

Annual Performance Report 2021-22



"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life"

A message from the Integration Joint Board Chair and the Chief Officer

2021/22 has been another very challenging year for all of us. The impact of the Pandemic has continued to affect the health and wellbeing of the people of Dundee, including many of the citizens who provide unpaid care and support to family members and other loved ones. We know that many people have also felt the negative consequences of increased costs of living. This is why the Dundee Health and Social Care Partnership has continued to focus on addressing health inequalities across Dundee and investing resources in the people, carers and communities with the greatest levels of need.

We are proud of what we have been able to achieve during the last 12 months despite these very difficult circumstances. Our service redesign activity has helped us to make sure that people can live well in their own homes wherever possible and reduce the time that people spend in hospital, including delayed discharges. Important improvements have been made across mental health and drug and alcohol services that are helping to reduce the number of people who experience significant harm and are improving the accessibility of support services, getting more people the right help at the right time. This has also been an important focus for primary care, where our plans to provide local Care and Treatment services have seen 10 new sites for accessing primary care services this year. Our annual reports tells you more about these developments and many other areas of progress from the last 12 months, including how we have continued to both respond to and recover from the COVID-19 pandemic.

Despite what we have been able to achieve there remains much more to be done to improve health and social care outcomes for people living in Dundee, including for unpaid

carers. We know that there is an urgent need to continue our work to prevent drug deaths and alcohol related deaths. We are looking forward to opening Dundee's Community Wellbeing Centre and further improving the range and accessibility of supports to people who have mental health and wellbeing challenges. Our work to improve performance in relation to unscheduled care will also continue over the next year, as will plans to improve primary care services, supports for carers and services and supports for people who have a learning disability. There will also be an enhanced focus on public engagement as we embark on the process of creating a new strategic commissioning plan for health and social care in Dundee with people who use our services, carers and communities.

None of this work would be possible without the dedication, expertise and passion of our workforce and the contribution of providers of health and social care services in the third and independent sectors. Our workforce has also felt the impact of the pandemic and we are committed to prioritising their health and wellbeing over the coming years. We also want to thank the many people who use our services, unpaid carers and wider community members who have given their time this year to work with us to design service changes, develop strategies and plans and give us your feedback about the services we provide. Your contribution has been invaluable in helping to improve health and social care supports for everyone across Dundee.



*Councillor Ken Lynn, Chair of the Dundee
Integration Joint Board*



*Vicky Irons, Chief Officer of the Dundee
Integration Joint Board*

This is the sixth statutory Annual Performance Report of the Dundee Integration Joint Board (IJB), established on April 1st 2016 to plan, oversee and deliver adult health and social care services through the Dundee Health and Social Care Partnership. (“The Partnership”)

The Dundee Health and Social Care 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 planning and delivering a wide range of adult social work and social care services, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services.

This report 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 4 Strategic Priorities in our Strategic and Commissioning Plan.



1

Health Inequalities



2

**Early Intervention
Prevention**



3

**Localities and Engaging
with Communities**



4

**Models of Support/
Pathways of Care**

Our biggest achievements



- The Independent Inquiry into Mental Health Services in Tayside Progress Report, published in July 2021, found a great deal of commitment from staff, partner organisations and others seeking to make a difference for patients and the wider community. We have introduced new models of mental health and wellbeing support including support for people in crisis, in the community and focused on early intervention. One example of this, is a dedicated paramedic vehicle that was introduced in 2021 to treat people in the community and reduce the need for them to go to hospital (51% reduction in number of people taken to hospital). We have also developed our mental health discharge hub, local mental health hubs, begun work with stakeholders to develop the city centre Community Wellbeing Centre and established a new Distress Brief Interventions Service delivered by Penumbra (focused on police referrals to start with, then extending to primary care, A&E and the Scottish Ambulance Service). **In June 2022 the Independent Oversight and Assurance Group for Mental Health Services in Tayside gave positive feedback about developments in community-based mental health services that had been progressed during 2021/22 including enhanced support to people leaving hospital through the Mental Health Discharge Hub.**
- ***The Partnership has continued to increase the amount of time people spent at home or in a community setting during their last six-months of life (91.7%).*** This further improvement means that Dundee is within the top one-third of all Partnerships in Scotland and is the best performing Partnership amongst those identified as having similar sociodemographic challenges as Dundee. A community palliative care pathway is being developed to support us to further improve specialist palliative care services across Roxburgh House and Cornhill.
- There has been an increase in the use of technology across service user and staff groups and this has allowed for a more flexible provision of services without physical boundaries, increasing accessibility for those who found it difficult to travel across the city. We have been a front-runner in the use of digital therapies and have a fully established service overseeing Beating the Blues, Silvercloud and ieos options. This

includes senior clinical leadership from within Psychological Therapies and administrative support, including patient support.

- **The 2021/22 Health and Care Experience Survey, which is used to report National Indicators 1-9, found that we performed better than the Scottish average in relation to indicators focused on: support to live independently, having a say in how care and support are provided, co-ordination of care and support and the overall perception of quality of care and support.** These indicators reflect focussed improvement work that has been progressed over the last two years to enhance the personalisation of health and social care services and supports, as well as the continuous focus on improving the range and quality of supports targeted to enable people to live independently in their own home for longer.
- Progress has been made in improving services and supports for people who use drugs. The response to non-fatal overdoses and assertive outreach work has been recognised as a sector leading approach. The Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone. Services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened and work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work. **In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021. There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.**
- Despite challenges maintaining good performance against the National Health and Wellbeing Indicator for bed days lost to delayed discharge during the pandemic period, Dundee has continued to perform similar to the Scottish average. Data also shows that **98% of hospital discharges in Dundee were not associated with a delay.** A large programme of work is in place across all ward areas in Tayside to roll out and embed the Planned Date of Discharge Policy, which promotes more effective multidisciplinary working and improved discharge planning practice.



Lynne Morman, Integrated Manager

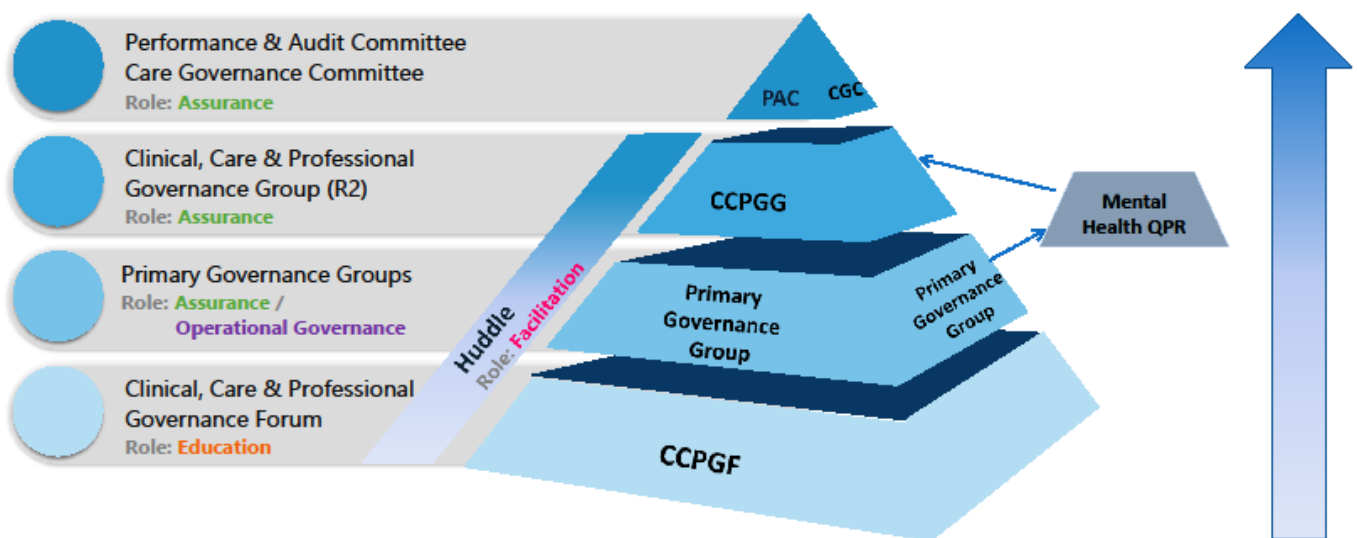
Where we have made progress



- We have reviewed our [Strategic and Commissioning Plan 2019-2022](#) and extended this for a further year until 31 March 2023. The review was informed by the views of our workforce, partner organisations, carers and people who access health and social care services. The Partnership vision and strategic priorities have remained the same but we have updated the list of improvement actions we will focus on in 2022/23.
- We have continued to promote fairer working conditions across our contracted Home Care Services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.
- We have worked in partnership with colleagues from other statutory, voluntary and independent sector organisations to maximise financial investment in the City through successful funding bids and efficient use of resources, and we continue to maximise funding income to allow us to further invest in improvements and strategic priorities.

- We have continued to work across our services to better understanding poor performance against national indicators, particularly those for falls, readmissions and gradings achieved in Care Inspectorate inspections of social care and social work services. This has included further analysis of local data and benchmarking against other Partnerships in Scotland. We have also focused on better understanding national indicators as a single measure in a wider system of health and social care and identifying other measures that might better demonstrate changes in performance and quality.
- We published an annual report on the Clinical Care and Professional Governance Group which provides assurance, information, learning from best practice and outlines ongoing planned developments. It was reported that there is a generally sound and improving system of governance, risk management and control in place.

DHSCP Clinical, Care & Professional Governance





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Health Inequalities



Sheila Allan, Community Health Inequalities Manager

- There is a wide range of activity taking place to tackle health inequalities and support those in most need. The integrated Health Inequalities Service comprises the Community Health Team, Sources of Support social prescribing link workers, the Keep Well Community Team, and the Health and Homelessness Outreach Team.
- Referrals to the Sources or Support Social Prescribing service have seen a steady increase (**844 referrals across 4 cluster areas**) following pandemic remobilisation, offering a blended approach to patient consultations. Eight link workers and two support workers take referrals from health professionals in a primary care / GP setting for patients with poor mental health and wellbeing affected by their social circumstances. Link workers support patients to access services, activities and organisations that can help tackle the causes and consequences of their distress.
- A successful pilot was undertaken with Scottish Ambulance Service (SAS) and Dundee Health and Social Care Partnership to establish a Paramedic Mental Health Response Vehicle (PMHRV). The PMHRV is jointly staffed by a paramedic and an experienced mental health nurse meaning that they can attend to aspects of physical healthcare as well as conducting a specialist mental health assessment. Following the pilot period, the service is now operating 7 nights a week and during weekend days. Early outcomes indicate that most people have been successfully helped in

their own home environment without the need for more intensive mental health assistance. **Data from the first few months shows that the number of mental health emergency admissions fell by 51%.**

- Across the Partnership a number of actions have been taken to improve responses to people at risk of harm. This has included introducing new ways of assessing risk of harm to adults who have vulnerabilities and providing support to the workforce to start using the new tools and systems in their practice. The Partnership has also been part of a number of reviews of circumstance where people have experienced harm, including where people have died in fires. Learning about what could be done differently in the future has been shared with the workforce and work is being done to improve the way that Partnership services work with the Scottish Fire and Rescue Service, carers and other services to reduce risks associated with fires.
- Progress has been made in improving services and supports for people who use drugs; the response to non-fatal overdoses and assertive outreach work has been recognised as a sector leading approach; the Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone; services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened; and, work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work. ***In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021.*** You can view the latest national figures [here](#). There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.
- **A Caring Dundee 2: A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers 2021-24** and an associate Carers Strategic Needs Assessment Delivery Plan were developed on behalf of the IJB by the multi-agency Dundee Carers Partnership. This followed engagement with unpaid carers across the city, especially listening to how the COVID-19 pandemic has impacted on their lives and the lives of the people that they care for. Watch the [Carers of Dundee Virtual Hubs Episodes](#).



Carers of Dundee TV advert

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- Since March 2022 an engagement process has been gathering the views and aspirations of people with learning disabilities and autism, and those who provide support, to help shape a new strategic plan for people with learning disabilities and autism. An engagement report and draft strategic plan will be presented to Dundee IJB in August 2022 for approval.
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Joyce Barclay and Arlene Mitchell from the Partnership alongside Sammy who interviewed Arlene about Plans for Supporting People with a Learning Disability



Susan receiving a "Get Out,Get Active" Certificate



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- We have reviewed models of care home-based services, including respite care and intermediate care for people living with mental health challenges. A new unit is now operational within Turriff House Care Home which provides assessment and rehabilitation in a more homely setting whilst improving the long term outcomes for individuals and ensure the correct level of care is provided in an appropriate environment and at the right time. Since the unit reopened last November, 8 people have been admitted under the 'Step Up' pathway and 5 people have been admitted under the 'Step Down' pathway. 4 people have been supported to return to their own home. ***We have reduced the number of nights people are admitted to hospital due to their mental health, by 9,934 since 2015/16. This is a 22% reduction.***
 - A significant amount of work has been undertaken around 'trauma informed practice' including a test of change in care homes, a test of change focused on embedding trauma informed principles, tools and models to existing learning and development activity across the city and a test of change focused on enhancing responses to domestic abuse. Additionally, in December 2021 the Dundee Partnership hosted a Violence Against Women and Trauma Summit as part of the programme of activities for the 16 Days of Activism against Gender Based Violence. The summit focussed on raising awareness of the links between violence against women and trauma and for the need for a joined-up approach to improving outcomes for women and children across all policy areas.
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Gendered Services

- Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges. During 2021/22 work began with stakeholders, including people with lived experience on mental health challenges, to develop the city centre Community Wellbeing Centre that is planned to open in Autumn 2022. This has included workstreams focused on developing pathways and connections, the building facilities and aesthetics and communications and engagement. In the future, it is likely that a number of existing services will become part of the Centre including the Distress Brief Interventions Service provided by Penumbra and the paramedic response vehicle.
- To support independence at home the Independent Living Review team (ILRT) was set up to review packages of care and support in the community as delays in providing packages of care and support in acute care were causing delayed discharges. ***The team provided support to 2,312 service users in their own homes and we have estimated that this service is contributing to an annual saving of almost £1 million.***
- Rehabilitation models are being developed to ensure people can be supported in their own homes when safe and high quality care can be provided. Supporting prevention of admission and facilitating discharge from hospital are key components of community rehab models and these sit alongside rehabilitation for people to enhance general health and wellbeing and to support functional independence in the most appropriate environment.



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Models of Support/ Pathways of Care

- Under the banner of “Home First”, we have developed a single point of referral for Enhanced Community Support and Dundee Enhanced Community Support Acute and are working to develop an Urgent Care Triage tool and common assessment documentation with Scottish Ambulance Service and advanced paramedics to contribute to avoidable admissions.
- Advanced Nurse Prescribers and Specialist Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental healthcare, which supports resources within General Practice. Mental Health and Learning Disability Teams have also benefitted from increased numbers of Social Workers and Support Workers.
- There are now General Practitioner Leads for Mental Health in place for each of the three Tayside Partnerships with a role in ensuring that all mental health developments are ‘whole system’ and cognisant of the specific needs of, and contributions that can be made from, primary care and to contribute to primary care development work and more specialist mental health redesign work. A plan has been submitted to the Scottish Government describing how a share of the national pandemic recovery funding totalling £120m will be used to strengthen mental health and wellbeing responses across primary care.

- Continued to work towards actions in the Primary Care Improvement Plan and increased the support to General Practices by providing community supports such as First Contact Physiotherapy and Ear Care. ***Ten sites for Care and Treatment Services have been opened reducing the need for people to access their GP practice for services such as phlebotomy, wound care, vaccinations and chronic disease review.*** The Partnership is on track to complete the work required to implement national agreements regarding Care and Treatment services by September 2022.
- The redesign of urgent care and the implementation of the Flow and Navigation Centre (FNC) Model has improved decision making support from the Scottish Ambulance Service, Primary Care, Out-Of-Hours, NHS24 and other partners. This is increasingly ensuring that the most appropriate source of care, in the most appropriate place is used to respond to people's needs or that an appropriate digital solution, such as NearMe, is provided.
- In partnership with Angus Health and Social Care Partnership we have completed a review of the hyper-acute and acute stroke pathway and agreed to develop home rehabilitation with one inpatient facility at Royal Victoria Hospital. Providing non acute specialist stroke rehabilitation services on one site will ensure we can deliver safe, effective, high quality person-centred care. This will also ensure adequately staffed clinical teams which can offer specialist inpatient rehabilitation services over 7 days to enhance optimal recovery and earlier discharge from hospital. One unit will also mean that people who have a stroke, irrespective of age, will have equitable access to high quality stroke rehabilitation.

- Our Housing First Pathfinder has now finished and learning from this has been used to develop a new triage system and better screening within Neighbourhood Services, Housing Options Service. A Housing Options Social Worker has been appointed and will work within the new system until the end of 2022/23.
- We have further developed and enhanced our Post Diagnostic Support Team for people who have dementia. Allied Health Professionals have been introduced to the team for the first time and links are also being made with community services and day care for support and training. We are currently piloting an approach to offering Post Diagnostic Support to people with learning disabilities. ***89.5% of people across Tayside who were referred for Post Diagnostic Support received a minimum of 12 months support.***



Panel interview discussion Post Diagnostic Support



Localities and Engaging with Communities



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- Drug and alcohol services moved to a four area locality model led by clinicians and a primary care locality where services are now being delivered by General Practices.
 - Pathways to support hospital discharge to and from Scottish Prisons have been developed.
 - Three local Health and Wellbeing Networks covering Lochee /Strathmartine, Coldside /Maryfield and North East /East End LCPPs meet to discuss how strategic priorities are or could be implemented or supported at a local level including the forthcoming Community Wellbeing Centre, Child Healthy Weight Strategy priorities, and the recommendations from the second Drug Commission Report.

- Interventions are being developed in each of the Local Community Planning Partnership areas with the support of Alcohol and Drug Partnership funding, to bring local organisations together to establish new services such as a recovery café in St. Marys, support for young people in new tenancies in Coldside, accredited cooking skills programmes for people with substance use challenges in Menzieshill and drop-in sessions with a range of activities available in the North East.
- We continue to support the development of a GP cluster model, strengthening Dundee Enhanced Community Support Acute (DECSA), Enhanced Community Support (ECS) nursing teams, Care Home Urgent Care Teams, Primary Care Urgent Care and care co-ordination with Allied Health. The Independent Living Review team provision is split into an East and West delivery model and plans are underway to align with the Enablement Service.

How we are remobilising during the Pandemic



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- Across all areas, operational services delivered a pandemic response alongside an incremental return to business as usual activity. As services recommence business as usual activities, waiting times and demand for services are being reviewed. In most areas blended models of service provision, utilising digital systems, continue to be used to maintain services and support multi-agency support and information sharing.
 - During the COVID-19 pandemic our COVID-19 Assessment Centres provided people with ongoing COVID-19 symptoms with advice and, if required, treatment. The Dundee Assessment Centre has now been successfully integrated into core GP services, providing more person-centred support to the health and care needs.
 - Workforce wellbeing has continued to be prioritised across all services. Additional investment has been used to enhance support resources, work environments and contribute to improved physical and mental wellbeing. Support has also been provided to staff returning to the office and adopting new hybrid approaches to working. Work has also been progressed to incorporate learning from the pandemic period about workforce planning and support into the Partnership's Workforce Plan.
 - We have responded dynamically and innovatively to the increased demand on our services as a result of the COVID-19 pandemic. Due to the increased frailty and decreased mobility of people, many of whom already had a range of health and social care needs, we have introduced intermediate care unit for step-up and step-down support at Turriff House, provided a more flexible provision for equipment through the Joint Equipment Store and developed the supported living site at Finavon for people with physical disabilities and complex needs.

- The Partnership's Community Health Inequalities Social Prescribing Service has been responding to increased demand associated with the cost of living crisis. Nursing teams have focused on using their learning from the pandemic to change and improve services, particularly to help them to address unmet health and wellbeing needs including services and support for people who are homeless.
- The Community Nursing Service has opened two new clinics, one in the East and one in the West of the city, to better support people who have COPD, including supporting new diagnosis. Service provision within GP practices has also been re-started over the last year.
- The Nutrition and Dietetics Service has produced seven short training videos to support care at home to staff to identify signs of malnutrition and provide initial information and advice. They have also worked with Third Sector organisations to support four projects that aim to prevent undernutrition in older people.
- Occupational Therapy and Physiotherapy Teams have been working flexibly across acute hospital, rehabilitation and community settings to support transitions for patients and carers. The same therapist working across these services has been beneficial in ensuring continuity of care.
- The Equipment Stores as part of the Community Independent Living service provides prescribed equipment on loan to support independence at home. **In 2021/22 the service provided over 22k pieces of equipment with an average of 1.4 days taken to deliver these.**
- Sexual and Reproductive Health Services have started a postal testing service test of change. They have also strengthened their joint working with The Corner and health outreach and homelessness services with an overall focus on working together with a wide range of agencies to provide a holistic, mental wellbeing response to people using the service and their carers.
- All social care packages that were adjusted due to the COVID-19 response have now been re-started or adjusted back to normal arrangements. Work has progressed to remobilise both day support and respite services and a variety of short-break arrangements have been used in Community Mental Health and Learning Disability Services.
- As part of a £270,000 package of support to violence against women services, the Partnership and Dundee City Council supported temporary enhanced capacity in third sector specialist services. This has directly impacted on reduced waiting lengths for access to services. **At Dundee Women's Aid waiting times for refuge accommodation reduced from 49 days to 0 days and for outreach support from 102**

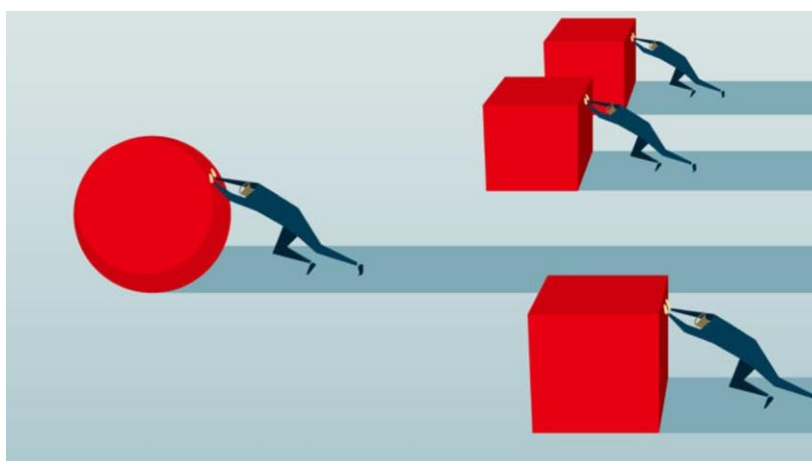
days to 39 days (1 March 2021-30 June 2021 compared to 1 July 2021 - 31 October 2021). At the Women's Rape and Sexual Abuse Centre waiting times for therapeutic and counselling support reduced from 162 days(end of June 2021) to 28 days (end of November 2021).

- Dundee's PPE Hub (Personal Protective Equipment) will now continue to operate until September 2022 and through-out the last year the hub has adapted to changes in national arrangements for PPE and workforce testing. Alongside this staff from the Partnership have supported the completion of the initial and booster vaccination programmes for the workforce and public, as well as successfully completing the 2021/22 flu vaccination programme. **Over £13 million has been spent on PPE since the start of the Pandemic and over £480k was spent in 2021/22.**
 - The COVID-19 pandemic provided an opportunity for the Partnership to take a more flexible and creative approach to changing the skills mix of different health and social care professions and workforce groups across our services and pathways of support. This has led to an improved pathway of care and support in areas such as the Independent Living Review Team, the Irritable Bowel Syndrome Pathway, and Major Trauma Pathways.
 - The IJB has agreed that the Partnership will no longer have a separate COVID-19 remobilisation plan (from 2022/23 onwards). Any specific remobilisation actions have been added to the Partnership's strategic and commissioning plan or individual service plans.
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Dr David Shaw talking to the Dundee IJB February 2022

Challenges faced over the last year



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- The COVID-19 pandemic has further impacted on the already high levels and complexity of health and social care needs of the population. Reduced sensory abilities and physical mobility and increased frailty have led to increased demand for services and supports across a wider range of Partnership services, including those delivered by providers in the Third and Independent Sectors.
 - Dundee had the second lowest uptake of any Partnership in Scotland for the 3rd dose of the COVID-19 vaccination; this has reduced the protection for vulnerable people we are supporting and also impacted the sickness absence rate of our workforce.
 - Partnership services have also experienced an increased demand for alcohol services throughout the pandemic; for every person being supported for drug use in Dundee, 3 people are being supported for alcohol use.
 - Referrals to community mental health services have also increased very significantly following the pandemic, as many people have experienced negative impacts on their mental health and wellbeing.
 - There has been increased demand to support people in community based health and social care services while they wait for specialist medical services that have been delayed because of the restrictions and reduced services that were necessary during the pandemic.
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- Recruitment and retention across the health and social care workforce has been a significant challenge. Following the intensive and difficult period of working during the pandemic many people have left the workforce and many services are experiencing challenges recruiting new staff. As well as impacting the way services are provided to people who need them this has also made it more difficult to offer training and professional development to the workforce and spend time on improvement projects.
 - The pace of change has been very fast and whilst this has generated flexible and creative approaches to change and improvement it has also challenged current resources. Sometimes the pace of change has been different across the whole system of health and social care and it has been difficult to co-ordinate activity to make sure everyone is managing change together and that increased pressure is not unintentionally created in another part of the system.
 - Whilst progress has been made to improve community based treatment and support for people with mental health and wellbeing challenges and / or who use drugs or alcohol, there is still much more work to be done. Extensive improvement plans are in place for mental health services, the Alcohol and Drug Partnership is currently reviewing its strategic and delivery plans and working to report against new national standards (including Medication Assisted Treatment Standards) and frameworks and work is continuing through the 'Working Better Together Project' to develop integrated responses to people who experience both mental health and drug and alcohol challenges.
 - Whilst the Partnership has benefited from significant short-term funding to help us to deal with the impacts of the pandemic, many of the innovative approaches that have been developed require long-term funding to support us to make them part of our service delivery models for the long-term.
 - Finding the right space for services to return to face-to-face service delivery, including clinical treatment space, has been difficult. It has also been challenging to identify new space to support changes and improvements to services.
 - The recording, collation and analysis of information that evidences the impact and outcomes of improvements that have been made across health and social care services continues to be a significant challenge. Performance information and numerical data about processes continues to be more readily available than information about how people have experienced services and the difference they have made to their lives.
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Feedback



- 98% of service users felt the support offered/given by emergency responders was good, very good and excellent (July 2021)
- 91% of people rated the overall quality of the Care at Home service during the Covid-19 Pandemic as excellent (September 2021)

Feedback regarding Community Nursing service



"You are a credit to the ... Organisation"

"Thank you from the bottom of our hearts for the amazing time and effort you have put in"

"All treated (Gran) with dignity and respect"

"Went above and beyond your duties"

"Please know the job you have done has made a huge impact on our lives forever"

"We will never be able to repay your kindness"

Feedback regarding Care at Home service



"Everything is great, fantastic service"

"Very happy with service"

"always very helpful"

"carers are all excellent"

"can't get any better, very grateful"

Feedback regarding CSAT and Dundee Enhanced Community Support Acute



"My 85-year mother received great service from the Dundee enhanced community support acute team. The nurses /doctor were all very friendly and helpful could not fault them they made a big difference to my mother just a pity it had to stop. 10 out of 10 thank you very much"

"I was referred to them by my GP and the pain clinic.... Communication was good with them keeping me informed. The staff were all very nice and helpful, treating me as an adult and not as a patient to be talked at as has happened to me in the past."

Where we need to improve



DEVELOP a shared framework for the delivery of locality based health and social care services, including drawing on learning from the pandemic period.

CONTINUE to develop our approach to locality working and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

STRENGTHEN Clinical, Care and Professional Governance reporting arrangements for lead partner services through governance systems and for Primary Governance Groups.

CONTINUE to work with partners across the Dundee Partnership to develop a range of approaches to meaningfully engage with them.

CONTINUE to implement the Primary Care Improvement Plan, including testing new models of community based service delivery and building on and further developing our new initiatives in response to COVID-19.

CONTINUE to focus on driving forward improvements in mental health and wellbeing and drug and alcohol services through collaborative working, including working with people with lived experience to fully implement existing action plans and consider any emerging challenges.

INCREASE the pace of improvement in relation to key performance challenges including falls, complex delayed discharges and unscheduled care.

CONTINUE work to further roll out our approach to trauma informed practice and leadership and to enhance whole family approaches to protecting people.

ACCELERATE work to embed personalised approaches across all service areas, including specific work to enhance our approach to outcome-based assessment and supporting people to access Self-Directed Support.

IMPROVE our approach to public and workforce communications, including streamlining how we share information with the public about available services and supports.

CONTINUE to work with partners across the whole health and social care system, including acute care services, to achieve an unscheduled care response that delivers the right care, in the right place, at the right time, first time.

IDENTIFY sustainable approaches to recording outcomes and impact information, particularly within key programmes of services transformation, alongside data about processes and outputs.

How we have spent our resources

Dundee Integration Joint Board spent £300.8 Million on integrated health and social care services during 2021-22

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

	2017-18 (M)	2018-19 (M)	2019-20 (M)	2020-21 (M)	2021-22 (M)
Total Spend	£257.5	£263.1	£276.1	£292.6	£300.8
Health Service – Hospital In-patient	£40.4	£42.1	£43.6	£43.1	£44.6
Other Social Care Services	£71.1	£72.6	£76.4	£79.4	£87.6
Other Health Care Services	£115.2	£117.5	£123.2	£134.2	£134.2
Care Home and Adult Placement Social Care Services	£29.5	£29.5	£31.5	£34.6	£32.9
Supporting Unpaid Carers	£1.3	£1.4	£1.4	£1.4	£1.5

The COVID-19 pandemic continued to have an impact on Health and Social Care services throughout the year, with lower activity in some community-based social care services. The financial impact to support the additional COVID-19 remobilisation and recovery work amounted to £7,922k of additional expenditure, and this has been funded from additional Scottish Government non-recurring allocations during 2021-22.

The overall financial performance consisted of an underlying underspend of £5,969k in Social Care budgets (overspend of £1,387k in 2020-21) and an underlying underspend of £1,871k in NHS budgets (underspend of £3,482k in 2020-21) resulting in a net surplus of £7,839k.

Complaints



In 2021/22 a total of 192 complaints were received regarding health and social care services provided by the Partnership. This year 56% of complaints were resolved at the first stage of the complaint process, frontline resolution. Following investigation, 53% of complaints were upheld or partially upheld.

Complaints related to a number of different aspects of health and social care provision and the top 3 from each of the Local Authority and NHS Tayside Complaints Processes were

Services provided by Dundee City Council

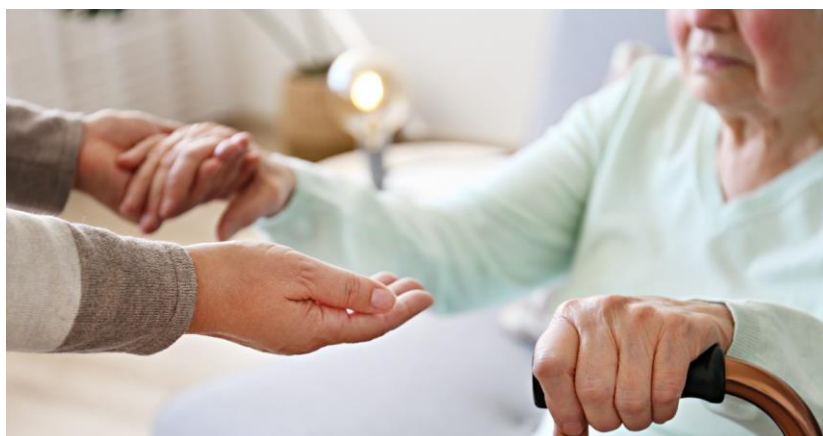
1. Delay in responding to enquiries & requests
2. Failure to meet our service standards
3. Failure to provide a service

Services provided by NHS Tayside

The highest proportion of complaints continues to be regarding Mental Health Services with more than a quarter of the complaints throughout the year relating to the service (29.1%). Of these complaints, 10 remain open to be resolved and out of the 46 closed complaints almost 40% were either upheld or partially upheld for the service.

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: improved communications with service users and family members; and improvements to billing systems for couples. These improvements can include the development of systems, such as case recording systems and support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

Quality of our services



The inspection of services has not yet returned to pre-Covid levels and Inspectors are carrying out their role remotely and only undertaking visits where necessary. As restrictions were lifted their approach has been to undertake a programme of visits to those services categorised as high risk.

This approach resulted in the majority of services not being graded as normal in 2021/22 and retaining the grades they received at the most recent inspection. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Of the services that were inspected, gradings were focussed around care and support during the COVID-19 Pandemic.

In 2021/22, 18 services for adults registered with the Care Inspectorate in Dundee were inspected. Of the services that were inspected, 7 of the 18 received no requirements for improvement. One Care Home, Balhousie Clements Park received a statutory notice of enforcement due to poor grades. The requirements listed within the improvement notice were met and a compliance letter sent by the Care Inspectorate confirmed the improvement notice was no longer in force.

Gradings measured services on 2 themes

- **How well do we support people's wellbeing?**
- **How good is our care and support during the Covid-19 pandemic?**

None of the services provided directly by the Partnership were inspected during 2021/22.

5 of the 18 services in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

Awards



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- Members of the Tayside Primary Care Team won the 'Team Response to COVID-19 Pandemic Health' category at the Royal College of General Practitioners Inspire Awards.
 - The Dundee Non Fatal Overdose Rapid Response Team was recognised at the COSLA Excellence Awards 2022.
 - Therapeutic radiographers at Ninewells Cancer Centre have been nominated for the NHS Education Scotland Allied Health Professional Career Fellowship.
 - The Social Care Response Service won in the Category 3 of Outstanding Team for Dundee City Council's OSCAS 2022 for their work during the pandemic.
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Team leader Fiona Kennedy and advanced practitioner Kelsey Normand

Performance against National Health and Wellbeing Indicators



You can view our performance towards the [National Health and Wellbeing Indicators](#) [here](#).

Where we improved from the 2015/16 baseline year

- Emergency bed day rate for people aged 18+ decreased by 28% and for the last 3 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 increase from 87% in 2015/16 to 92% in 2021/22 and since 2015/16 Dundee's performance has been the same as or better than performance for Scotland.
 - The % of adults with intensive care needs receiving care at home increased from 50% in 2015/16 to 63% in 2021/22. The number of days people spent in hospital when they were ready to be discharged as a rate per 1,000 population decreased from 832 people in 2015/16 to 799 in 2021/22.
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Areas for improvement which we are currently investigating

- The rate of hospital admissions due to a fall for people aged 65+ increased from 25 per 1,000 people in 2015/16 to 32 in 2021/22 and Dundee's performance was poorer than all other Partnerships.
 - The rate of readmissions to hospital within 28 days of discharge increased from 122 discharges per 1000 people in 2015/16 to 139 discharges per 1,000 people in 2021/22 and Dundee's performance was 3rd poorest out of all Partnerships.
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In addition to annual reporting, we also monitor performance quarterly and compare across LCPP areas and report to the Performance and Audit Committee. Where we require further analysis to understand the data and improve services we also produce in-depth analytical reports. These can be viewed [here](#).

National Indicator	Improvement from 2015-16?	Improvement from last year?	Comparison with Scotland 2021-22
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			

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 2019/20.

The methodology was changed by Scottish Government for the 2019/20 survey, on how the responses included in these results are filtered, therefore it is not accurate to compare longitudinally. This is because the question which allow the Scottish Government to ascertain which respondents receive care / support from the Health and Social Care Partnerships was changed and the interpretation of these questions is subjective and varies per respondent.

National Indicator	Improvement from 2015-16?	Improvement from 2020-21?	Comparison with Scotland
11. Emergency admission rate (per 100,000 people aged 18+)			
12. Emergency bed day rate (per 100,000 people aged 18+)			
13. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
14. Proportion of last 6 months of life spent at home or in a community setting			
15. Falls rate per 1,000 population aged 65+			
16. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections			
17. Percentage of adults with intensive care needs receiving care at home***			
18. Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population			



**Better
than
Scotland**



**Worse
than
Scotland**



**Same
as
Scotland**

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