

**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

**REPORT ON:** MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 2

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC5-2024

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).
- 2.2 Comment on any further areas for development in the content and presentation of this report.
- 2.3 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND INFORMATION**

- 4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.
- 4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

## **5.0 LOCAL CONTEXT**

5.1 Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population. The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females : 43% males) and also a higher prevalence in the 35-64 age group.

- 5.2 There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside than in other Local Community Planning Partnership areas (LCPPs). East End has more than double the rate of people with a mental health condition, compared with The Ferry.
- 5.3 In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.
- 5.4 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).
- 5.5 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.
- 5.6 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).
- 5.7 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.
- 5.8 Dundee on average has around 70 children on the child protection register at any one time and around one third are placed on the register due to parental mental illness.
- 5.9 Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

## **6.0 WHAT THE DATA IS TELLING US**

- 6.1 The rate of Mental Health admissions and bed days for all age groups has decreased across all hospital admissions and emergency admissions. However, there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions and bed days.
- 6.2 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2<sup>nd</sup> highest rate of mental health emergency bed days for ages 18-64 and the highest rate of mental health emergency bed days for ages 65+.
- 6.3 The number of new referrals to psychological therapies has increased with most new referrals coming from West End.
- 6.4 The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 62% in Q1 21/22 to 71% in Q2 23/24.
- 6.5 The number of community based mental health appointments from Dundee Crisis Team has decreased, whereas the number from Dundee Community Mental Health West Team has increased. The number from Dundee Community Mental Health East Team has remained constant over the reporting time period. The number of people discharged without being seen follows the same pattern.

- 6.6 The number of community based mental health return appointments for every new patient seen is currently an average of 15. The number of new referrals to Psychiatry of Old Age dipped at Q1 22/23 and has since increased. The % of referrals accepted followed a similar pattern. At Q2 23/24, the highest number of new referrals came from The Ferry and the lowest number came from North East. The average number of return appointments for every patient seen is 11.
- 6.7 The number of new referrals to Learning Disabilities services has increased from 211 in Q1 21/22 to 410 in Q2 23/24. The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted increased from 66% at Q1 21/22 to 75% at Q2 23/24. The average number of return appointments for every new patient seen at Q2 23/24 was 12, which has decreased from 18 in Q1 21/22.
- 6.8 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Team for younger age groups has decreased during the reporting period. The number of new referrals to the Social Work Community Mental Health Team for older people increased from 131 at Q4 22/22 to 190 at Q2 23/24.
- 6.9 The number of local authority guardian applications was 54 during Q2 2023/24 and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 70 in Q2 23/24.

## **7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT**

- 7.1 During COVID-19, there was a decision made to admit patients across Tayside into any available bed and for the entire episode of care to be delivered from that location. That is, Dundee patients may end up in Perth & Kinross or Dundee beds. Recent analysis of admissions suggested that 'out of locality' care was of similar levels for each of the localities with it possible that on any given day the number of Dundee patients in Murray Royal may be the same as the number of Perth & Kinross patients in Carseview. Whilst this has helped with immediate bed management (and minimising COVID cross-contamination risk), it has likely had the unwanted consequence of divorcing CMHTs from decision making around patient admission and timely discharge of those patients that can be best supported in the community when there is pressure on beds. Work has now started to examine re-aligning in-patient wards aligned with localities to determine whether this usefully impacts on admission rates (through the increased use of intensive home treatment) and length of stay (through greater involvement of CMHT staff during in-patient admissions and better discharge planning).
- 7.2 Within Psychological Therapies, the aggregation of data masks that a very significant number of specialities routinely exceed the RTT waiting times target. Particular issues exist within Clinical Neuropsychology, Psychology to CMHT care and Clinical Health Psychology. All three areas have experienced high vacancy levels. Arrangements are now in place with a recognised Locum Agency and remote working arrangements in place across each of these domains, albeit not to the level of existing vacancies which reflect a National shortfall in trained therapists. Increased number of Locum staff will be used where these can be secured, although there are some limits of what can be delivered remotely. The service has agreed to increase the number of training places on offer over the next training intakes to attempt to grow the workforce.

## **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.

## 8.2 RISK ASSESSMENT

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance and activity.</li> <li>- Continue to report data quarterly to the PAC to highlight performance and activity.</li> <li>- Support operational managers by providing in depth analysis regarding areas of poor performance.</li> <li>- Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	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.

Dave Berry  
Chief Finance Officer

**DATE:** 10 December 2023

Lynsey Webster  
Senior Officer, Strategy and Performance

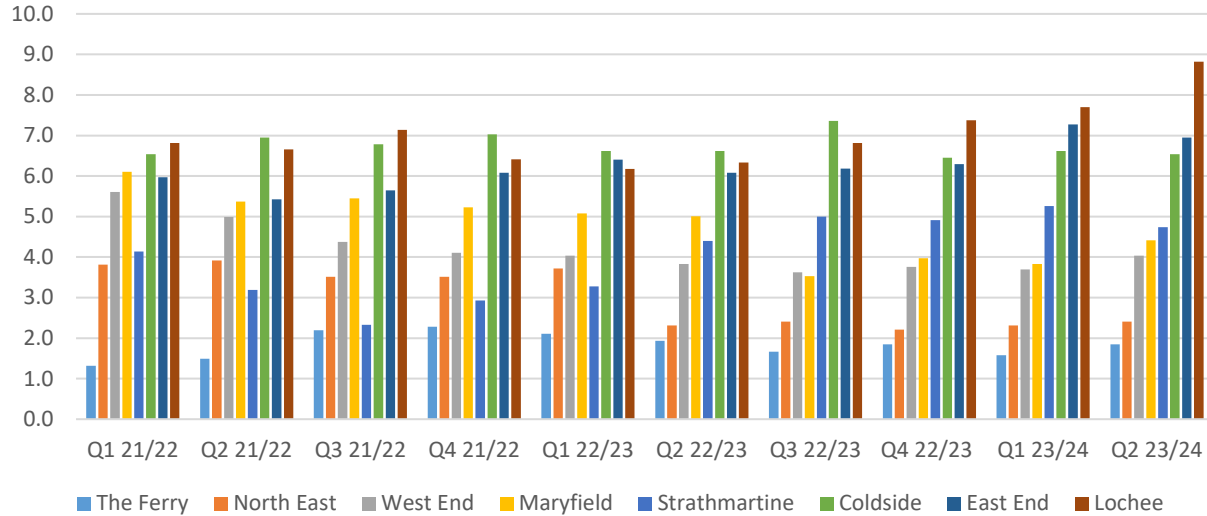
Linda Graham  
Clinical Lead for Mental Health and Learning Disabilities

## APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<b>Unscheduled Care</b>											
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	485	456	448	447	443	435	433	437	451	472	Downward trend since 21/22 although increasing trend since Q3 22/23.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	345	333	326	323	307	290	281	287	306	319	Downward trend since 21/22 although increasing trend since Q3 22/23.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	5.1	4.8	4.7	4.7	4.7	4.6	4.6	4.6	4.8	5.0	Increasing trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.

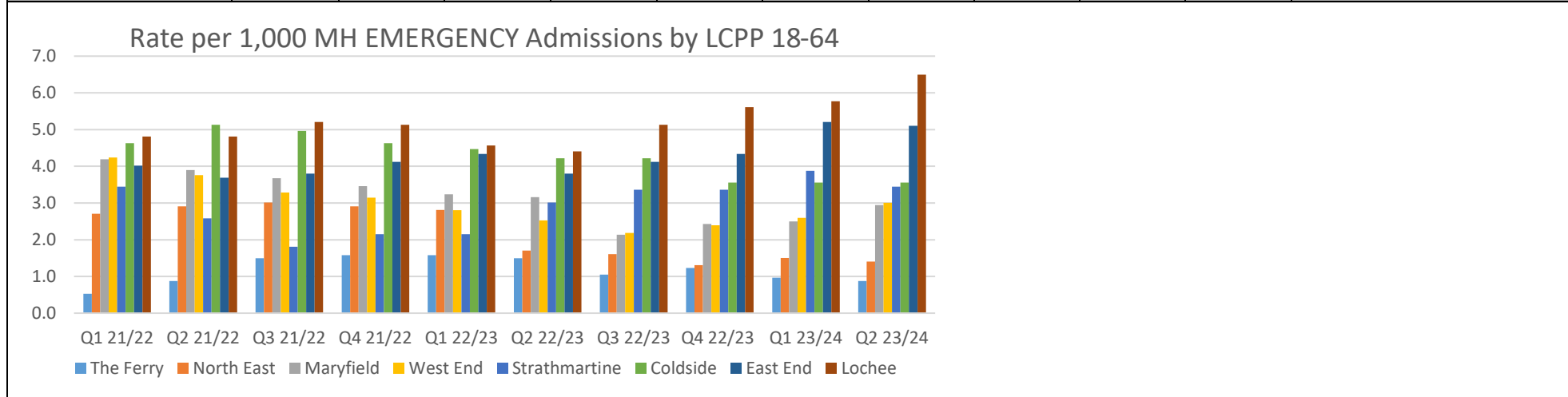
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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Rate per 1,000 MH ALL Admissions by LCPP 18-64



Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.6	3.5	3.4	3.4	3.2	3.1	3.0	3.0	3.2	3.4	Increasing trend since Q3 22/23. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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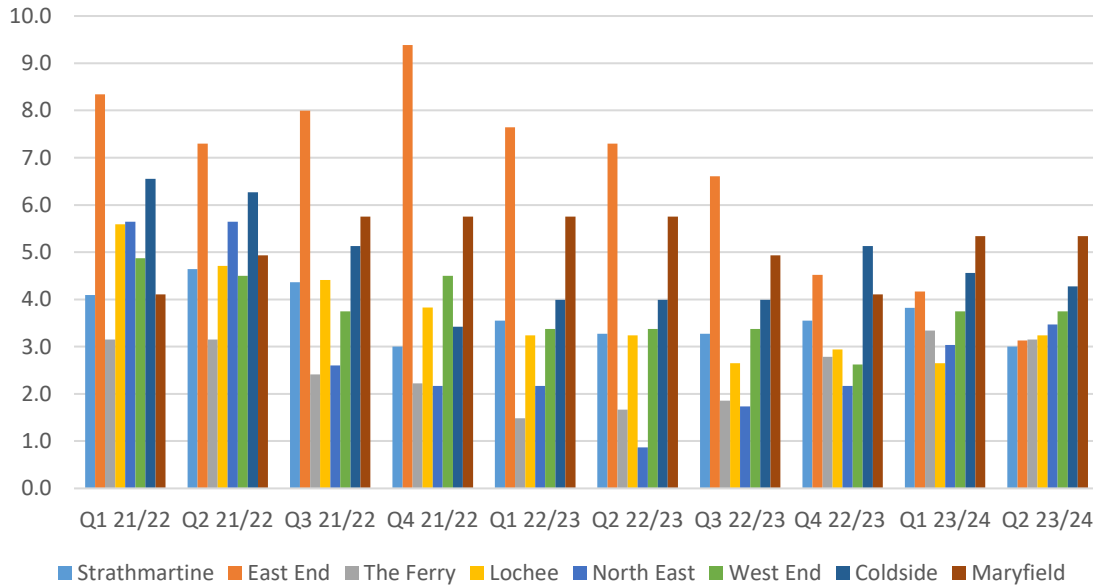


Number of Mental Health <u>ALL</u> Admissions for people aged 65+	134	130	115	106	96	92	89	91	99	94	Downward trend since 21/22.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	105	106	10	90	80	79	74	75	83	76	Downward trend since 21/22.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	3.8	3.6	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rate in Strathmartine.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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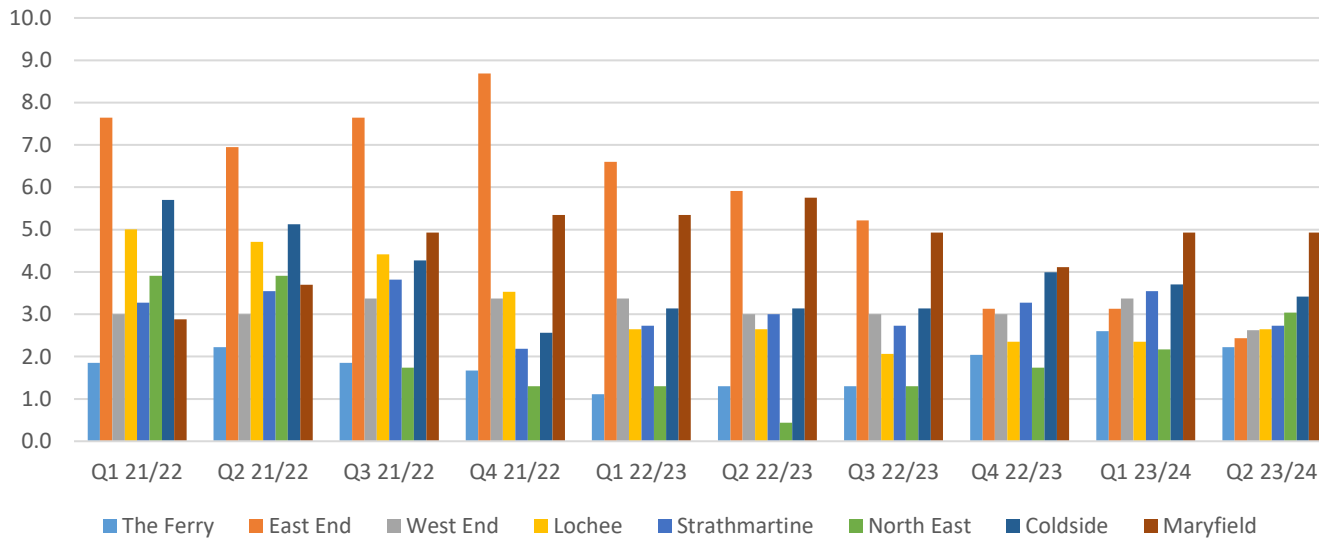
Rate per 1,000 MH ALL Admissions by LCPP 65+



Rate per 1,000 Mental Health <b>EMERGENCY</b> Admissions for people aged 65+	4.0	4.0	3.8	3.4	3.0	3.0	2.8	2.9	3.2	2.9	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rate in The Ferry.
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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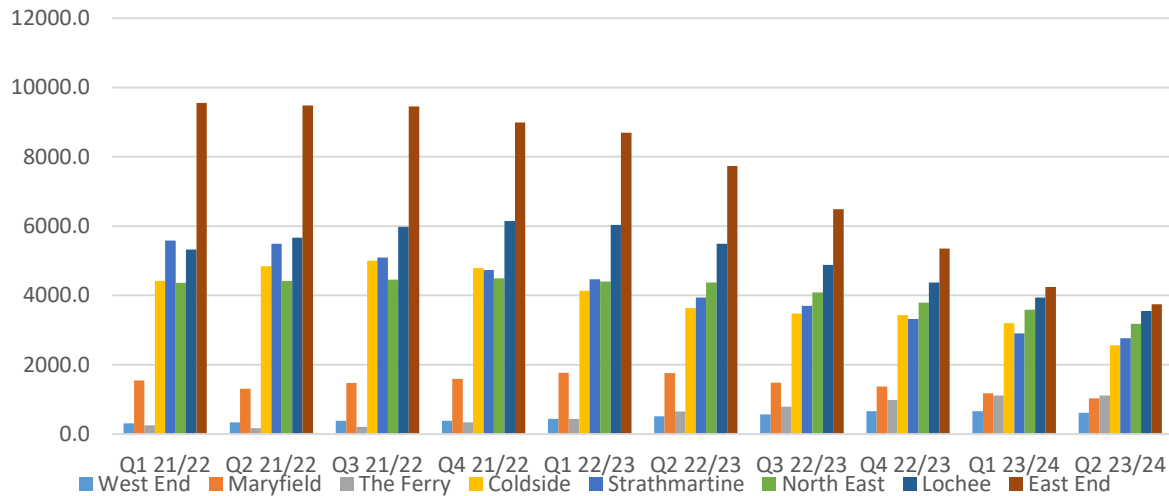
Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+



Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	344591	349079	353638	348153	336520	311969	283721	261242	234934	209190	Downward trend.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	3629.3	3676.6	3724.6	3666.8	3544.3	3285.7	2988.2	2751.5	2474.4	2203.2	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in East End, followed by Lochee and lowest rates in West End.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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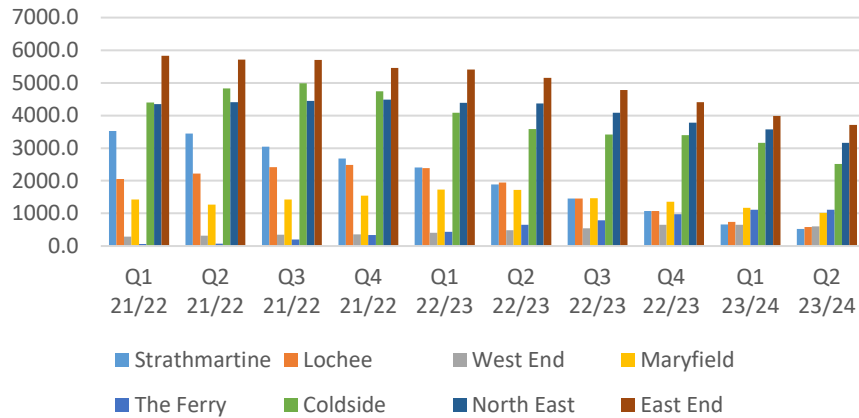
Rate per 1,000 MH ALL Bed Days by LCPP 18-64



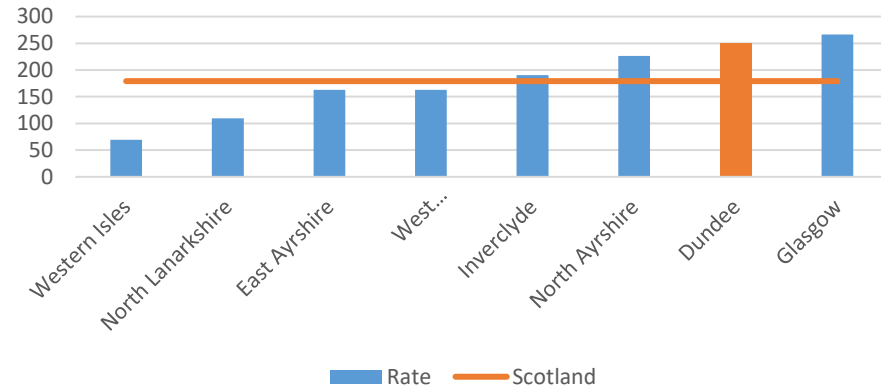
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	143,295	147,632	152,483	150,302	139,394	123,403	98,439	82,356	64,500	57,838	Downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	241119	245281	249197	244414	235143	218405	198003	184363	165479	144756	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in East End followed by North East and lowest rates in Strathmartine. Dundee has the 2 <sup>nd</sup> highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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Rate per 1,000 MH Emergency Bed Days by LCPP 18-64



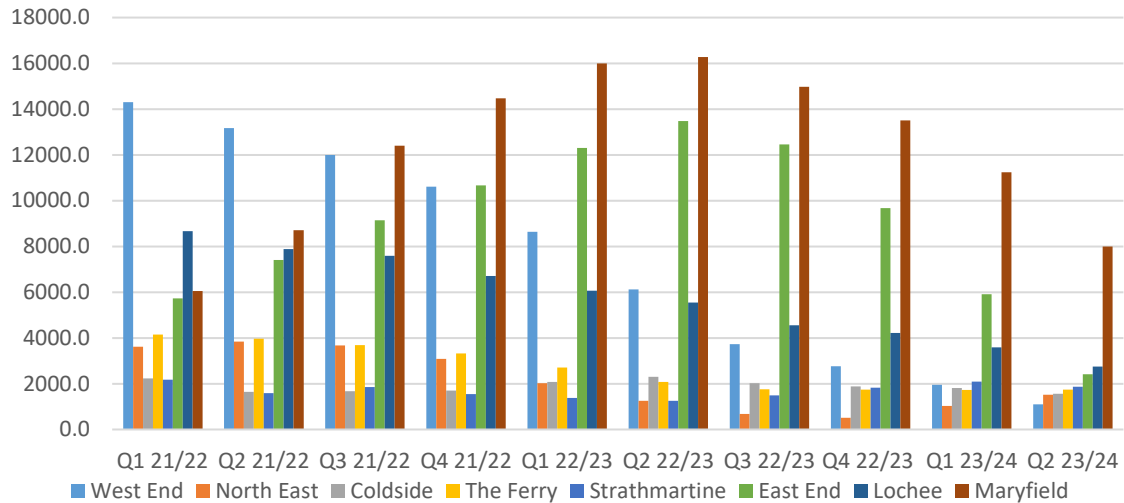
Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64



Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	145273	146242	155292	153611	149546	140354	121268	106327	87410	63871	Downward trend.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	5535.7	5572.6	5917.5	5853.4	5698.5	5348.2	4621.0	4051.6	3330.8	2433.8	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield and Lochee and lowest rates in West End.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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Rate per 1,000 MH ALL Bed Days by LCPP 65+



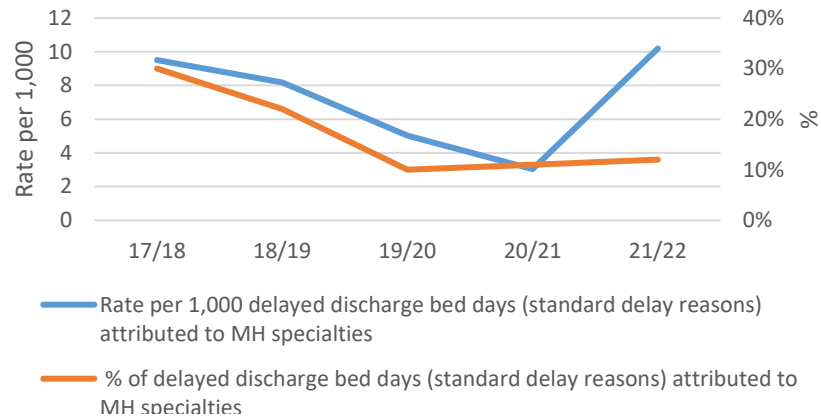
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	111007	116704	129420	132682	133377	128061	114488	100611	81315	57330	Downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	4230.0	4447.1	4931.6	5055.9	5082.4	4879.8	4362.6	3833.8	3098.5	2184.6	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Lochee and lowest rates in West End. Dundee has the highest rate in the Family Group and is considerably higher than the Scotland rate.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis																		
<b>Delayed Discharges</b>																													
Rate of standard delayed discharge from general psychiatry specialty											Indicator in development.																		
Rate of standard delayed discharge from psychiatry of old age specialty											Indicator in development.																		
Rate of complex delayed discharge from general psychiatry specialty											Indicator in development.																		
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<p><b>All Delay Reasons Bed Days</b></p> <table border="1"> <caption>Data for All Delay Reasons Bed Days</caption> <thead> <tr> <th>Year</th> <th>Rate per 1,000 of delayed discharge bed days (all delay reasons) attributed to MH specialties</th> <th>% of delayed discharge bed days (all delay reasons) attributed to MH specialties</th> </tr> </thead> <tbody> <tr> <td>17/18</td> <td>~58</td> <td>~63</td> </tr> <tr> <td>18/19</td> <td>~40</td> <td>~50</td> </tr> <tr> <td>19/20</td> <td>~38</td> <td>~38</td> </tr> <tr> <td>20/21</td> <td>~38</td> <td>~50</td> </tr> <tr> <td>21/22</td> <td>~63</td> <td>~42</td> </tr> </tbody> </table> <p> <span style="color: blue;">—</span> Rate per 1,000 of delayed discharge bed days (all delay reasons) attributed to MH specialties  <span style="color: orange;">—</span> % of delayed discharge bed days (all delay reasons) attributed to MH specialties </p>											Year	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	17/18	~58	~63	18/19	~40	~50	19/20	~38	~38	20/21	~38	~50	21/22	~63	~42	<p>Not available at LCPP level. Not available by quarter.</p> <p>Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate.</p> <p>% of delayed discharge bed days (all reasons) attributed to MH specialties increased between 20/21 and 21/22 and was 63% at 21/22.</p> <p>Source: PHS Publication December 2022</p> <p><b>This is annual data and therefore 22/23 data is</b></p>
Year	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																											
17/18	~58	~63																											
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21/22	~63	~42																											

**not expected until Q4 23/24.**

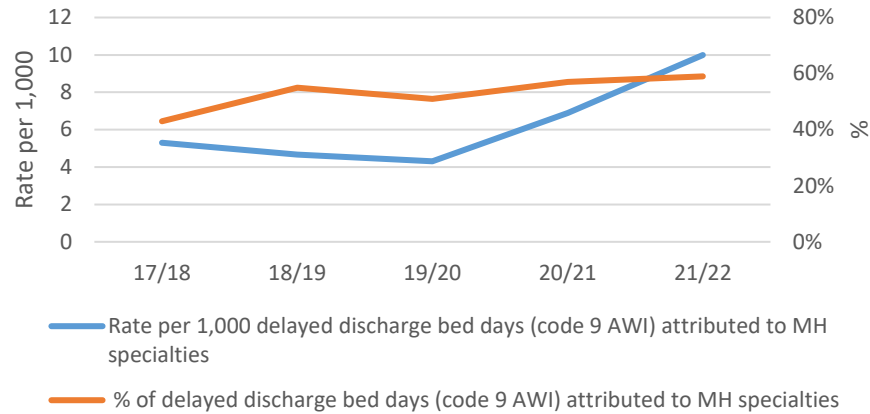
Standard Delay Reasons Bed Days



Not available at LCPP level. Not available by quarter.  
 Rate per 1,000 delayed discharge bed days (standard delay reasons ) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate. % of delayed discharge bed days (standard delay reasons) attributed to MH specialties decreased from 30% in 17/18 to 10% in 19/20 and between 19/20 and 21/22 increased to 12%.  
 Source: PHS Publication December 2022  
**This is annual data and therefore 22/23 data is not expected until Q4 23/24.**

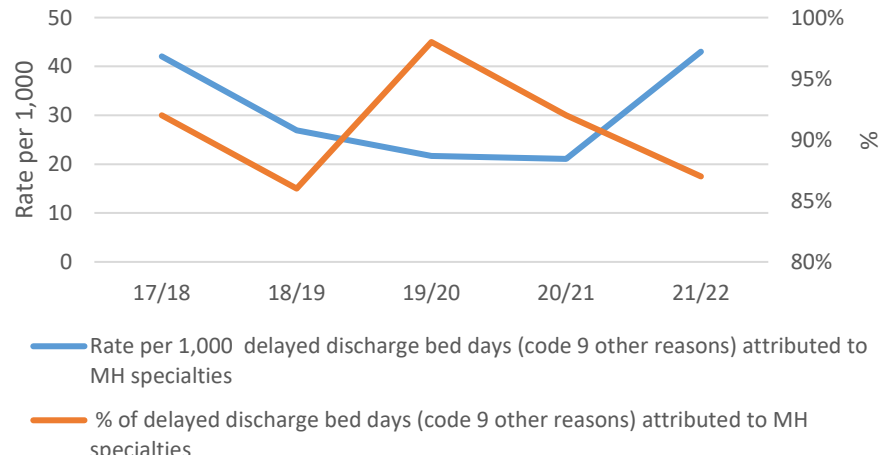


### Code 9 AWI Bed Days



Not available at LCPP level. Not available by quarter.  
 Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties decreased from 5 in 17/18 to 4 in 19/20 and between 19/20 and 21/22 increased to 10. % of delayed discharge bed days (code 9 AWI) attributed to MH specialties increased from 43% in 17/18 to 59% in 21/22.  
 Source: PHS Publication December 2022  
**This is annual data and therefore 22/23 data is not expected until Q4 23/24.**

### Code 9 Other Reasons (Bed Days)

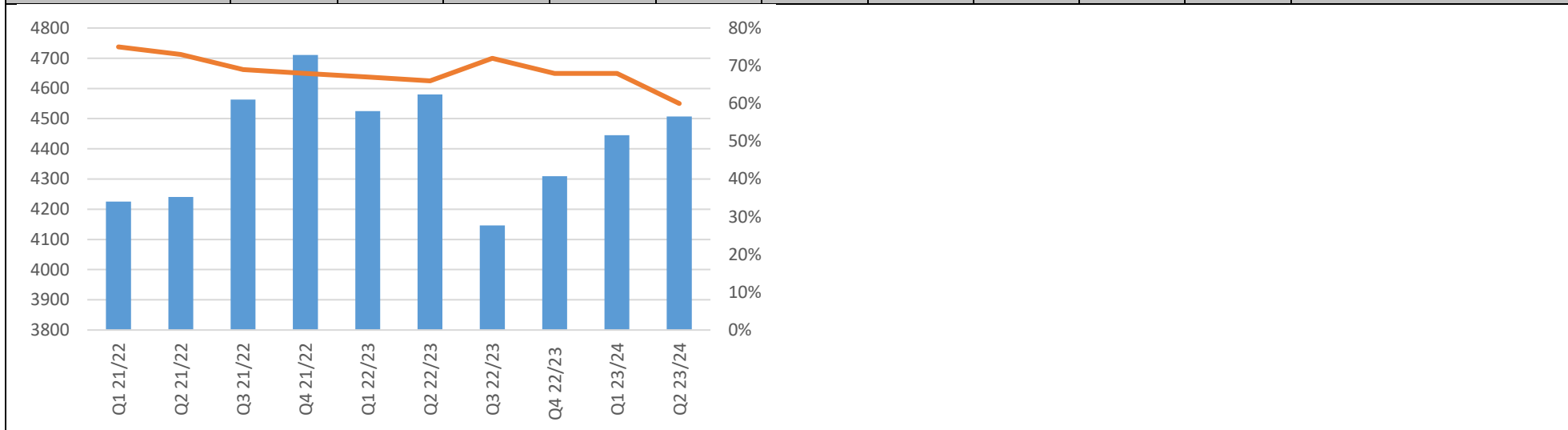


Not available at LCPP level. Not available by quarter.  
 Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 42 in 17/18 to 21 in 20/21 and increased to 43 in 21/22. % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 98% in 19/20 to 87% in 21/22.  
 Source: PHS Publication December 2022

											This is annual data and therefore 22/23 data is not expected until Q4 23/24.																																																																																																			
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis																																																																																																			
<b>Psychological Therapies</b>																																																																																																														
Number of NEW referrals to psychological therapies (ALL)	2010	2249	2572	2954	3217	3299	3442	3500	3772	4022	-Increasing trend. -Most new referrals are from West End (599 at Q2 23/24).																																																																																																			
<p style="text-align: center;"><b>No. New Referrals to Psychological Therapies</b></p> <p>The chart displays the following data series (estimated values):</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>East End</th> <th>The Ferry</th> <th>North East</th> <th>Maryfield</th> <th>Coldside</th> <th>Strathmartine</th> <th>Lochee</th> <th>West End</th> </tr> </thead> <tbody> <tr><td>Q1 21/22</td><td>200</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q2 21/22</td><td>250</td><td>150</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q3 21/22</td><td>300</td><td>200</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q4 21/22</td><td>350</td><td>250</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q1 22/23</td><td>400</td><td>300</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q2 22/23</td><td>450</td><td>350</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q3 22/23</td><td>500</td><td>400</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q4 22/23</td><td>550</td><td>450</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q1 23/24</td><td>600</td><td>500</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> <tr><td>Q2 23/24</td><td>650</td><td>550</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr> </tbody> </table>												Quarter	East End	The Ferry	North East	Maryfield	Coldside	Strathmartine	Lochee	West End	Q1 21/22	200	100	100	100	100	100	100	100	Q2 21/22	250	150	100	100	100	100	100	100	Q3 21/22	300	200	100	100	100	100	100	100	Q4 21/22	350	250	100	100	100	100	100	100	Q1 22/23	400	300	100	100	100	100	100	100	Q2 22/23	450	350	100	100	100	100	100	100	Q3 22/23	500	400	100	100	100	100	100	100	Q4 22/23	550	450	100	100	100	100	100	100	Q1 23/24	600	500	100	100	100	100	100	100	Q2 23/24	650	550	100	100	100	100	100	100
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% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)	62%	67%	73%	73%	79%	80%	77%	75%	72%	71%	Downward trend since Q2 22/23 although increase since baseline year (Q1 21/22).																																																																																																			

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis																						
<p style="text-align: center;"><b>% of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)</b></p> <table border="1"> <caption>Data for % of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 21/22</td><td>62%</td></tr> <tr><td>Q2 21/22</td><td>67%</td></tr> <tr><td>Q3 21/22</td><td>73%</td></tr> <tr><td>Q4 21/22</td><td>73%</td></tr> <tr><td>Q1 22/23</td><td>79%</td></tr> <tr><td>Q2 22/23</td><td>80%</td></tr> <tr><td>Q3 22/23</td><td>77%</td></tr> <tr><td>Q4 22/23</td><td>75%</td></tr> <tr><td>Q1 23/24</td><td>72%</td></tr> <tr><td>Q2 23/24</td><td>71%</td></tr> </tbody> </table>												Quarter	Percentage	Q1 21/22	62%	Q2 21/22	67%	Q3 21/22	73%	Q4 21/22	73%	Q1 22/23	79%	Q2 22/23	80%	Q3 22/23	77%	Q4 22/23	75%	Q1 23/24	72%	Q2 23/24	71%
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% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (ongoing waits)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90% (snapsh of April 23)	100% (snapsh of July 23)	100% (snapsh of Sept 23)	Data prior to April 23 not available.																					

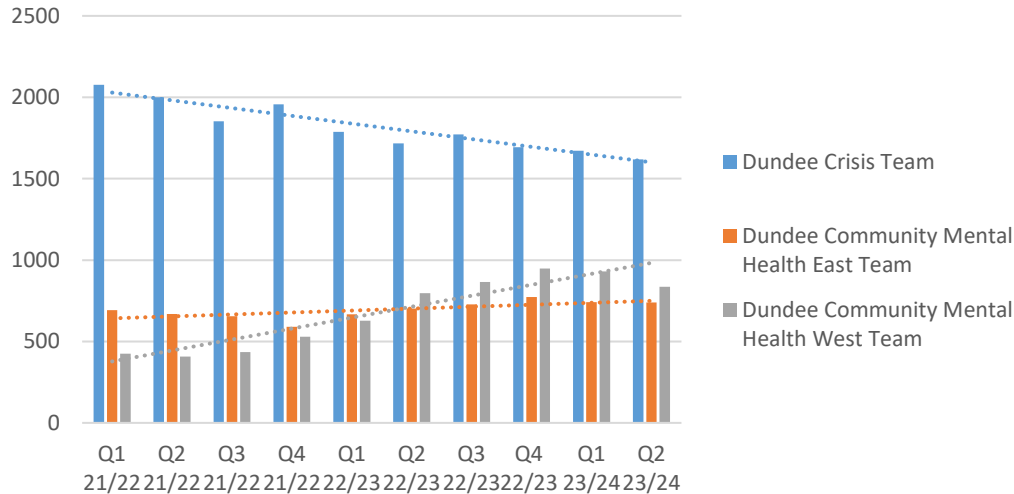
Community Mental Health Team (CMHT)											
Number of new referrals to CMHT (and % accepted)	4225 (75%)	4241 (73%)	4563 (69%)	4711 (68%)	4525 (67%)	4580 (66%)	4146 (72%)	4309 (68%)	4445 (68%)	4507 (60%)	Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team. The number of referrals have fluctuated between 4146 and 4711 and at Q2 23/24 the number was inbetween the highest and lowest points, at 4507. The % accepted has fluctuated between 66% and 75%.
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis



<p>% of discharged psychiatric in patients followed up by CMHT services within 7 calendar days</p>											<p>Requires further development as not currently possible using the current EMIS system.</p>
<p>Number of community based mental health appointments offered (included attended and DNA)</p>	<p>3194</p>	<p>3077</p>	<p>2942</p>	<p>3077</p>	<p>3083</p>	<p>3216</p>	<p>3365</p>	<p>3414</p>	<p>3342</p>	<p>3192</p>	<p>Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team.</p> <p>Reduction in number of appointments offered from Dundee Crisis Team. The number of appointments offered from Dundee Community Mental Health East Team has increased slightly. The number of appointments offered from Dundee Community Mental Health West Team has doubled since Q1 22/22.</p>

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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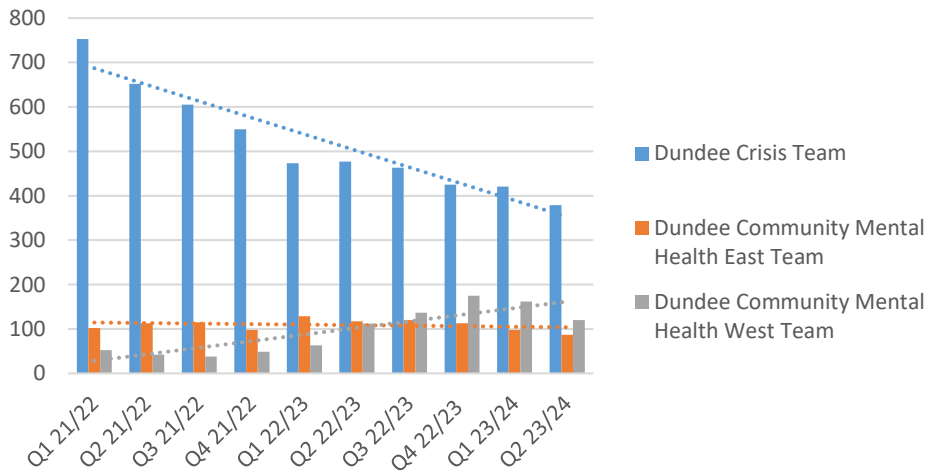
No. Community Based MH Appointments Offered



No. of return appointments for every new patient seen. (average per month over the previous 12 months)	16	17	19	18	18	17	15	14	15	15	Fluctuated between 14 and 19.
Number of people discharged without being seen	907	807	758	697	665	706	720	712	680	585	Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team.  Reduction in number of people discharged without being seen from Dundee

												Crisis Team from 753 at Q1 21/22 to 379 at Q2 23/24. The number of people discharged without being seen from Dundee Community Mental Health East Team has remained fairly stable. There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team from 52 at Q1 21/22 to 120 at Q2 23/24.
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis	

No. of People Discharged, Not Seen

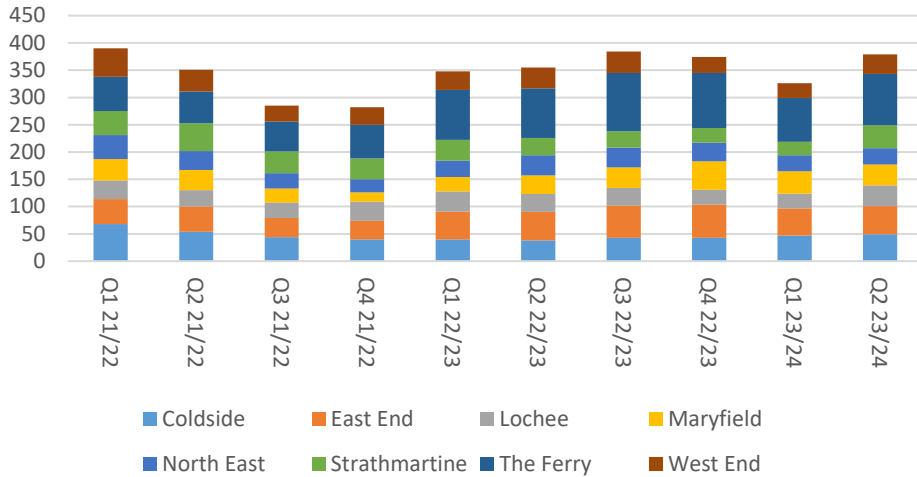


Waiting time indicator in development											Data quality exercise being undertaken and data expected Q1 23/24.
<b>Psychiatry of Old Age</b>											
Number of new referrals to Psychiatry of Old Age (and % accepted)	1186 (75%)	1108 (73%)	1004 (72%)	918 (71%)	846 (71%)	911 (72%)	1030 (73%)	1123 (72%)	1212 (71%)	1258 (70%)	The number of new referrals dipped to 846 at Q1 22/23 and has since increased to 1258 at Q2 23/24. The % accepted followed a similar pattern. At Q2 23/24, the highest number of new referrals came from The Ferry (222) and the lowest number came from North East (110).



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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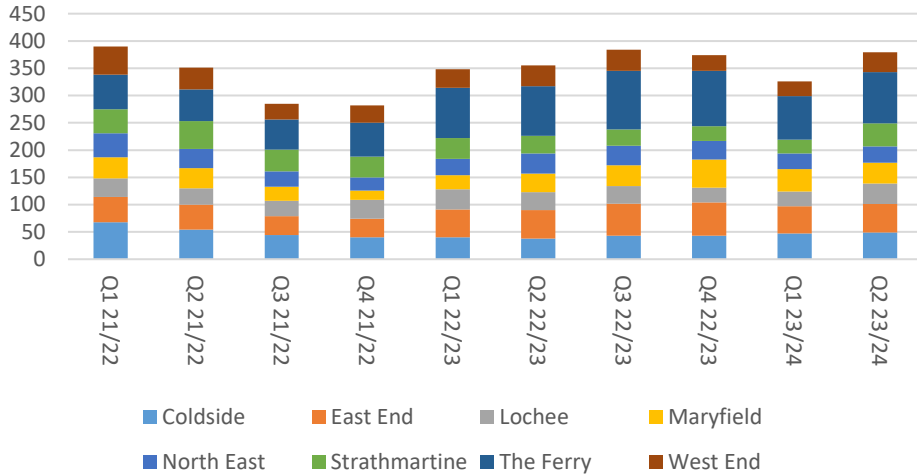
No. POA Referrals Discharged but not Seen



Number of return appointments for every new patient seen.	8	9	9	9	9	9	9	9	11	11	Increasing trend.
Number of people discharged without being seen	390	351	285	282	348	355	384	370	322	375	Increase between Q1 and Q2 23/24. The largest number of people discharged without being seen are from The Ferry (94)(also highest number of new referrals) and the lowest number are from North East (30).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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No. POA Referrals Discharged but not Seen

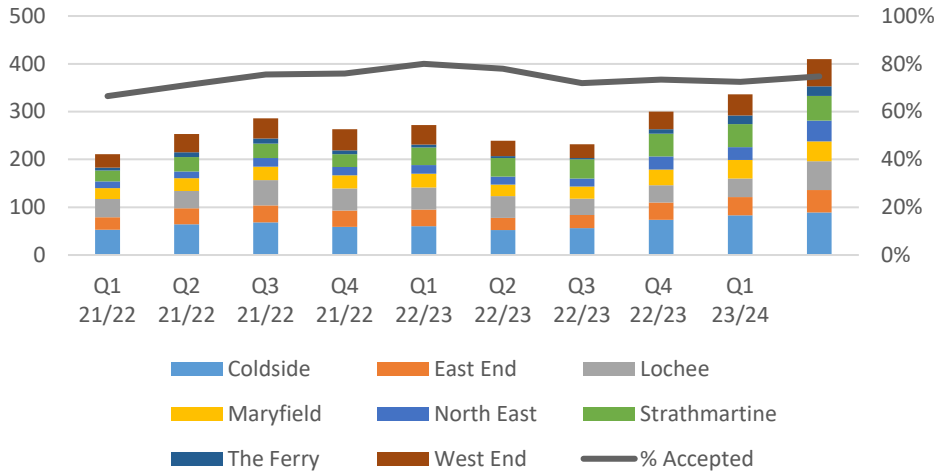


% of those referred for post diagnostic support who received a minimum 12 months of support.											Published data only available to 20/21 (Published Dec 22). At that point Dundee was at 93.4%.
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Learning Disabilities (LD)											
Number of new referrals to LD (and % accepted)	211 (66%)	253 (71%)	286 (76%)	263 (76%)	272 (80%)	239 (78%)	232 (72%)	300 (73%)	336 (72%)	410 (75%)	Increasing trend since Q1 21/22. At Q2 23/24, highest number of new referrals was from Coldside (89) and the lowest number was from The Ferry (20). % accepted increased from 66% at Q1 21/22 to 75% at Q2 23/24.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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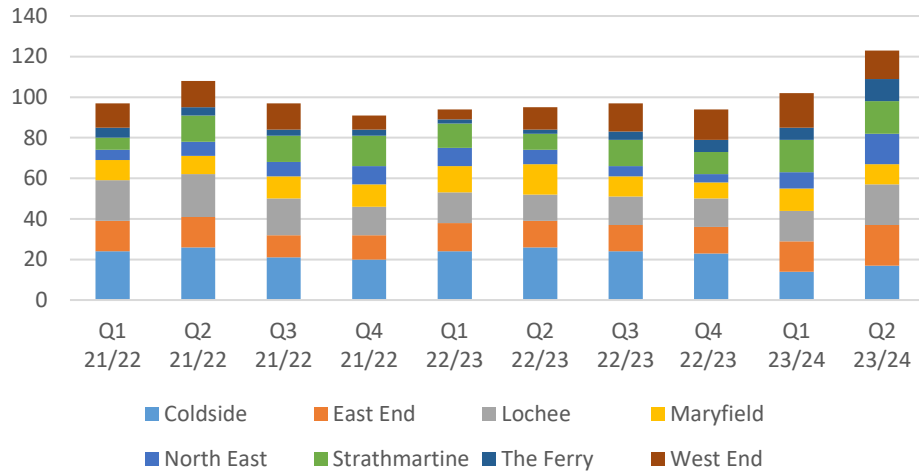
No. New LD Referrals and % Accepted



Number of return appointments for every new patient seen.	18	17	15	15	14	14	14	13	12	12	Reduced from 18 to 12.
Number of people discharged without being seen	97	108	97	91	94	95	97	94	102	123	Increase between Q1 23/24 (102) and Q2 23/24 (123).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
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No. LD Referrals Discharged but Not Seen



**Mental Health Officer Team**

MHO new referrals and Assessment	325	342	329	339	337	321	298	292	292	283	Downward trend.
CMHT (SW team) new referrals	158	159	166	167	149	136	151	145	134	121	Downward trend.
CMHT older people (SW team)	195	171	156	131	136	140	159	165	174	190	Downward trend yo Q1 23/24, increase between Q1 amd Q2 23/24
LA Guardianship applications	39	37	34	47	41	48	49	40	52	54	Increase.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
Private Guardianship application	53	64	71	65	58	59	64	63	64	70	Fluctuating between 53 and 71, however 70 at Q2 23/24.
Emergency detention in hospital (up to 72 hours) (s36)	91	96	84	97	102	103	107	95	101	97	Increasing trend although decrease between Q1 and Q2 23/24
Short term detention in hospital (up to 28 days) (s44)	156	170	157	167	164	166	169	169	181	179	Increasing trend although decrease between Q1 and Q2 23/24
Compulsory Treatment Orders (s64)	47	54	49	46	52	47	52	55	58	59	Increasing trend.
No. of S44 with Social Circumstance report was considered	81	83	65	67	56	51	52	56	61	69	Downward trend although increase between Q1 and Q2 23/24.
No. of SCR that were prepared	59	60	47	50	41	35	34	32	35	38	Downward trend.
MHO team caseload at period end	225	243	272	263	265	251	265	273	264	263	Increasing trend.
MHO unallocated at end of quarter	29	41	56	47	49	46	53	44	37	36	Fluctuated between 29 and 56, although 36 at Q2 23/24.
% MHO unallocated out of all cases	13%	17%	21%	18%	18%	18%	20%	16%	14%	14%	Stable trend.

