrals were from Coldside and West End, with the lowest number from The Ferry. The proportion of referrals accepted has increased from 56% in Q2 2023/24 to 75% in Q2 2024/25. The average number of return appointments for every new patient seen at Q2 24/25 was 11, and there was an increase in the number of people discharged without being seen from Q1 2022/23 to Q2 2024/25.

6.8 There is a downward trend in the number of referrals to Mental Health Officers since Q1 2022/23 teams, with numbers now beginning to stabilise. Whilst for the Community Mental Health Team for younger people has seen a drop in referrals, there has been little change in the caseloads for all Social Work Mental Health teams.

6.9 There has been an increase in the number of local authority and private guardianship applications. There has also been an increasing trend in Short Term Detentions between 2023/24 Q1 to Q2 2024/25.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

7.1 Tayside Psychological Therapies Service, along with six other Mainland Health Board areas, has been placed in Enhanced Support by Scottish Government. This is resultant of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). This does not attract any additional resource for the service and, in the first instance, has meant additional analyst time to further examine locally held and used data.

7.2 An Improvement Plan has been provided to the Chief Officer and shared with Scottish Government colleagues. Tayside currently has an above average accepted referral rate but the third lowest level of Clinical and other Doctorate level staff in Scotland. This has been offset somewhat by enhanced skill mix but, overall, remains below average. An 'immediately realistic recruitment plan" and a "further required investment plan" has been shared with the total required extra investment (to meet the 90% target) approximating £1.5M. This is not currently affordable and a small increase in resource (in the Region of 7 additional posts) has been agreed in the first instance. This recruitment will take place in January 2025.

7.3 There continues to be significant challenges with Community Mental Health Teams, with rising referral rates. Staff absence has decreased. The Transformation finance approved for use to improve processes around ADHD assessment and treatment is not yet being utilised but will be a priority development in January 2025.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Christine Jones
Acting Chief Finance Officer

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

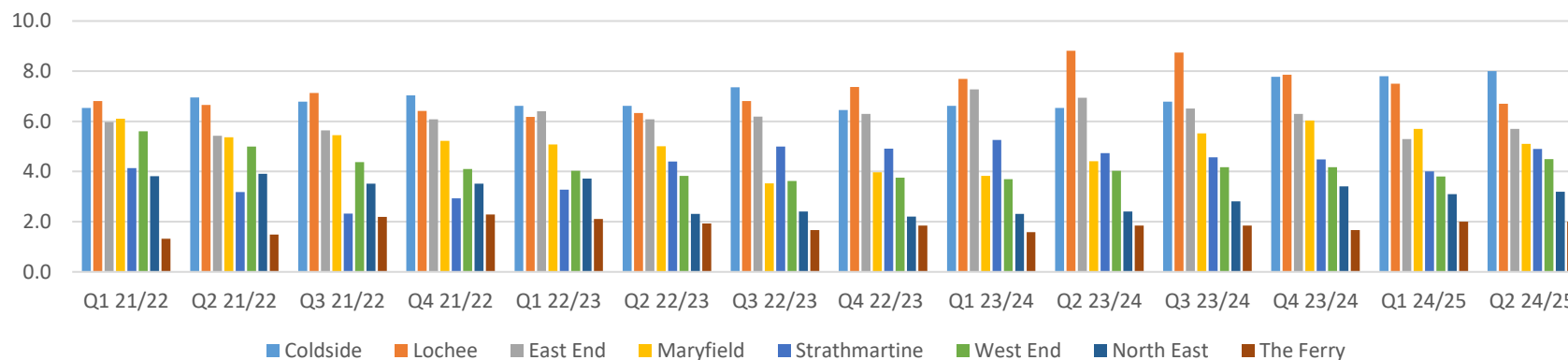Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

DATE: 20 December 2024

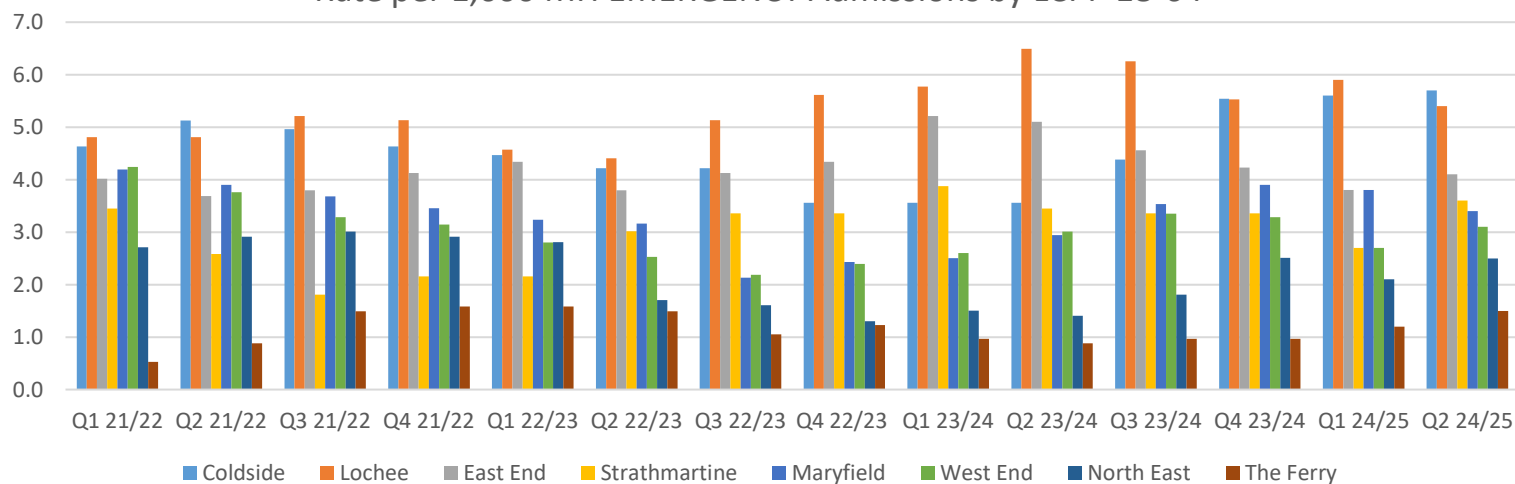**APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS**

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Admission Summary for People Age 18-64												
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	443	435	433	437	451	472	489	498	471	481			An increasing trend in the number of admissions in comparison to Q1 2022/23.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	4.7	4.6	4.6	4.6	4.8	5.0	5.2	5.2	4.9	5.1			Rates per 1,000 population have increased from Q1 2022/23 to Q2 24/25. There are variations by LCPP, note that rates are not standardised. Highest rates in Coldside, followed by Lochee and lowest rates in The Ferry.

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

Legend: Coldside, Lochee, East End, Maryfield, Strathmartine, West End, North East, The Ferry

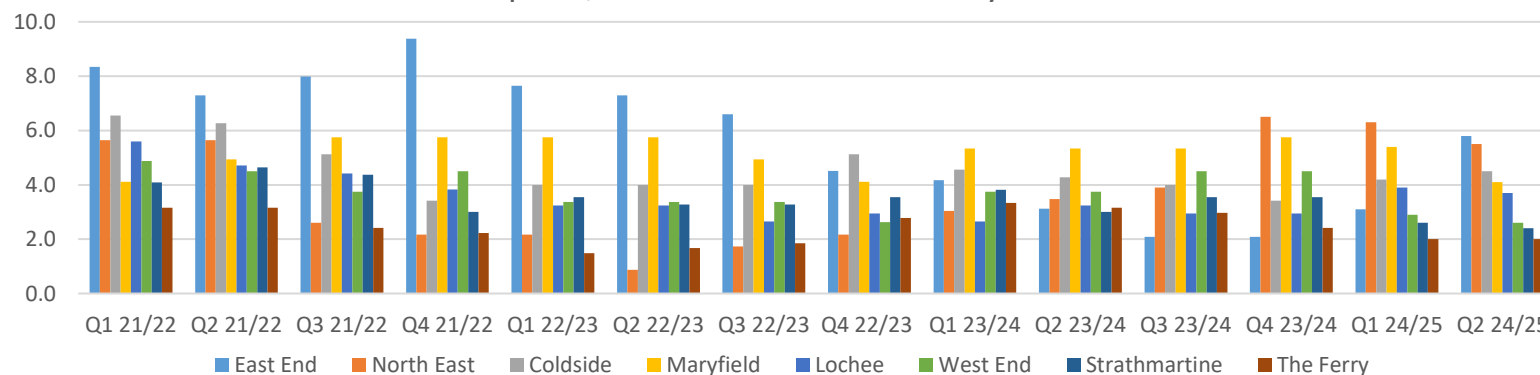| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health EMERGENCY Admissions for people aged 18-64	307	290	281	287	306	319	338	351	334	349			An increasing trend between Q1 2022/23 to Q2 2024/25.
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 18-64	3.2	3.1	3.0	3.0	3.2	3.4	3.6	3.7	3.5	3.7			Increase in rate per 1,000 from Q1 2022/23 to Q2 2024/25. Highest rate in Coldside (5.7 rate per 1,000) and Lochee (5.4 rate per 1,000) Lowest rate in The Ferry with a rate of 1.5 per 1,000 population.

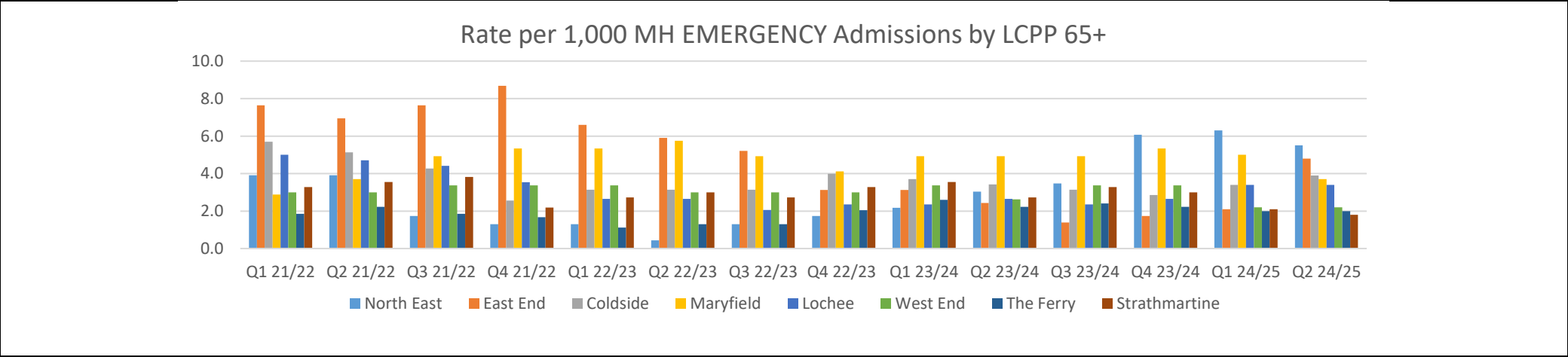Rate per 1,000 MH EMERGENCY Admissions by LCPP 18-64

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health ALL Admissions for people aged 65+	96	92	89	91	99	94	93	95	95	96			Fairly consistent numbers in few quarters. There has been variation from Q3 2022/23 and Q1 23/24 before stabilising.
Rate per 1,000 Mental Health ALL Admissions for people aged 65+	3.7	3.5	3.4	3.5	3.8	3.6	3.5	3.6	3.5	3.6			Similar rates to previous quarters. Variation by LCPP although note that rates are not standardised. Highest rates in East End, followed by North East and lowest rate in The Ferry.

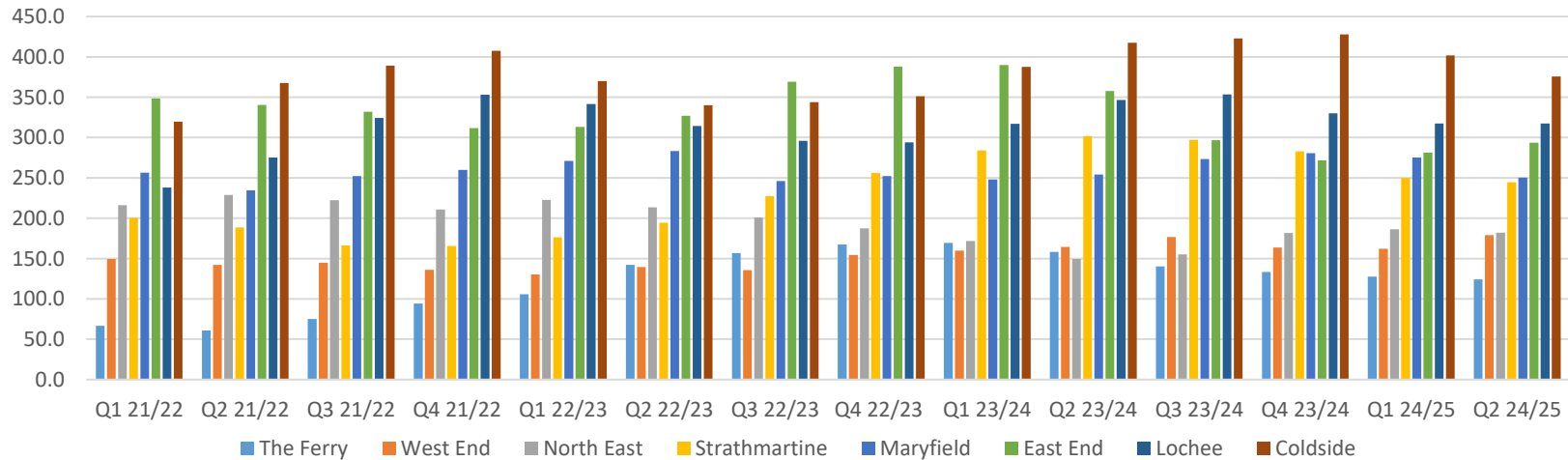Rate per 1,000 MH ALL Admissions by LCPP 65+

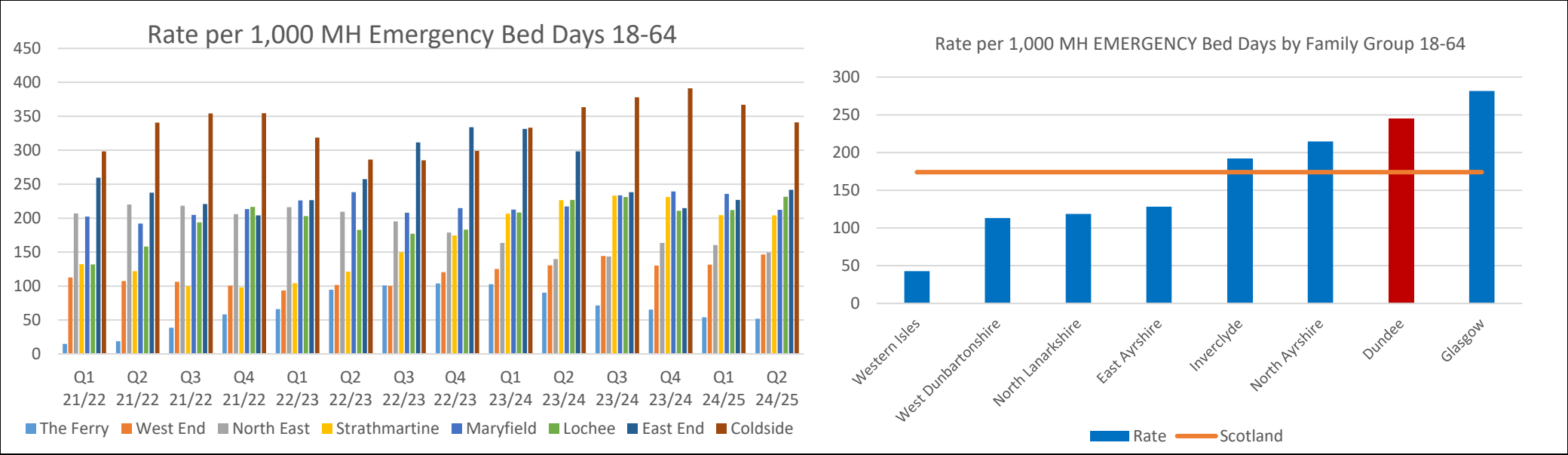| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	80	79	74	75	83	76	78	83	82	86			Slight increase in Q2 2024/25 in comparison to previous quarters.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	3.0	3.0	2.8	2.9	3.2	2.9	3.0	3.2	3.0	3.2			Slight increase in rate per 1,000 in Q2 2024/25 in comparison to Q2 2023/24. Variation by LCPP Highest rates in North East, followed by East End and lowest rate in Strathmartine. Although note these are small numbers.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+

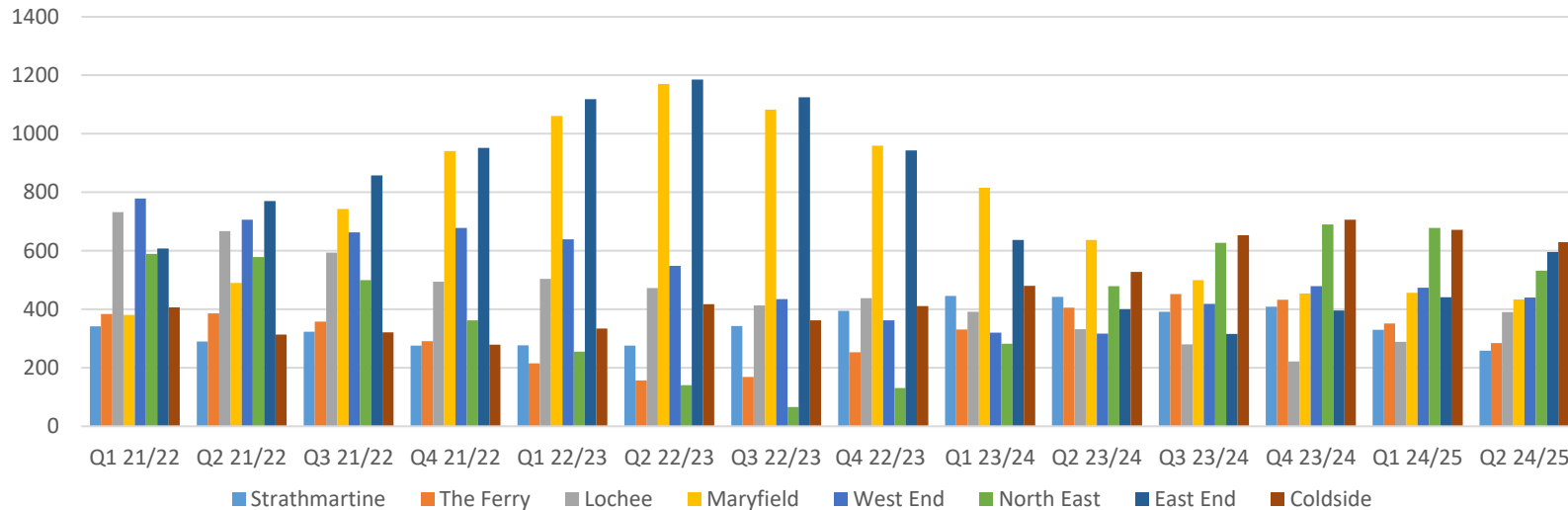| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	22683	22935	23009	23926	24800	25326	25146	24614	23722	23303			Decreasing trend since Q2 23/24.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	238.9	241.6	242.3	252	262	266.7	264.8	259.2	249.3	244.9			Decreasing trend since Q2 2023/24 with the highest rate in Coldside (375.7 rate per 1,000) and the lowest in The Ferry (124.2 rate per 1,000).

Rate per 1,000 ALL MH Bed Days 18-64

| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 23/24 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health EMERGENCY Bed Days for people aged 18-64	17020	17401	17652	18650	19601	19874	19888	19547	18922	18768			Increasing trend for emergency bed days.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 18-64	179.3	183.3	185.9	196.4	206.4	209.3	209.5	205.9	198.8	197.2			Decreasing trend from Q2 2023/24 to Q2 2024/25. Coldside had the highest rate per 1,000 and The Ferry had the lowest rate.

Rate per 1,000 MH Emergency Bed Days 18-64

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

| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health ALL Bed Days for people aged 65+	13148	12971	12019	12052	11754	11438	11806	12173	11930	11451			Downward trend since Q1 22/23.
Rate per 1,000 Mental Health ALL Bed Days for people aged 65+	501	494.3	458	459.2	447.9	435.8	449.9	463.9	443.2	425.4			Downward trend since Q1 22/23. The highest rate is in Coldside and the lowest is in Strathmartine.

Rate per 1,000 ALL MH Bed Days 65+

Legend: Strathmartine, The Ferry, Lochee, Maryfield, West End, North East, East End, Coldside

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling2 3/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
							Bed Days for People Aged 65+						
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	11882	11881	11257	11268	10769	10188	10202	10407	10284	9863			A downward trend in emergency bed days from Q1 22/23 to Q2 24/25.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	452.8	452.7	429	429.4	410.4	388.2	388.8	396.6	382.0	366.4			A downward trend with the highest rate in Coldside and the lowest in Strathmartine.

Rate per 1,000 MH Emergency Bed Days 65+

Rate per 1,000 MH EMERGENCY Bed Days by Family Group 65+
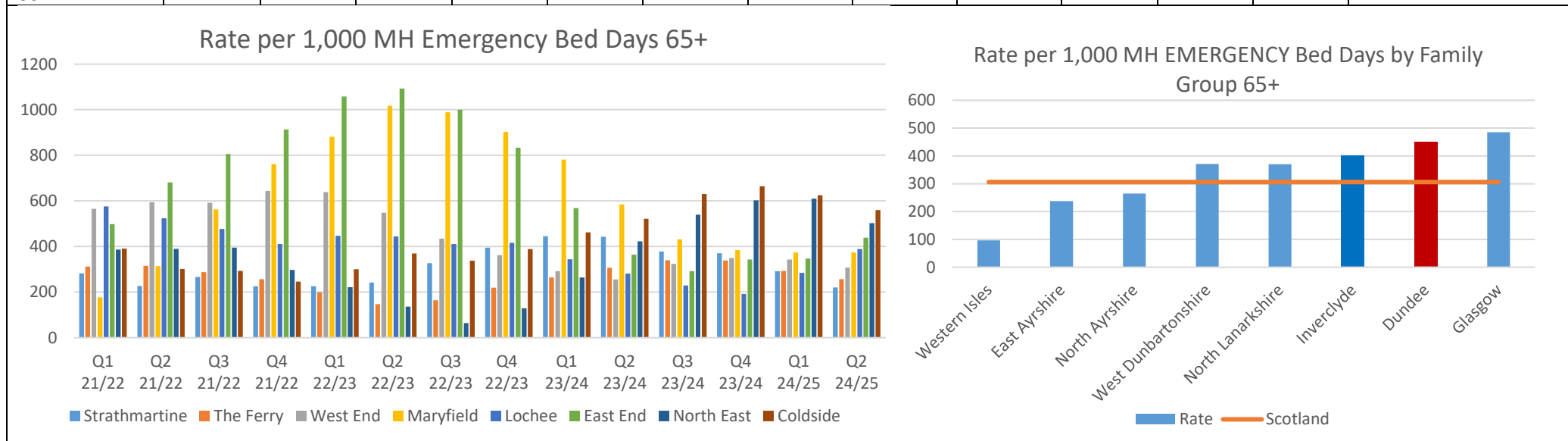
Delayed Discharge for Mental Health Specialities

All Delay Reasons Bed Days
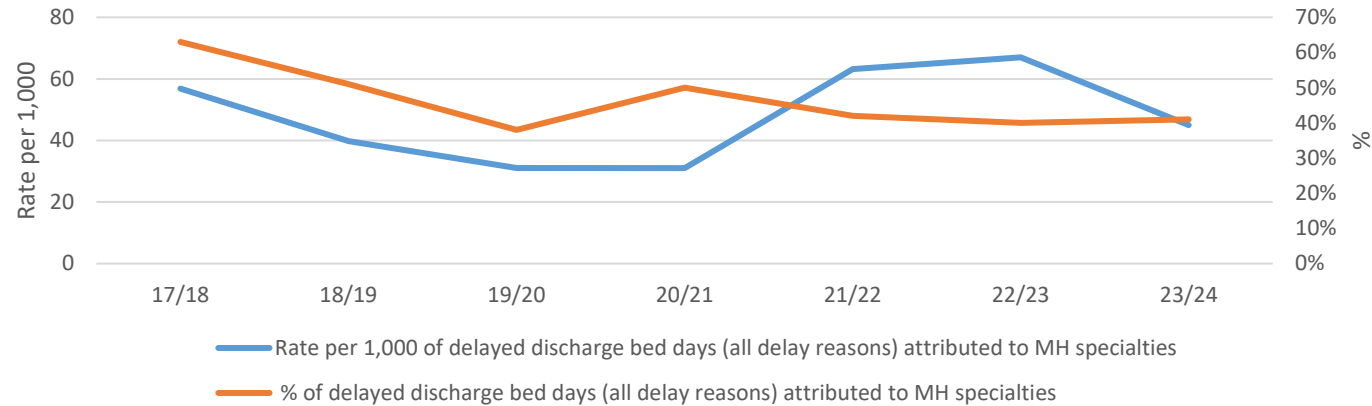
— Rate per 1,000 of delayed discharge bed days (all delay reasons) attributed to MH specialties

— % of delayed discharge bed days (all delay reasons) attributed to MH specialties

This data in available annually and not available by LCPP level

Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and 2022/23 was higher than previous years but had come down for 2023/24.
% of delayed discharge bed day (all delay reasons) attributed to MH specialities has been steady in the past few years.
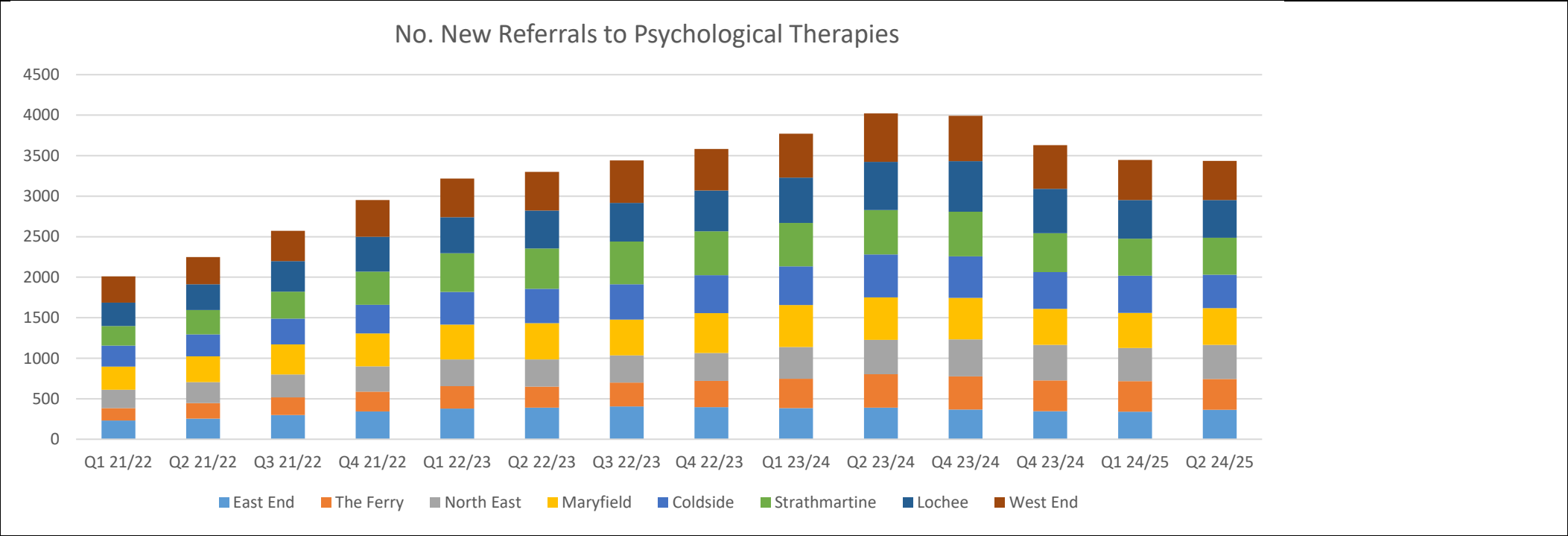
Standard Delay Reasons Bed Days
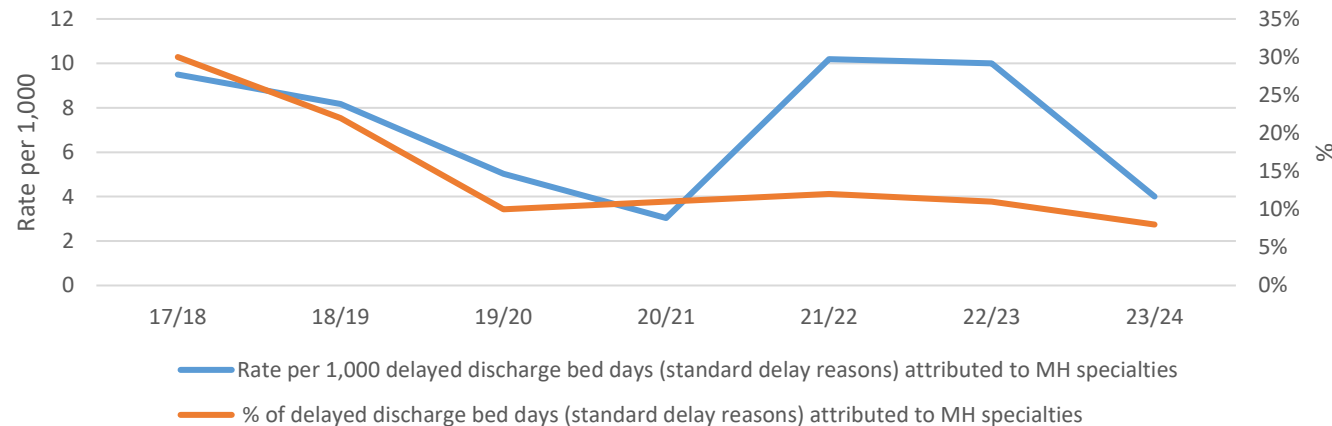
— Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties

— % of delayed discharge bed days (standard delay reasons) attributed to MH specialties

This data in available annually and not available by LCPP level

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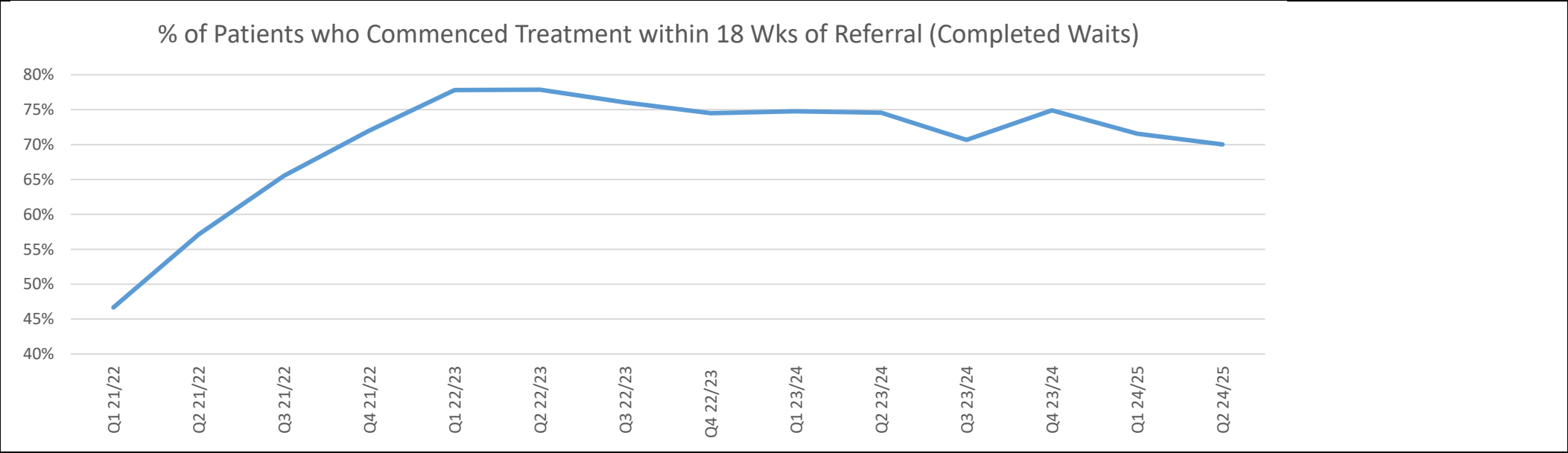% of delayed discharge bed days (standard delay reasons) attributed to MH specialties has a decreasing trend.

Code 9 AWI Bed Days

Legend:
- Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties
- % of delayed discharge bed days (code 9 AWI) attributed to MH specialties

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

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

Code 9 Other Reasons (Bed Days)

Axis Title

Legend:
- Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties
- % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties

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

Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 30 in 2023/24.
% of delayed discharge bed days (code 9 other reasons) attributed to MH specialties increased from 80% in 2022/23 to 84% in 2023/24.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
Number of NEW referrals to psychological therapies (ALL)	2383	2514	2735	2926	3152	3423	3520	3631	3448	3436			An upward trend since Q1 2022/23 with a slight fall in Q2 2024/25. West End had the highest number with 484 referrals.

No. New Referrals to Psychological Therapies

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	75%	75%	73%	71%	71%	71%	71%	71%	72%	70%			Slight fall in the % of people who were seen within 18 weeks from Q1 2022/23 to Q2 2024/25.

% of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)

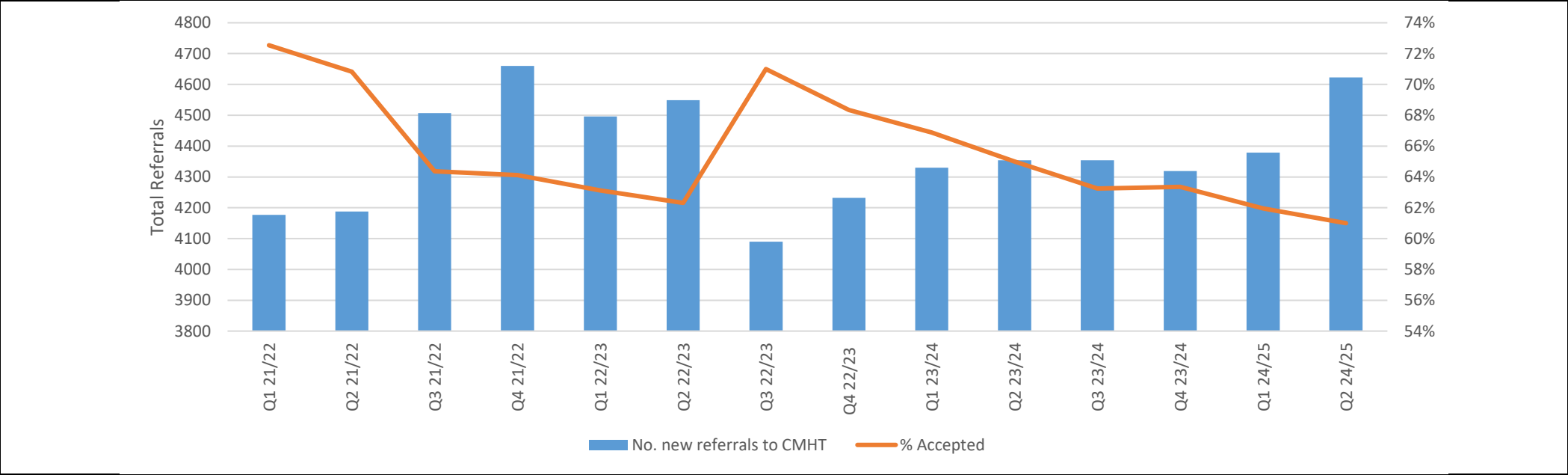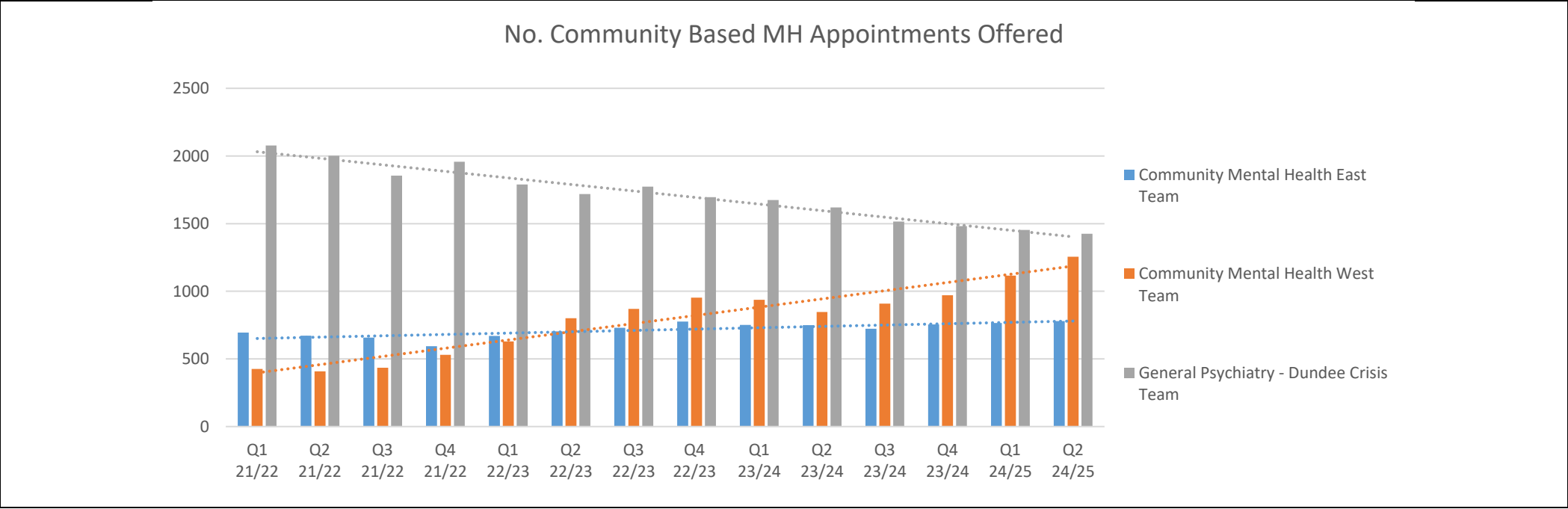| Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team*)													
Number of new referrals to CMHT (and % accepted) .	4496 (63%)	4549 (62%)	4090 (71%)	4232 (68%)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)			An increasing trend in number of new referrals from Q3 2022/23 and Q2 2024/25. % accepted remains steady and sitting between 61% and 63% over the last 3 quarters.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)*													
Number of community based mental health appointments offered (included attended and DNA)	3083	3216	3365	3414	3362	3214	3147	3207	3334	3459			An increase in number of appointments offered from Q1 2022/23 to Q2 2024/25. The largest increase in the CMHT West Team.

No. Community Based MH Appointments Offered

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team*)													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	13	13	12	11	11	11	12	11	11	10			On average 10 return appointments over the past 12 months.
Number of people discharged without being seen	665	706	720	712	700	621	539	458	429	431			Reduction in number of people discharged without being seen from Dundee Crisis Team - this has been decreasing consistently since Q1 2021/22.

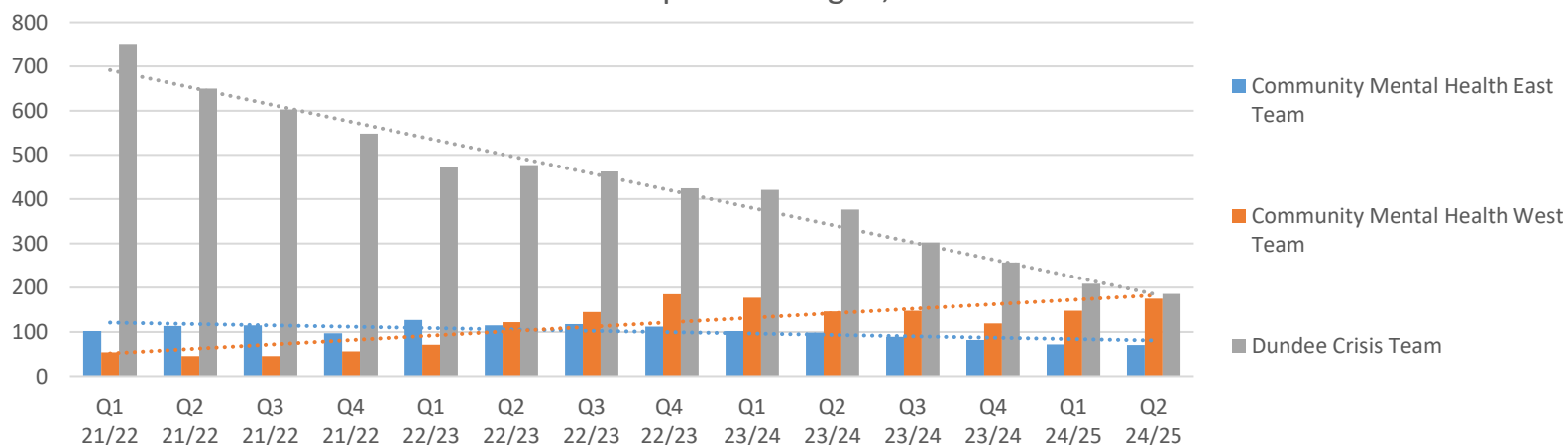No. of People Discharged, Not Seen

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
					Psychiatry of Old Age								
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	596 (70%)	646 (72%)	720 (72%)	758 (64%)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)			

No. of accepted POA referrals

Increasing trend in the number of referrals since Q1 2022/23. For Q2 24/25, the highest number of new referrals came from The Ferry (172) and the lowest number came from Maryfield (67). % accepted remains steady at 61%. *Please note: There has been a change in the way referrals are counted in 2023/24 reporting period*
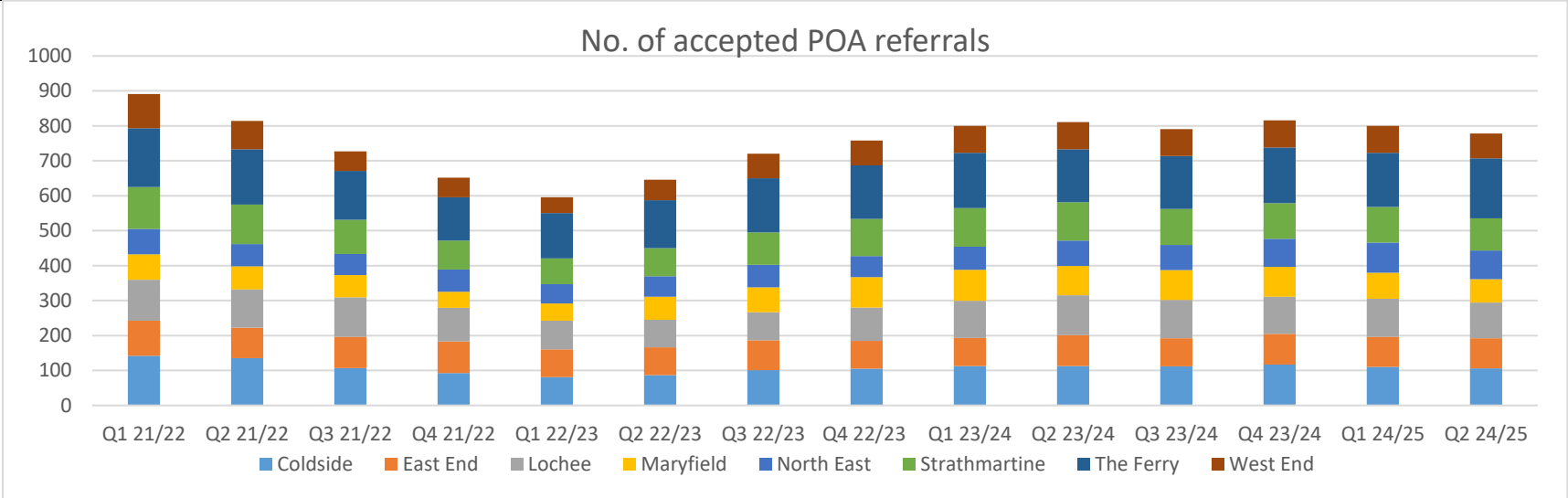
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Number of return appointments for every new patient seen.	9	9	9	9	11	11	12	12	12	12			Average number of return appointments remains the same in the past 12 months.
Number of people discharged without being seen	348	355	384	370	322	375	401	478	516	512			Increasing trend. The largest number of people discharged without being seen are from Strathmartine (88) and the lowest number are from Maryfield (33).

No. POA Referrals Discharged but not Seen

Legend: Coldside, East End, Lochee, Maryfield, North East, Strathmartine, The Ferry, West End
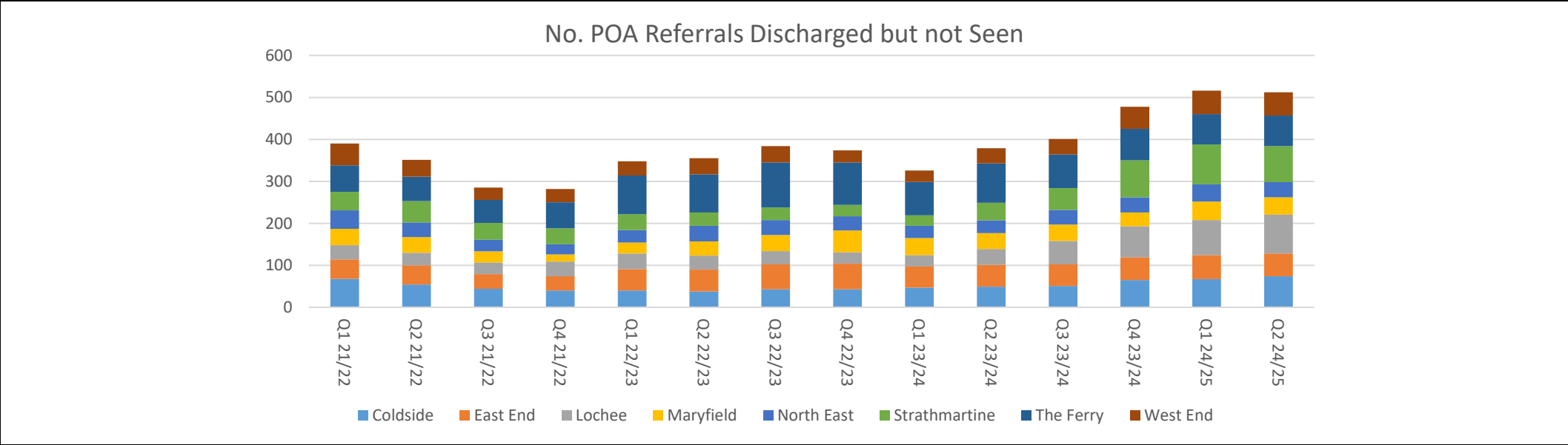
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
						Learning Disability							
Number of new referrals to LD (and % accepted)	210 (74%)	178 (72%)	173 (68%)	224 (69%)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)			Increasing trend in the number of new referrals since Q1 2022/23. The highest number of new referrals were from Coldside and West End (71) and the lowest number was from The Ferry (36). % accepted has increased since Q4 23/24. *Please note: There has been a change in the way referrals are counted so these numbers are different previous reporting*

No. New LD Referrals and % Accepted

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Learning Disability													
Number of return appointments for every new patient seen.	14	14	14	13	12	12	11	11	11	11			Reducing trend from Q1 2022/23 to Q2 2024/25.
Number of people discharged without being seen	94	95	97	94	102	123	134	163	189	193			Increasing trend since Q1 2022/23. Highest numbers were in Coldside and lowest was in The Ferry.

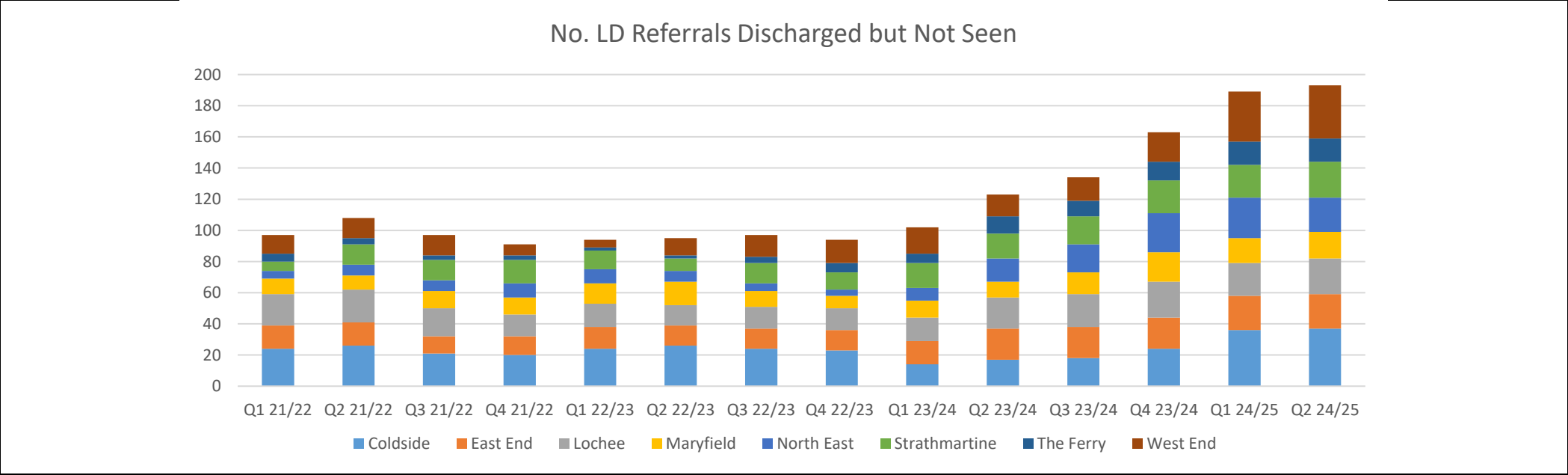No. LD Referrals Discharged but Not Seen

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Social Work Demand Information													
MHO new referrals and Assessment	337	321	298	292	292	283	264	265	260	272			Decreasing trend since Q1 2022/23.
CMHT (SW team) new referrals	149	136	151	145	134	121	78	66	57	66			A decreasing trend since Q1 2022/23.
CMHT older people new referrasl(SW team)	136	140	159	165	174	190	186	189	158	136			A decreasing trend over the last 4 quarters.
LA Guardianship applications	41	48	49	40	52	54	55	60	60	70			An increasing trend in the number of guardianship applications.
Private Guardianship application	58	59	64	63	64	70	69	73	80	88			An increasing trend in the number of guardianship applications
Emergency detention in hospital (up to 72 hours) (s36)	102	103	107	95	101	97	103	117	105	104			Numbers have fluctuated between 95 and 107 since Q1 2022/23, except for a peak at Q4 2023/24 when there were 17.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Short term detention in hospital (up to 28 days) (s44)	164	166	169	169	181	179	209	205	197	205			Increasing trend since Q1 2022/23.
Compulsory Treatment Orders (s64)	52	47	52	55	58	59	63	60	54	45			Decrease over the last 2 quarters.
No. of S44 with Social Circumstance report was considered	56	51	52	56	61	69	73	73	63	57			
No. of SCR that were prepared	41	35	34	32	35	38	42	46	41	44			
MHO team caseload at period end	265	251	265	273	264	263	255	251	250	251			Caseload numbers have remained fairly consistent.
MHO unallocated at end of quarter	49	46	53	44	37	36	51	42	52	40			
% MHO unallocated out of all cases	18%	18%	20%	16%	14%	14%	20%	17%	21%	16%			A reduction in % unallocated in past quarter.
CMHT (SW team) caseloads at period end	456	412	410	429	474	491	471	467	492	506			Increasing trend since Q1 2022/23.
CMHT (SW teams) unallocated at end of quarter	4	0	2	11	57	38	42	45	28	19			A reduction in numbers since Q1 23/24.
% CMHT (SW teams) unallocated out of all cases	1%	0%	0%	3%	12%	8%	9%	10%	6%	4%			A reduction in % unallocated cases in the

												past two quarters.
CMHT older people (SW team) caseloads at period end	269	254	262	253	280	267	258	269	275	268			Caseload numbers have remained fairly consistent.
CMHT older people (SW team) unallocated at end of quarter	0	0	0	0	0	0	0	0	0	0			
% CMHT older people (SW team) unallocated out of all cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			