Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

7th December, 2021

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 15th December, 2021 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 13th December, 2021.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail willie.waddell@dundeecity.gov.uk. Proxy Members are allowed.

Yours faithfully

VICKY IRONS
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

3 MEMBERSHIP – APPOINTMENT

It is reported that at the meeting of NHS Tayside Board held on 28th October, 2021, it was agreed that Dr David Wilson be appointed as a non voting member of the Integration Joint Board in the capacity of Registered Medical Practicioner whose name is included in the list of primary medical performers.

The Integration Joint Board is asked to note the position.

4 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Integration Joint Board held on 27th October, 2021 is attached for approval.

(b) ACTION TRACKER - Page 13

The Action Tracker (DIJB56-2021) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 24TH NOVEMBER, 2021 - Page 17

(Copy attached for information and record purposes).

(b) CHAIRPERSON'S ASSURANCE REPORT - Page 25

(Report No DIJB66-2021 by the Chairperson of the Performance and Audit Committee, copy attached).

6 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/2021 - Page 27

(Report No DIJB58-2021 by the Chief Social Work Officer, copy attached).

7 MULTI AGENCY PROTECTING PEOPLE GOVERNANCE ARRANGEMENTS - Page 95

(Report No DIJB60-2021 by the Chief Officer, copy attached).

8 LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS - Page 107

(Report No DIJB59-2021 by the Chief Officer, copy attached).

9 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC NEEDS ASSESSMENT - Page 123

(Report No DIJB61-2021 by the Chief Officer, copy attached).

10 TRAUMA-INFORMED PRACTICE AND LEADERSHIP - Page 333

(Report No DIJB62-2021 by the Chief Officer, copy attached).

11 FINANCIAL MONITORING POSITION AS AT OCTOBER 2021 - Page 341

(Report No DIJB63-2021 by the Chief Finance Officer, copy attached).

12 SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT: WINTER PLANNING FOR HEALTH AND SOCIAL CARE - Page 355

(Report No DIJB64-2021 by the Chief Finance Officer, copy attached).

13 WINTER PLAN - NHS TAYSIDE AND PARTNER ORGANISATIONS - Page 363

(Report No DIJB67-2021 by the Chief Social Work Officer, copy attached).

14 DUNDEE INTEGRATION JOINT BOARD BUDGET DEVELOPMENT 2022/2023 (DIJB65-2021)

Annual work has commenced in relation to the development of the IJB's delegated budget for 2022/2023. A more detailed update will be provided in February 2022, with the Chief Finance Officer presenting a proposed budget for consideration at a special meeting in March 2022.

As in previous years, 3 development sessions are also planned with IJB Members between January 2022 and March 2022 to discuss in detail the implications of the Scottish Government's budget on the IJB's resources, the impact of budget pressures, budget development progress as well as opportunities and priorities under consideration during the budget setting process.

The UK Government Autumn Budget and Spending Review 2021 was presented on 27th October 2021. It is anticipated the Scottish Government will publish its spending plans for 2022/2023 on 9th December 2021 with the detail behind that communicated to local authorities, Health Boards and Integration Authorities over the subsequent weeks until Christmas.

Discussions are underway between officers of the Health and Social Care Partnership and both Dundee City Council and NHS Tayside colleagues to understand the likely implications and underlying cost assumptions for the delegated budgets, and the range of potential cost pressures that the IJB is likely to face in 2022/2023 and beyond is being developed.

The ongoing impact of the Covid-19 pandemic and associated Recovery and Remobilisation priorities and expenditure continue to be reviewed. During 2020/21 and 2021/2022, additional funding has been provided from Scottish Government to meet this additional expenditure, however current indications are that this funding source is only available until 31st March, 2022. The potential implications of this will be outlined as part of the IJB's budget process.

Alternative sources of funding, many of which are described as recurring, have been identified within Scottish Government's Winter Planning Funding programme (further details are provided in report DIJB66-2021).

The impact of additional Covid-19 funding ceasing and additional Winter Planning funding being available will need to be incorporated into the Budget Planning process for 2022/2023.

The Integration Joint Board is asked to note the ongoing work to date and that a more detailed report will be presented in the February 2022 meeting.

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES - Page 431

(A copy of the Attendance Return DIJB57-2021 for meetings of the Integration Joint Board held over 2021 is attached for information and record purposes).

16 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Wednesday, 23rd February, 2022 at 10.00 am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT

Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Anne Marie Machan

Dundee Health & Social Care Partnership

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 27th October, 2021.

Present:-

Members	**Role**
Trudy McLEAY *(Vice Chairperson)*	Nominated by Health Board (Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Bill CAMPBELL	Nominated by Dundee City Council (Elected Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Sarah DICKIE	Registered Nurse
Jim McFARLANE	Trade Union Representative
Linda GRAY	Service User Representative
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Emma FLETCHER	Director of Public Health

Non-members in attendance at request of Chief Officer:-

Jenny HILL	Head of Health and Community Care
Kathryn SHARP	Strategy and Performance Service Manager
Arlene MITCHELL	Localities Manager
Chrsitine JONES	Health and Social Care Partnership
Joyce BARCLAY	Health and Social Care Partnership
Jordan GRANT	Health and Social Care Partnership
Lucinda GODFREY	Dundee Carers Centre
Anne Marie MACHAN	Audit Scotland

Trudy MCLEAY, Vice Chairperson, in the Chair.

Prior to commencement of the business the Chief Officer took the opportunity to appraise the Integration Joint Board of the current position in relation to the ongoing health emergency and operational management of this which was noted.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Anne BUCHANAN	Nominated by Health Board (Non-Executive Member)
Diane McCULLOCH	Chief Social Work Officer
Ken LYNN *(Chairperson)*	Nominated by Dundee City Council (Elected Member)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD – REAPPOINTMENTS AND APPOINTMENT

(a) NHS TAYSIDE - REAPPOINTMENTS

The Integration Joint Board agreed to note that at the meeting of NHS Tayside Board held on 26th August 2021 it was agreed that the undernoted members who were due for reappointment in October, 2021 be given a further period of appointment as members of Dundee Integration Joint Board.

The Integration Joint Board also noted that NHS Tayside Board had appointed Sarah Dickie to the position of Registered Nurse on the Integration Joint Board following the retiral of Wendy Reid.

Role	**Member**
Nominated by Health Board	Trudy McLeay*
Nominated by Health Board	Donald McPherson*
Nominated by Health Board	Anne Buchanan*
Registered nurse	Sarah Dickie **
Registered medical practitioner not providing primary medical services	James Cotton **

* Denotes Voting Member
** Denotes Non Voting Member

(b) MEMBERSHIP - REAPPOINTMENTS

The Integration Joint Board agreed to a further term of appointment to the Integration Joint Board for the undernoted membership:-

Role	**Member**
Staff Partnership Representative	Raymond Marshall **
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Jim McFarlane **
Third sector bodies	Eric Knox **
Service users	Linda Gray **
Person providing unpaid care in the area of the local authority	Martyn Sloan **
Director of Public Health	Emma Fletcher **

(c) MEMBERSHIP – APPOINTMENT

It was reported that the Chief Officer had proposed that Dr David Shaw, Clinical Director, NHS Tayside be appointed as a Non Voting Member on the Integration Joint Board.

The Integration Joint Board agreed to the appointment of Dr David Shaw as a Non Voting Member on the Integration Joint Board.

IV VICE-CHAIRPERSON – APPOINTMENT

The Integration Joint Board agreed to note that following the reappointment of Trudy McLeay as a Voting Member at the meeting of NHS Tayside Board held on 26th August, 2021, the Board had also agreed to her continued appointment as Vice-Chairperson of Dundee Integration Joint Board.

V PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIRPERSON

Reference was made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016, wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board. The Terms of Reference were also agreed.

(a) MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board shall appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee would include at least four Integration Joint Board voting members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board agreed to the reappointment of Trudy McLeay, and Donald McPherson as Voting Members on the Performance and Audit Committee and James Cotton, Raymond Marshall and Martyn Sloan as members on the Performance and Audit Committee.

(b) CHAIRPERSON

The Integration Joint Board agreed to the appointment of the Vice Chairperson of the Integration Joint Board, Trudy McLeay to serve as Chairperson of the Performance and Audit Committee.

VI MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Integration Joint Board held on 25th August, 2021 was submitted and approved subject to amendment to reflect that both Martyn Sloan and Emma Fletcher were in attendance.

(b) ACTION TRACKER

The Action Tracker (DIJB56-2021) for meetings of the Integration Joint Board was submitted and noted.

VII PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 29TH SEPTEMBER, 2021

The minute of the previous meeting of the Performance and Audit Committee held on 29th September, 2021 was submitted and noted for information and record purposes.

(b) CHAIRPERSON'S ASSURANCE REPORT

There was submitted Report No DIJB56-2021 by Trudy McLeay, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

The Integration Joint Board agreed to note the content of the report.

VIII ANNUAL PERFORMANCE REPORT 2020/2021

There was submitted Report No DIJB48-2021 by the Chief Officer submitting the full version of the Health and Social Care Partnership Annual Performance Report 2020/2021 for approval.

The Integration Joint Board agreed:-

(i) to approve the Annual Performance Report 2020/2021 which was attached to the report as Appendix 1;

(ii) to instruct the Chief Officer to update the Annual Performance Report with financial year 2020/2021 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland as outlined in section 4.2.2 of the report; and

(iii) to approve the planned approach to formatting, publication and distribution as outlined in section 4.2.4 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Donald McPherson that Kathryn Sharp would liaise with Clare Lewis-Robertson on the future accessibility of the report and inclusion of graphics and KPI information and would also seek to include feedback from service users on content for inclusion in the next report and also look to provide opinion from Carers as suggested by Martyn Sloan;

(v) to note following enquiry from Donald McPherson on the differentiation between complaints received between the health side and social care side and observations in relations to complaints on attitude and behaviours the explanation from Jenny Hill that this information was gathered from two different complaint systems and that she would look at this in more detail for next meeting; and

(vi) to note as indicated by Dave Berry that all complaints were regularly reported to and discussed at the Clinical, Care and Professional Governance Group and taken forward for any action within services.

IX MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID-19 ON CITIZENS OF DUNDEE

There was submitted Report No DIJB50-2021 by the Chief Officer providing the Integration Joint Board with an overview of current strategic mental health and wellbeing planning as a result of learning gained about the impact of the Covid-19 pandemic on citizens of Dundee.

The Integration Joint Board agreed:-

(i) to note the contents of the report; and

(ii) to remit the Chief Officer to submit further progress reports to future Integration Joint Board meetings.

Following questions and answers the Integration Joint Board further agreed:-

(iii) to note as indicated by Arlene Mitchell that Dundee Voluntary Action were leading on Stakeholder engagement for the Community Wellbeing Centre and she would check if the Fairness Commissioners had received their invitiation to be involved in the Stakeholder Group;

(iv) to note following enquiry from Councillor Short on availability of signposting information that Arlene Mitchell would look to refresh a booklet about what is available in terms of the range of supports both informal and formal for older people in the city and share this widely within the city and also publish on line and examine as suggested by Martyn Sloan that this may be a body of work which could be undertaken between the Universities and the Partnership;

(v) to note following enquiry from Councillor Short in relation to the section 4.5 of the report on protected characteristics that Arlene Mitchell would share information with Councillor Short around the inequalities analysis undertaken with Public Health;

(vi) to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics for older people;

(vii) to note the advice of the Chief Officer that the Partnership would continue to engage with partners in the City and Dundee Voluntary Action to encourage participation and feedback from people and communities on services;

(viii) to note that Eric Knox would submit a report to a future meeting of the Integration Joint Board on the Community Health and Wellbeing Fund which was a new funding stream set up to provide support to organisations in the city.

X INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS REPORT JULY 2021

There was submitted Report No DIJB55-2021 by the Chief Officer briefing the Integration Joint Board about the Independent Inquiry into Mental Health Services in Tayside, Trust and Respect, Progress Report which was published in July, 2021.

The Integration Joint Board agreed:-

(i) to note the content of the report;

(ii) to note the publication of Trust and Respect Progress Report, David Strang CBE, July 2021, as detailed in Appendix 1 of the report;

(iii) to note the contents of the Full Survey Report 'Experience of NHS Tayside Mental Health Servvices as detailed in Appendix 2 of the report;

(iv) to note the easy read version of the Survey Report as detailed in Appendix 3 of the report; and

(v) to note the action being taken in sections 4.11 to 4.16 of the report to some of the areas noted within the Progress Report.

Following questions and answers the Integration Joint Board further agreed:-

(vi) to note that Arlene Mitchell would submit a report providing a strategic update on Learning Disabilities and Autism to the meeting of the Integration Joint Board to be held in February 2022;

(vii) to note following eqnuiry from Bailie Wright in relation to financial implications the advice of Dave Berry that if there were any new service developments financial considerations would be reported for approval;

(viii) to note that Dave Berry was taking the lead on a financial framework for mental health in Tayside and that this would be reported to the Integration Joint Board in due course;

(ix) to note the observation of Donald McPherson of the usefuleness of carrying out Pulse Surveys to gather the views of stakeholders on progress being made in relation to the direction of services;

(x) to note following enquiry from Councillor Short that the Chief Officer would get further information on the creation of the new Independent Group led by Fiona Lees and how this would connect to the existing Tayside Executive Leadership Group and advise the Integration Joint Board accordingly;

(xi) to note the assurance provided bt Arlene Mitchell that families were contacted as part of the LEARS process; and

(xii) to note following enquiry from Raymond Marshall on pace of change and what this meant for staff that Arlene Mitchell would take this forward with him outwith the meeting and look at the possibility of a survey being undertaken in consultation with the Staff Partnership Forum to get feedback from staff;

XI A NATIONAL CARE SERVICE FOR SCOTLAND – CONSULTATION

There was submitted Agenda Note DIJB47-2021 referencing that in August 2021 the Integration Joint Board was advised of the Scottish Government's consultation regarding proposals to establish a National Care Service for Scotland (Article XII of the minute of meeting of this Integration Joint Board held on 25th August 2021 refers).

It was reported that the consultation period had now been extended by the Scottish Government and would end on 2nd November 2021 (previously 18th October 2021).

A range of activity had been planned by the Partnership to encourage and support stakeholders to engage with and respond to the consultation, this included:

- A range of approaches focused on raising awareness of the consultation amongst people who used health and social care services and supports, carers and the wider public. Within this the focus was on informing people that the consultation was open, that it proposed significant changes to the way that health and social care services and supports for people of all ages were planned and delivered in the future, and on the mechanisms by which they could make their views on the proposals known. Information had been added to the Partnership's website, the Health Inequalities Service website and was being distributed in collaboration with Dundee City Council Communications Services via social media channels. In addition, materials issued to providers (see below) included information and prompts to encourage them to support individuals and interest groups to participate in the consultation process.
- Information had been issued to local providers of health and social care services and supports, both via the Partnership's existing networks and through DVVA, to encourage and support providers to respond to the consultation. In addition, there would be opportunities to discuss the consultation at provider forums facilitated by the Partnership.
- Each of the Partnership's Strategic Planning Groups had been offered the opportunity to have a facilitated discussion regarding the key proposals within the consultation document and to capture views on the proposals made. Membership of Strategic Planning Groups included internal Partnership staff, external service providers and community / lived experience representatives.
- A briefing session was provided to the IJB and Strategic Planning Advisory Group members on the 28th September 2021, including an opportunity for discussion regarding key aspects of the proposals set out in the consultation document.
- Materials had been developed to support facilitated discussions with the Partnership workforce. These would be distributed to managers to enable them to undertake discussions at service and team level and to gather workforce views on the proposals set out in the consultation document.

In addition to the above, a range of other activity was being taken forward by representative bodies at local, regional and national levels to gather views and make collated responses to the consultation. This included provider representative bodies, workforce representative bodies and bodies representing specific interest groups within the population who utilise health and social care services and supports (including carers). A range of internal officers and external partners were participating in these activities in addition to the activities listed above that were being led by the Partnership.

The Integration Joint Board agreed:-

(i) to note the extension of the consultation period and activity across the Partnership to promote and support engagement in the consultation process.

Following questions and answers the Integration Joint Board further agreed:-

(ii) to note that Dave Berry would issue the proposed draft response from the Partnership to the membership of the Integration Joint Board prior to submission to the Scottish Government; and

(iii) to note as indicated by the Chief Officer that this response comprehensively captured the views expressed at development sessions and stakeholder facilitated sessions.

XII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER ANNUAL REPORT

There was submitted Report No DIJB54-2021 by the Chief Finance Officer providing the Integration Joint Board with an overview of the Annual Strategic Risk Register Report and to give an update of work ongoing to update the Dundee Health and Social Care Partnership Strategic Risk Register, development of a COVID-19 Risk Register, and the Tayside Risk Management meeting.

The Integration Joint Board agreed:-

(i) to note the work undertaken throughout the year in relation to Strategic Risk Management as set out in section 4.0 of the report;

(ii) to note the description of the most recent highest risks identified and reflected in the updated Strategic Risk Register as being Staff Resource and Dundee Drug and Alcohol Service as set out in sections 5.1 to 5.3 of the report; and

(iii) to note the emergent risk for Mental Health services as outline in section 5.5 of the report; and

(iv) to note the most up to date extract from the Strategic Risk Register as set out in Appendix 1 to the report.

Following questions and answers the Integration Joint Board further agreed:-

(v) to note following enquiry from Bailie Wright the explanation from Dave Berry in relation to the content of the Financial Implications Section of the report in light of the Risks indicated in the Appendix to the report and that the Pentana reporting system was used for reporting risks and that he would look to insert information on reporting period in future reports for clarity;

(vi) to note that in relation to information in relation to the significant risk indicated for the redesign of Dundee Drug Alcohol Recovery Service that Dave Berry would look at this with Diane McCulloch and Raymond Marshall outwith the meeting; and

(vii) to note following question from Martyn Sloan on access to the Risk Register by the Membership of the Integration Joint Board the advice of Dave Berry that Clare Lewis-Robertson was working with Pentana on this to allow external members access.

XIII CARERS STRATEGY – A CARING DUNDEE 2 2021/2024

There was submitted Report No DIJB49-2021 by the Chief Officer submitting the revised carers strategy A Caring Dundee 2 2021/2024, for approval.

The Integration Joint Board agreed:-

(i) to note the content of this report, including the summary of the engagement activity that had supported the co-creation of A Caring Dundee 2 with carers as detailed in section 4.2 of the report;

(ii) to approve the revised carers strategy, A Caring Dundee 2 as detailed in Appendix 1 of the report;

(iii) to approve the summary document, A Caring Dundee 2 as detailed in Appendix 2 of the report;

(iv) to instruct the Chief Officer, working in collaboration with the Carers Partnership, to develop a delivery plan and performance framework to support the implementation of A Caring Dundee 2 and submit this to the IJB for approval not later than 31st March, 2022;

(v) to approve the planned approach to formatting, publication and distribution as detailed in section 4.4.1 of the report;

(vi) to note the snapshot of the Strategic Needs Assessment as outlined in Appendix 3 of the report; and

(vii) to instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(viii) to note the observation of Donald McPherson on the importance of including measures of success within the Strategy with these aligned to the outcomes;

XIV STRATEGIC AND COMMISSIONING PLAN – STATUTORY REVIEW TIMETABLE

There was submitted Agenda Note DIJB51-2021 referencing that in June 2021, the IJB considered a paper relating to the impact of the pandemic on the implementation of the Partnership's Strategic and Commissioning Plan and plans for progressing the statutory review of the plan by 31st March 2022 (Article VIII of the minute of the meeting of this Integration Joint Board held on 23rd June 2021 refers). At that time the Chief Officer was instructed to provide further detail to the Integration Joint Board regarding the confirmed approach and timeline for the statutory review having taken advice from the Strategic Planning Advisory Group.

It was reported that the Strategic Planning Advisory Group convened in early August 2021 to agree a realistic approach to completing the statutory review considering the ongoing pressures associated with pandemic response and recovery, timescales for a range of key local and national policy and planning developments (including the consultation regarding the National Care Service) and resources available within the Strategy and Performance Service to support the statutory review. The Group also considered content within the Integration Joint Board's Annual Internal Audit Report 2021/2022 that focussed on the strategic and commissioning plan. The timescale and approach agreed by the group is set out below:

August 2021	Completion of draft of revised strategic needs assessment, consideration of draft and headline findings by Strategic Planning Advisory Group and collation of feedback on draft throughout August and early September. Finalise re-assessment of the impact of COVID-19 on the delivery of the current strategic and delivery plan and consider headline themes / issues from this exercise. This had been completed.
September 2021	Briefing session for the Strategic Planning Advisory Group and Integration Joint Board members regarding proposals set out in the National Care Service Consultation, including opportunities to identify short, medium and long-term

	potential impacts that impact on the content of the strategic and commissioning plan. This was planned for 28th September 2021. Revision and resubmission of the Partnership's COVID remobilisation plan as an accompanying document to NHS Tayside's remobilisation plan submission to the Scottish Government. This was completed on 24th September 2021. Desktop review of recently agreed plans for Dundee Strategic Planning Groups and significant transformation and change programmes (for example, the Primary Care Improvement Plan), and of strategic and commissioning plans recently published by other Partnerships across Scotland.
October / November 2021	Strategic Planning Advisory Group to meet to consider key themes and issues from activity undertaken to date and on the purpose of the strategic and commissioning plan with a view to making an initial recommendation about the need to replace or revise the current plan or that it is fit for purpose and requires no further work. Consultation sessions with Strategic Planning Groups on the initial recommendation from the Strategic Planning Advisory Group and also on the future of the strategic planning group structure required to deliver the plan. Consultation with LCPPs and other relevant local community planning networks / fora on the initial proposal from the Strategic Planning Advisory Group.
December 2021	Collation, consolidation and report writing. Including consultation on draft report to Integration Joint Board making final recommendation on the outcome of the statutory review.
February 2022	Report to Integration Joint Board with firm recommendation on outcome of the statutory review.
February 2022	Strategic Planning Advisory Group reconvenes to consider Integration Joint Board decision and to make any plans required at that stage to complete work to revise or replace the existing plan.

If a recommendation was made and agreed by the Integration Joint Board to revise or replace the current plan there was no timescale set-out in the legislation for the completion of this work. Were this to be required the Strategic Planning Advisory Group would make further detailed proposals to the Integration Joint Board regarding the timescale and approach in early 2022.

The Integration Joint Board agreed to note the timeline and planned approach for completion of the statutory review.

XV FINANCIAL MONITORING POSITION AS AT AUGUST 2021

There was submitted Report No DIJB52-2021 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2021/2022 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

(i) to note the content of the report including the overall projected financial position for delegated services to the 2021/2022 financial year end as at 31st August 2021 as outlined in Appendices 1, 2, 3 and 4 of the report;

(ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of the report; and

(iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

XVI ANNUAL COMPLAINTS PERFORMANCE

There was submitted Report No DIJB53-2021 by the Chief Finance Officer providing an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2020/2021. This included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Integration Joint Board agreed:-

(i) to note the analysis of 2020/2021 Dundee Health and Social Care Partnership complaint performance as detailed in section 5 onwards of the report;

(ii) to note that the report was submitted in a different format to previous years to comply with the SPSO request for specific data within the report; and

(iii) to note the associated risk assessment as detailed in section 6.

Following questions and answers the Integration Joint Board further agreed:-

(iv) to note following enquiry from Donald McPherson in relation to section 13.1 of the report that Dave Berry would arrange for a breakdown on figures on the number of complaints not upheld and partially upheld to be provided to the membership

XVII MEETINGS OF THE INTEGRATION JOINT BOARD 2021 - ATTENDANCES

There was submitted a copy of the Attendance Return for meetings of the Integration Joint Board held to date over 2021.

Th Integration Joint Board agreed to note the content of the document.

XVIII PROGRAMME OF MEETINGS – INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2022

(a) INTEGRATION JOINT BOARD

The Integration Joint Board agreed that the programme of meetings for the Integration Joint Board over 2022 be as follows:-

Wednesday 23rd February, 2022 - 10.00am
Wednesday 25th March, 2022 -10.00am (Budget Meeting)
Wednesday 20th April, 2022 - 10.00am
Wednesday 22nd June, 2022 - 10.00am
Wednesday 24th August, 2022 - 10.00am
Wednesday 26th October, 2022 - 10.00am
Wednesday 14th December, 2022 - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

The Integration Joint Board agreed that the programme of meetings for the Performance and Audit Committee over 2022 be as follows:-

Wednesday 2nd February, 2022 - 10.00am
Wednesday 23rd March, 2022 – 10.00am
Wednesday 20th July, 2022 – 10.00am
Wednesday 28th September, 2022 – 10.00am
Wednesday 23rd November, 2022 – 10.00am

XIX DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held remotely on Wednesday 15th December, 2021 at 10.00 am.

Trudy MCLEAY, Vice Chairperson.

ITEM No …4(b)……..

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status	Comment
1.	"	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30th July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; session likely to be in early 2022. Links to on-line training have been circulated in the meantime.
2.	"	VII (vi)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Chief Social Work Officer to provide information on Governance Arrangements on Protecting People Bodies including the appointment of Independent Chairs to these in her next report to the Integration Joint Board on Suicide Prevention.	Chief Social Work Officer	Next Reporting Period	Complete	Report submitted for IJB on 15 December 2021.
3.	"	VII (vii)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Strategy and Performance Service Manager to collate information from the Trauma Steering Group for possible update to the Integration Joint Board.	Strategy and Performance Service Manager	30th July 2021	Complete	Report submitted for IJB on 15 December 2021.
4.	"	(iv)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	Head of Health and Community Care to submit a report on Fair Work to the next meeting of the Integration Joint Board in consultation with Raymond Marshall and Jim McFarlane.	Head of Health and Community Care	25th August 2021	In progress	Report originally intended to be presented in December 2021 but now planned for February 2022.

5.	"	(vi)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	The Partnership to get in touch with the Steering Group behind the Campaign "Make Dundee a Living Place"	Chief Officer	30th July 2021	In progress	To be followed up
6.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	27th October 2021	In progress	Event 'Suicide Prevention is Everyone's Business' was held on 23rd November via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
7.	"	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	27th October 2021	In progress	The outcome report from the event held on 23rd November will inform the completion of a final draft of the Dundee Plan for submission to IJB in April 2022.
8.	"	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	27th October 2021	In progress	The outcome report from the event held on 23rd November will inform the final draft of the Tayside Action Plan, this will be submitted to IJB once available.
9.	"	IV(vii)	SUICIDE PREVENTION STRATEGIC UPDATE	to note the request of Bailie Wright for information on suicide trends over the Covid Pandemic period to be provided should they become available;	Chief Officer	27th October 2021	In progress	Information will be provided directly to Bailie Wright as this becomes available.
10.	"	V(v)	CARERS INVESTMENT PLAN UPDATE	to note the observation of Martyn Sloan on the benefit of more detail on what was to be provided through the Investment Plan and that Dave Berry would look to issue the Integration	Chief Finance Officer	27th October 2021	In progress	Further work being undertaken through sessions with stakeholders to report back through the Carers Partnership. To be

				Joint Board with more information in this regard such as staffing matters.				presented to the February 2022 IJB
11.	"	VII(vi)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to instruct the Chief Officer to provide a further report on progress made in the fourth year of delivering the Dundee Primary Care Improvement Plan to a future meeting of the Integration Joint Board.	Chief Officer	27th October 2021	In progress	Update to be provided by the end of the 2021/22 financial year
12.	"	VIII(ii)	MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE	to remit to the Chief Officer to present a report outlining the outcome of the review of Dundee Mental Health and Wellbeing Strategic Plan to the meeting of the Integration Joint Board to be held in October 2021.	Chief Officer	27th October 2021	Complete	Presented to IJB in October 2021
13.	"	IX(iv)	FINANCIAL MONITORING POSITION AS AT JUNE 2021	to note that Dave Berry would refine the content of the report for next meeting in relation to explanation of underspends and overspends following enquiry from Bailie Helen Wright in relation to impact of Covid.	Chief Finance Officer	27th October 2021	In progress	Deferred to February 2022 due to other priorities to be delivered against available resources
14.	"	X(iii)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to note that amendments would be made to the Action Plan for Change based on the self-assessment findings as outlined in section 4.6.2 and instruct the Chief Officer to submit the revised plan to the Integration Joint Board for information once it had been agreed by the Dundee Partnership.	Chief Officer	27th October 2021	In progress	To be provided by the end of the 2021/22 financial year
15.	"	X(v)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to seek additional opportunities to increase funding from both local and national sources, in order to progress the revised action plan and to address developing service requirements.	Chief Officer	27th October 2021	In progress	To be provided by the end of the 2021/22 financial year

16.	"	X(vii)	ALCOHOL AND DRUG PARTNERSHIP SELF-ASSESSMENT FINDINGS	to note following enquiry from Councillor Lynne Short in relation to the process of Cora funding and use of Fort by Alcohol and Drug Partnership the advice of Kathryn Sharp that Fort was embedded within the Children and Families Service of Dundee City Council and that possibility of this process being used within Adult Services would be examined.	Strategy and Performance Manager	27th October 2021	In progress	Officers from the Partnership have had an initial demonstration of the system and overview of progress made in Children and Families. Further consideration is to be given to FORT System at the Partnership's IT Board.
17.	"	XI(iii)	ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION	to request a detailed implementation plan was brought back to Dundee Integration Joint Board.	Chief Officer	27th October 2021	In progress	Implementation plan being developed with the aim of bringing to both Dundee and Angus IJB's by the end of the current financial year.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th November, 2021.

Present:-

Members	Role
Trudy MCLEAY(Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person proving unpaid care in the area of the local authority

Non-members in attendance at the request of the Chief Finance Officer:-

Christine JONES	Partnership Finance Manager
Jenny HILL	Head of Health and Community Care
Arlene MITCHELL	Locality Manager
Michelle RAMAGE	NHS Tayside
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer
Sheila WEIR	Finance and Support Services Section Leader
Fiona Mitchell-Knight	Audit Scotland

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were no apologies for absence submitted.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 29th September, 2021 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC33-2021) for meetings of the Performance and Audit Committee.

The Committe noted and updated accordingly.

Following questions and answers the Committee further agreed:-

(i) to note that following enquiry from Bailie Wright that Jenny Hill would provide an update on re-admissions to the next meeting of the Committee; and

(ii) to note as advised by Kathryn Sharp that analytical work on readmissions in the North East area was recommencing and that works in relation to Falls would also be undertaken.

IV PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP AND CHAIRPERSON

Reference was made to Article V of the minute of meeting of the Integration Joint Board held on 25th October, 2021, wherein reappointments to the Performance and Audit Committee were agreed and appointment was made to the position of Chairperson of the Committee.

The Committee agreed to note that Trudy McLeay, Donald McPherson, Dr James Cotton, Raymond Marshall and Martyn Sloan had been reappointed as members of the Performance and Audit Committee and that Trudy McLeay had also been appointed to the position of Chairperson of the Committee.

V AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021

There was submitted Report No PAC30-2021 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2021 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

The Committee agreed:-

(i) to note the contents of the Audit Scotland cover letter attached as Appendix 1 of the report and the draft external auditor's report attached as Appendix 2 of the report including the completed action plan outlined on pages 23 to 27 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the Integration Joint Board's 2020/2021 Annual Accounts;

(ii) to endorse the report as the Integration Joint Board's formal response to the external auditor's report;

(iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022;

(iv) to approve the Audited Annual Accounts attached as Appendix 3 of the report for signature and instruct the Chief Finance Officer to return these to the external auditor; and

(v) to instruct the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 30th November, 2021.

Following questions and answers the Committee further agreed:-

(vi) to note as requested by Trudy McLeay that Dave Berry would look to provide information on Accounts in Inductions for Members;

(vii) to note as advised by Donald McPherson the availability of induction information on a national level and a local level and that Dave Berry may wish to look at the content of the Induction Manual provided by the Perth Partnership for future inductions;

(viii) to note following enquiry from Donald Macpherson that information on Transformation would be covered in forthcoming Budget Development Sessions;

(ix) to note following enquiry from Donald McPherson that Tony Gaskin had made a presentation to the Angus Partnership on the topic of Risk Appetite and that he would share this with the Committee;

(x) to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee; and

(xi) to note the advice of Dave Berry that a further Development Session on Risk Management would be arranged for members in the new year;

VI INTERNAL AUDIT REPORT - PERFORMANCE MANAGEMENT

There was submitted Report No PAC31-2021 by the Chief Finance Officer presenting findings of the Internal Audit Review of Performance Management to the Committee.

The Committee agreed:-

(i) to note the content and findings of the Internal Audit Review of Performance Management attached as Appendix 1 to the report;

(ii) to note and agree the action plan associated with the report as the management response to the findings, as detailed on pages 7 to 9 of Appendix 1 of the report; and

(iii) to instruct the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee Meeting.

Following questions and answers the Committee further agreed:-

(iv) to note following enquiry from Trudy McLeay the advice of Vicky Irons that work was ongoing in realtion to recruitment and career development for staff and that this would feature in future reports incuding work in relation to the establishment of a hybrid SVQ which would enable staff to transfer more easily across care areas such as adult and child care more easily;

(v) to note following enquiry from Trudy McLeay that Dave Berry would keep the Committee appraised of progress in relation to Finance Group;

(vi) to note following enquiry from Lynne Short the advice of Tony Gaskin that he welocmed feedback from the Committee on the possible direction of future audits and that he would arrange for the current annual audit plan to be reissued to Councillor Short for her reference and that he would also liaise with Dave Berry on engagement process with the Committee in relation to the next plan including the possibility of development sessions; and

(vii) to note following enquiry from Donald McPherson the advice of Dave Berry that Directions could only be issued to partner bodies against the resources the Parterhsip had in its delegated budget and that the Partnership were currently examining additional funding streams which would require support functions.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021/2022 – QUARTER 1

There was submitted Report No PAC26-2021 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

The report also proposed a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

The Committee agreed:-

(i) to note the changes that had been made to the format and content of the quarterly performance report based on learning to date and feedback received (section 4.3 and 4.4 of the report);

(ii) to approve the proposed future approach to quarterly performance reports, analytical reports and improvement reports (section 5 of the report);

(iii) to note the performance of Dundee Health and Social Care Partnership, at Local Community Planning Partnership (LCPP), Dundee, Tayside and Scotland levels (where available), against the National Health and Wellbeing Indicators and Measuring Performance Under Integration indicators (summarised in section 6 and Appendix 1 of the report);

(iv) to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report);

(v) to instruct the Chief Finance Officer to submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings) no later than 31st March, 2022 (sections 5.4 and 6 of the report); and

(vi) to instruct the Chief Finance Officer to submit an update report on improvement activity that had been undertaken to address the increased rate in hospital admissions due to a fall no later than 31st March, 2022 (sections 5.5 and 6 of the report).

Following questions and answers the Committee further agreed:-

(vii) to note following enquiry from Trudy McLeay in relation to figures on readmission rates showing as being 40% poorer since 2016 the advice of Kathryn Sharp that this didn't reflect a training need in relation to recording of information but that this reflected current national guidance being followed by NHS Tayside and that the Scottish Government had been approached on this basis with a view to possible review on impact of this on how this appeared against content of reports;

(viii) to note the advice of Jenny Hill that there were areas of higher levels of readmission and that this wasn't about being discharged from hospital early but more likely reflecting a large population with respiratory problems and that these areas were being examined;

(ix) to note the observation of Donald McPherson that in future reports charts represented could benefit from indicators on upper and lower ranges driven by national targets to get a sense of the position of the Partnership in this regard;

(x) to following enquiry from Donald McPherson in relation to data on falls and further work in this regard for the over 65s as to whether this was due to environment such as lighting, gritting and pavement conditions the advice of Lynsey Webster that currently

the Partnership received data to say there had been a fall in a street but not the nature or possible cause;

(xi) to note the advice of Jenny Hill that Dr Matthew Kendall had been undertaking a lot of work in relation to Falls and that this may be of benefit for presentation to future meeting of the Committee; and

(xii) to note that Diane McCulloch would look at points raised in relation to falls, increased frailty of older people due to Covid and other areas such as deaths arising from use of drugs in terms of risks for representation in future reports.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC27-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan as well as work ongoing relating to the 202/2022 plan.

The Committee agreed to note the continuing delivery of the audit plan and related reviews as outlined in the report.

Following questions and answers the Committee further agreed:-

(i) to note following enquiry from Donald McPherson on a previous action that the status of ongoing audits be inserted in reports the advice of Tony Gaskin that he would arrange for this to be done for the next meeting.

IX GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC28-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

X PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC29-2021 by the Chief Finance Officer updating the Performance and Audit Committee on those specialities within the hosted Psychological Therapies Service that continued not to achieve Health Improvement, Efficiency, Access & Treatment (HEAT) targets, highlighting contributory factors and the actions being taken to address the same. This was based on the previous report Psychological Therapies Waiting Times PAC33-2018 and was inclusive of all Psychological Therapies Services that contributed to the adult 18 week referral to treatment target and excluded those that did not. For that reason, Psychotherapy Services had been added to the report.

The Committee agreed:-

(i) to note the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined in sections 4.3, 4.4, 4.5 and 4.7 of the report;

(ii) to note the actions undertaken within the Psychological Therapies Service (PTS) to address the current waiting time challenges as outlined in sections 4.6 and Appendices 1 and 2 of the report; and

(iii) to note the intention to develop a Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group as noted in section 4.7 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note the advice of Dr Michelle Ramage that in light of national trauma training programme as to what services are to be provided that this would be examined in terms of the Strategic Commissioning Plan;

(v) to note following enquiry from Bailie Wright the advice of Arlene Mitchell that the Partnership were looking to develop a micro site to encourage recruitment within the mental health service;

(vi) to note following enquiry from Bailie Wright in relation to increase of workload in particular for older people due to Covid the advice of Arlene Mitchell that this reflected a decrease in referrals initially and then an increase as people may have paused therapy to await face to face consultations rather than technological based consultations.

XI CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

There was submitted Report No PAC32-2021 by the Clinical Director providing an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. The report was presented as an SBAR (Situation, Background, Assessment and Recommendations).

The Committee agreed:-

(i) to note the exception report for the Dundee Health and Social Care Partnership Clinical Care and Professional Governance;

(ii) to the proposal to amend the reporting format to reflect that adopted by NHS Tayside Care Governance Committee as detailed in 4.1 of the report; and

(iii) to note that the authors were recommending that the report provided moderate assurance.

Following questions and answers the Committee further agreed:-

(iv) to note following observations of Trudy McLeay in relation to the fabric of the building at Constitution Street the advice of Diane McCulloch that this was currently under examination by NHS Tayside in relation to upgrading works and possibilities of the service being co-located within another building shared with the Third Sector.

XII ATTENDANCE LIST

There was submitted Agenda Note PAC34-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Committee agreed to note the position as outlined.

XIII PROGRAMME OF MEETINGS - PERFORMANCE AND AUDIT COMMITTEE – 2022

The Committee agreed to note that the programme of meetings for the Committee over 2022 would be as follows:-

Wednesday, 2nd February, 2022 - 10.00 am
Wednesday, 23rd March, 2022 - 10.00 am
Wednesday, 20th July, 2022 - 10.00 am
Wednesday, 28th September, 2022 - 10.00 am
Wednesday, 23rd November, 2022 - 10.00 am

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 2nd February, 2022 at 10.00 am.

Trudy MCLEAY, Chairperson.

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 15 DECEMBER 2021**

REPORT ON: **PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT**

REPORT BY: **CHAIR, PERFORMANCE AND AUDIT COMMITTEE**

REPORT NO: **DIJB66-2021**

This assurance report relates to the meeting of the Performance and Audit Committee of the 24 November 2021

Decisions Made and Instructions Issued by the Committee

- Item V – in relation to the Audit Scotland Annual Report and IJB Annual Accounts 2020/21 the committee endorsed the response to the Audit Scotland report, approved the annual accounts and instructed the Chief Finance Officer to publish the accounts on the Health and Social Care Partnership's website. Furthermore, the Chief Finance Officer was instructed to provide an update on progress of the action plan included in the Auditor's report by February 2022.

- Item VI – in relation to the Internal Audit Report on Performance Management the Chief Finance Officer was instructed to include the actions in the report within the Governance Action Plan.

- Item VII – in relation to the partnership's 2021/22 Quarter 1 Performance Report, approved the future approach to quarterly monitoring reports while instructing the Chief Finance Officer to provide more in-depth information on readmissions data as well as hospital admissions due to falls and reasons for the deterioration in care inspectorate gradings.

Issues to highlight to the Board

- I welcomed everyone to the meeting and the Committee noted the reappointment of members following agreement at the IJB meeting of the 25th October 2021, including my reappointment in the Chair.

- We followed up on a number of action points set out in the Action Tracker, introduced to the PAC for the first time. This development was welcomed by the committee.

- Anne Marie Machan and Fiona Mitchell Knight from Audit Scotland presented the findings from their annual external audit report. The committee took the opportunity to ask the auditors a range of questions and were provided with assurance that there were no issues with the accounts and annual report with a small number of recommendations made designed to enhance existing governance arrangements.

- The Committee was presented with a substantive Internal Audit Review of the IJB's Performance Management and reporting arrangements by the Chief Internal Auditor, Tony Gaskin. Tony outlined the findings of the report which was graded as providing a reasonable level of assurance. Tony explained to the Committee that in his opinion Dundee IJB has the most developed performance management framework of any of the IJB's he provides Internal Audit support for however noted there were still areas of improvement the IJB could make leading to the recommendations in the report. The Committee welcomed the findings of the report.

- Following the presentation of the internal audit review, the Committee was presented with Dundee Health and Social Care Partnership's 2021/22 Quarter 1 Performance Report and it was noted that some of the format and content of the report had been amended to reflect some of the comments from the Internal Audit review with a range of other changes planned for future reports. Areas of concern raised from the report included the continued challenges around hospital admissions and readmissions figures in addition to some deterioration in Care Inspectorate gradings performance with further reports requested to be presented to future meetings of the PAC.

- The Committee received progress reports in relation to the 2021/22 Internal Audit Plan and Governance Action Plan and noted their respective progress.

- A report highlighting and exploring Psychological Therapies Services compliance with the Adult 18-week referral to treatment target (HEAT) was discussed with Dr Michelle Ramage, Lead Clinician in Psychotherapy and Arlene Mitchell, Locality Manager providing an overview of the position and outlining the improvement work which has been carried out to date and planned for the future. The background position of significant increases in demand coupled with staff recruitment and retention challenges associated with highly specialist staff have contributed to a range of services currently not meeting the target time for referral. Additional Scottish Government funding has been provided for Mental Health Recovery and Renewal, some of which is allocated to enhance Psychological Therapy services. The committee welcomed the opportunity to explore this area further.

- The Clinical, Care and Professional Governance exception report was discussed with moderate assurance provided to the committee. The committee supported the proposal to amend the future reporting format to align with NHS Tayside's Care Governance Committee's reports which would save officers writing different style reports for each governance committee.

Trudy McLeay
Chair **6th December 2021**

ITEM No …6……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020-21**

REPORT BY: **CHIEF SOCIAL WORK OFFICER**

REPORT NO: **DIJB58-2021**

1.0 PURPOSE OF REPORT

1.1 This report brings forward for Members' information the Chief Social Work Officer's Annual Report for 2020/21 attached as appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Chief Social Work Officer's Annual Report for 2020/21, attached as appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

4.3 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

4.4 As can be seen in this year's report (attached as appendix 1), Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people. Alongside responding to many challenges across the wider public sector and Social

Work specific landscape we have also adapted our services in line with the challenges of the COVID-19 pandemic.

There are a number of highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:

- The Social Work and Social Care response to the COVID-19 pandemic, including the adaption of existing services, establishment or new services and supports to vulnerable people, to carers and to the workforce.

- An ongoing range of self-evaluation activities the findings of which have informed improvement activities such the continued development of social work practice in relation to chronologies, risk assessments and plans and expansion of services for groups such as kinship carers and people who use drugs and alcohol.

- A diverse range of positive collaborations between Social Work and Social Care services delivered by the Council and Health and Social Care Partnership and commissioned services in the third and independent sectors. This includes the development of an alliance approach to commissioning and procurement activity aimed at enhancing the range of supports available to individuals and families and a range of partnerships supporting the adaptation of services during the pandemic period.

- The continued development and implementation of a range of learning and development activities to support the Social Work and Social Care workforce to deliver high quality services and acquire the knowledge and skills to lead and manage increasingly integrated responses to health and social care needs.

- Positive performance across a range of statutory Social Work functions includes:

    - In Children's Services, children and young people in care away from home experiencing increasingly far more settled home environments with an increase in the average length of placement duration across all placement types. Alongside which school attendance for care experienced pupils has improved significantly and whilst recruiting Foster Carers for adolescents, large sibling groups and children with complex additional support needs continues to be a challenge we have embarked on a digital and social media recruitment campaign, advertising through Twitter, Facebook and through One Dundee Website.

    - In Community Justice A total of 204 Community Payback Orders (CPOs) were imposed, compared with 532 the previous year. Overall, 77% of all Community Payback Orders were successfully completed in 2020.21. This is a 9% increase on the previous year figure of 68%.

    - In the Health and Social Care Partnership there has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. In 2020/21 Dundee was the 8th best performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. There has also been a continued increase in the use of Self-Directed Support Options 1 and 2; with the total value of packages of support having increased from just over £2.1 million 5 years ago to £6.45 million in 2020/21.

4.4 It should be noted that as this annual report covers the period from 1st April 2020 to 31st March 2021 it reflects the Social Work and Social Care response to the COVID-19 pandemic in some detail. This includes an overview of the wide range of adaptions that have been made to support continued delivery of essential Social Work and Social Care services, the rapid redesign of service delivery models to protect the health and wellbeing of both service users and the workforce in-line with public health guidance, and the commitment and flexibility of the workforce throughout the pandemic response.

4.5 The 2020/21 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children's Services, Community Justice and Health and Social Care. Recovery Plans for the Health and Social Care Partnership and Council Children and Families Service set the context within which wider improvement activities will be progressed during 2021/22 and will have a significant impact on capacity and resources available. Across all services, it is recognised that the cumulative impact of the pandemic on

workforce wellbeing remains an important priority, as does addressing the compounding impact that the pandemic has had on existing health and social inequalities across our population. Therefore, a small number of improvement priorities have been identified for the CSWO to support across the Social Work and Social Care workforce and with partners over the next 12 months alongside COVID-19 recovery work:

- Participate in the consultation/engagement regarding the National Care Service, reflecting local knowledge and experience, and in subsequent activity to reform Scotland's health and social care system.

- Learn from national and local research about the short- and long-term impact of COVID-19 and use this to plan supports and services which address the needs of the population.

- Listen to people who use social work and social care services and their carers and ensure that the voice of lived experience more consistently informs strategic planning and commissioning activity.

- Support our social work and social care workforce to recover from the impact of the pandemic on their health and wellbeing and listen to the information they share about frontline experiences.

- Maintain our COVID recovery, working with partners across the community planning partnership to consolidate our learning and embed and develop new ways of working.

- Continue to develop our approach to locality working, learn from people in communities and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

- Respond to the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience and carers to fully implement existing action plans and consider any emerging challenges.

- Develop enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.

- Ensure our services and supports make a positive to people who are at the greatest risk of negative impacts as a result of deprivation, health inequality or equality Protected Characteristics.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Head of Service - Health and Community Care, Dundee City Council Management Team and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Diane McCulloch
Chief Social Work Officer

DATE: 18 November 2021

Alison Leuchars
Senior Service Manager, Children and Families Service, Dundee City Council

Kathryn Sharp
Service Manager, Strategy and Performance

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CHANGING FOR THE FUTURE

Dundee City Council

Chief Social Work Officer Annual Report

2020-21

Dundee Health & Social Care Partnership

Contents

Preface

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In my last Annual Report, I was able to outline in only some detail how Social Work and Social Care services were initially responding to the unexpected challenges of Covid-19. As the pandemic started in March 2020, its impact on services and how they have adapted to continue to provide support to vulnerable children, young people and adults over the last 12 months now forms the focus of this year's report. You will see from the content that not only have our teams shown remarkable commitment, resilience and flexibility to maintain services, they have also contributed to some key improvements in many respects. The approaches adopted and learning with partners is now informing key priorities as we go through the recovery process.

This report shows how, throughout the pandemic, Social Work and Social Care services have worked collaboratively with partners and local communities to comply with all public health requirements whilst continuing to deliver a range of crucially important supports in order to mitigate the risk of infection and other forms of harm. Support has been provided across a range of family, residential and hospital settings to a diverse range of groups, including older people, adults and children with disabilities, people with mental health and substance use problems and children, young people and adults at risk of harm. Our teams have provided this support whilst also navigating the professional and personal impact of the pandemic on themselves.

In Health and Social Care teams worked quickly to implement infection prevention and control requirements and other public health guidance all services, allowing the provision of lifeline home care services to be maintained, supporting the continued operation of care homes and ensuring adults at risk continued to be supported and protected. Adaptions were also put in place to sustain support to people who had previously received building-based services that could not operate safely in the early phases of the pandemic; this included models of outreach work and the use of digital technologies. There was a sustained focus on discharge management to support the wider acute healthcare system and to ensure safe and supported hospital discharge into a range of community settings. Services for people who use drugs and alcohol and who require supports in relation to mental health and wellbeing were adapted to provide a blend of face-to-face and virtual supports. The impact of the pandemic on unpaid carers was recognised at an early stage and through the Carers Partnership a wide variety of work was undertaken to provide additional supports to carers, support access to testing, vaccination and PPE and to listen to their experiences and emerging needs. Significant attention has also been given to the health and wellbeing of staff, including access to vaccination and testing programmes and the provision of a range of wellbeing services and supports.

In Children's and Community Justice Services, teams worked at pace to implement digital multi-agency Child Protection Case Conference (CPCC) and Multi Agency Public Protection (MAPPA) meetings to maintain information sharing; introduced Minimum Practice Requirements to promote a consistent approach towards the frequency of face-to-face and digital support; developed a framework for decisions on parent/carer contact with non-resident children; worked with schools on the establishment of Community Support Centres; worked with the Third Sector on the accelerated roll-out of the Fast Online Referral Tracking (FORT) system; and adopted a clear focus on identifying and supporting families at risk of hidden harm.

As a result of this work, the overall number of children and young people on the Child Protection Register (CPR) was consistent with previous years. Those on the CPR received much higher levels of face-to-face support than the national average and this support was maintained for longer periods with fewer de-registered than previously. There was an increase in the emergency placement of children into care as, even with additional support, some families struggled with the many challenges of the pandemic alongside other needs but overall numbers in care were similarly consistent and all placements were far more settled and less likely to break-down. Building on this, the service also developed Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23.

In Community Justice, although the pandemic had a severe impact on the operation of Court business, referrals by the Crown Office for Diversion from Prosecution almost doubled; the successful completion rate of Community Payback Orders returned to a level above the national average; Unpaid Work, which was suspended on 2 occasions, continued to be carried out where possible; and partners worked to support the early release of some short-term prisoners from HMP Perth. In partnership with other Responsible Authorities, the service also maintained the supervision and support of Registered Sex Offenders. To help navigate through the recovery process with partners, the service also coordinated the new Community Justice Outcome Improvement Plan (CJOIP) 2021-23.

2020/21 has been a unique and challenge year for social care and social work services and professionals. I am proud of what services have achieved over the last year, working both within the social work profession and in partnership with colleagues across our community planning partnership. There is no doubt that impact of the pandemic on Dundee citizens has been significant and has compounded existing inequalities and adversities within the city; this year's annual report emphasises the positive contribution social work and social care services have made to mitigating this impact and plans to continue to work with individuals and communities to support recovery in the coming years.

Diane McCulloch
Chief Social Work Officer

Introduction

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This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfill their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The role is undertaken by a Senior Manager who is a registered Social Worker whose responsibility is to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
- Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
- Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
- Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
- Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
- Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
- Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
- Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
- In co-operation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.

The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. Therefore, this report provides details on how the CSWO functions are being discharged within Dundee. This includes the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2019/20. The report ends with an outline of key priorities over the next 12 months.

3 Summary

At the time of the publication of the CSWO Annual Report 2019/20 social work and social care services, alongside community planning partners, were responding to the unprecedented challenge of the COVID-19 pandemic. Social work and social care services had been rapidly re-designed to meet the needs of individuals and families (including carers) who had been impacted by the pandemic, as well as a range of approaches being developed to maintain essential supports and services whose delivery was disrupted. In that context and in anticipation of a continued need to respond to the pandemic conditions and impact over 2020/21 the CSWO identified a limited number of additional improvement priorities for 2020/21. These were:

- Across all services, continued implementation of the Transforming Public Protection Programme with the Care Inspectorate with a focus on the roll out of new approaches to chronologies and risk assessment and further development of options appraisal for the future delivery of multi-agency screening functions.
- In Children's Services, continue to progress the work of CELCIS ANEW, WM2Y and Fort which alongside the PACE programme and our improvement plan are aligned to our commitment to implement the findings of the Independent care review in Dundee whilst at the same time ensuring defensible practice which supports children and addresses risks.
- In Community Justice, work with partners to continue to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years at risk of custody and young people. This will be particularly challenging given the impact of the pandemic on delaying Court processes and rising levels of imprisonment.
- In Health and Social Care, continue to strengthen our arrangements for responding to adults at risk and improvement activities in response to complex delayed discharge and unscheduled care. We will also focus on continuing our work with partners to implementation action plans in responses to the Dundee Drugs Commission and Independent Inquiry into Mental Health Services in Tayside.
- In Health and Social Care, participate in the national review of adult social care, sharing our experiences and learning from the integration of health and social care services.
- In all areas, continue to address major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign, joint work with neighbouring authorities and prioritisation of resources towards key needs.

The current year's Annual Report describes how the CSWO supported the progression of each of these areas of work despite the additional challenges and pressures presented by the pandemic. It shows how there were a number of key achievements in each of our service areas and how, in particular, all service areas continued to work together collaboratively to support and protect Dundee's most vulnerable citizens during the ongoing pandemic.

Partnerships Structures/Governance Arrangements

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In Dundee, the role of CSWO currently lies with the Head of Service for Health and Community Care (within the Dundee Health and Social Care Partnership). The Head of Service for Integrated Children's Services and Community Justice undertakes a deputising role as required. The CSWO Governance Framework sets out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of Council and Health and Social Care Partnership leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Chief Officer of the Integration Joint Board and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of Executive Boards which oversee the implementation of local community planning priorities (shared between the CSWO and their depute).
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Dundee Violence Against women Partnership (DVAWP), providing advice on Social work matters.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Links to the Tayside Strategic Children and Young People Collaborative through Children and Families Acting Head of Service.

In addition, the CSWO has provided professional advice to a range of enhanced governance and planning arrangements during the pandemic including Dundee City Council Incident Management Team, the Clinical Care Home Oversight Group and Local Resilience Partnership (particularly in relation to Care for People matters).

The CSWO is also supported by a Joint Social Work Management Team which brings together the Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers. The group maintains oversight of:

- Partnerships and commissioning
- Performance management and quality assurance
- Learning and workforce development
- Policy and practice improvements

5 Service Quality and Performance

5.1 Overview of Key Performance Information

Children's Services

- In 2020/21 the length of time children were supported on the Child Protection Register increased slightly as during the pandemic registrations were prioritised over de-registrations to ensure children were safe; 84% (compared to 2019/20: 95%) were de-registered after less than 12 months.
- A total of 44 (compared to 36 last year) Child Protection Orders (CPOs) were made in respect of children for whom it was assessed that their circumstances posed an immediate and significant risk of harm. At this current time, we are experiencing the highest level of CPO activity which we have seen in the past 6 years. Whilst this may not seem surprising given the difficulties faced by families during the pandemic it is important that we fully understand and monitor this situation. Locally SCRA have reviewed all CPOs and in addition, a working group of staff across social work teams and SCRA has been developed to undertake an ongoing process of CPO activity. Regular updates are provided to the child protection committee and it is noted these have all been a proportionate response to the nature and level of immediate risk.
- The number of children experiencing care at home or away from home is stable with 489 in March 2021 compared to 490 children on 31st March 2020. As with the previous year around 88% of children lived in the local community, with 72 (15%) receiving additional statutory support in their own homes.
- Children and young people in care away from home have experienced increasingly far more settled home environments with an increase in the average length of placement duration across all placement types. For children experiencing care away from home the balance of placements is 54% foster care, 30% kinship care, 12% residential settings and 3% with prospective adopters.
- There were 26 emergency placements, an increase from 10 last year, reflecting short term moves as a consequence of COVID during 2020. Emergency Placements involve authorising an emergency move of a child or young person subject to supervision requirements in cases of urgent necessity.
- School Attendance for care experienced pupils has improved significantly from 85% to 90.4%, but there remains a gap when compared to the average of all pupils which improved from 90.2 to 92.4% during the same period.
- There are currently 148 young people receiving aftercare support from the Throughcare and Aftercare service team and of these 69 are in college,8 at university,13 in employment and the remainder are supported in a range of settings including school, training courses, and those who are currently unemployed either seeking work or due to ill-health.
- The number of children and young people with disabilities or complex needs who are receiving targeted community-based support have increased slightly from 120 to 137 on 31st March 2021. Work is ongoing across Tayside to review arrangements for the provision of respite care the provision of which has been impacted by the pandemic.
- Six young people required support in secure care during the reporting period (compared to seven 2019-20) – of these, a small number (less than 5) are counted in both periods as they were in secure on 31st March 2020 and on 31st March 2021.

- In respect of permanent alternative care and adoption, there was a reduction with 14 new Permanence Orders were made (compared to 19 the previous year); of these, 4 were with authority to adopt (compared to 10 the previous year). In total 122 children and young people were on Permanence Orders on 31st March 2021, 27% of all care experienced children and young people (compared to 28% the previous year). Although children may have been in their permanent placements the legal side hadn't been completed due to slower legal processes due to the pandemic.
- On 31st March 2021, 154 (32%) of the looked after children were in internal (local authority) foster placements; which is very similar to last year (145); ten of these were emergency placements (compared to seven in 2020).
- Recruiting Foster Carers for adolescents, large sibling groups and children with complex additional support needs continues to be a challenge and regular Foster Carer recruitment activity and events has been disrupted by the pandemic. However, we have adopted a new approach and embarked on a digital and social media recruitment campaign, advertising through Twitter, Facebook and through One Dundee Website. Over the past 12 months we have received 16 notes of interest and from this we are currently progressing 11 new assessments of potential carers, and 1 new foster carer household and 5 adoptive households have been recruited. Over the past 12 months our Fostering Resource Team have continued to support 54 approved Temporary Foster Care Families caring for 89 Young People.

Community Justice

- Partners continue to develop a range of interventions across the Criminal Justice System (CJS) in order to ensure that timely, proportionate and cost-effective responses can be delivered, increase community safety and improve outcomes for adults who offend. The number of people who are referred for Diversion from prosecution continues to rise, moving from 140 in 2019/20 to 187 in 2020/21. The number of Diversion cases successfully completed has also risen, moving from 67 in 2019/20 to 80 in 2020/21. Diversion cases were managed according to the same risk and need criteria as Orders made in Court, with an agreed level of face to face contact.
- A total of 204 Community Payback Orders (CPOs) were imposed, compared with 532 the previous year. Overall, 77% of all Community Payback Orders were successfully completed in 2020.21. This is a 9% increase on the previous year figure of 68%.
- Unpaid work was impacted by COVID with two periods of national suspension (April to September 2020 and January to April 2021). Efforts have continued to deliver unpaid work within the parameters of public health guidance. A total of 14,461 unpaid work hours were imposed by Court in 2020/21. Over the course of the year, a total of 5,569 hours of unpaid work were carried out (1,546 of which were other activity hours).
- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed no Orders compared to only 1 the year before. In addition, there were 4 Drug Treatment Requirements within CPOs during 2020/21 (29 in 2019/20) and 5 Alcohol Treatment Requirements (4 in 2019/20). The reductions in Drug Treatment Requirements imposed has been influenced by the reduction in court business during COVID. In 2021 the court gave priority to individuals held in custody and deferred court appearance for acquisitive crime and drug possession. Joint work between CJS and Dundee ADP is taking place to ensure we make best targeted use of Drug Treatment requirements.
- As of 31 March 2021, there were 104 Registered Sex Offenders subject to statutory Supervision under Multi Agency Public Protection Arrangements (MAPPA). In Tayside, 29% were jointly managed by Community Justice Social Work and Police Scotland which means they will be subject to Community Payback Order or post-release Licence.
- There were 12 new Supervised Release Orders (SROs), the same number as the previous year. These orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release.

- There were 151 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 163 people the year before. The Community Justice service provides throughcare whilst individuals are in prison and on their return to the community. This represents a volume of cases not impacted by the reduction in court business. A high level of monitoring and prioritised service delivery was required to manage and support people released on licence and probation.
- Dundee continues to implement the Whole System Approach, with Adolescent Team workers undertaking 16/17 year old Diversion and compiling the court reports for young people who are care experienced. Four custodial sentences were issued to people aged between 16 and 20 years during 2020/21 as a main outcome of a Community Justice Social Work Report compared to 16 in the previous year. There were no instances of Custody as a main outcome for those aged 16-17, compared with 3 in the previous year.

The CJS continued to implement Unpaid Work Orders and received consistent positive feedback from both the individuals carrying out their work and from the recipients. Due to the pandemic, there were fewer requests from individual members of the community, however the team still managed to get through a selection of projects and placements and 5,569 hours of unpaid work were carried out at various locations across the city. They continued to provide practical assistance to agencies supporting vulnerable people. Work included restoring multiple benches from the NHS Tayside estate (30+); making a mud kitchen and raised beds for a local school; assisting a person in need to tidy garden and erect a fence; repairs to sheds and furniture; painting railings; cleaning up leaves; assisting a charity shop to remove items that could not be sold; litter picking and contributing to ongoing work at the piggery, a three quarter acre site at the bottom of the Law, to create a community growing space.

Dundee Law Community Growing Space (see images below)

Adult Health and Social Care Services

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services and supports are provided. In order to prevent the spread of the virus and to maximise hospital capacity to treat COVID-19 patients safely and effectively, the Health and Social Care Partnerships adapted processes, procedures and pathways and the priority given to reducing demand on unscheduled hospital care was temporarily shifted.

We monitor and scrutinise performance on a quarterly basis. When analysing performance, we recognise that there will be a number of performance indicators where processes and pathways were affected by the pandemic and that we must draw conclusions about these with caution and view them alongside whole system pathways and processes.

- The National Health and Care Experience Survey for 2020/21 provides feedback to Scottish Health and Social Care Partnerships regarding a sample of citizen's perceptions of health and social care services and their impact on health and wellbeing. Across six of the nine key indicators measured by the survey Dundee performed the same, or within 2% poorer than the Scottish average; there were 2 indicators where Dundee performed more poorly than this Scottish average; and, one indicator where Dundee performed better than the Scottish average. Due to a methodology change, it is not possible to compare longitudinally.
- Locally there has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. Prior to this year this reduction has been consistent since 2015/16 (143,519 per 100,000 population), however the pace of reduction increased during the pandemic and at Q3 2020/21 the rate was 97,449 per 100,000 population.
- Dundee had the 3rd highest premature mortality rate in Scotland during calendar year 2020, with 604 unexpected deaths per 100,000 population aged 75 and under. This is an increase of 11.4 % from 2019. In Dundee life expectancy is 74.0 years for males and 79.2 for females, whereas in Scotland as a whole it is 77 years for males and 81.1 for females. Dundee has the second lowest life expectancy in Scotland for males and third lowest for females. Life expectancy varies substantially by the level of deprivation in the geographical area of the population and the occurrence of health conditions and disability.
- Of the people who died during 2020 calendar year, 91% of time in the last 6 months of life was spent at home (that is a 2% increase from 2019/20 financial year). This is considered to be a positive result (similar to the Scottish average) and could not be achieved without a strong partnership between acute hospital and community workforce, the third and independent sectors and patients and their families and carers.
- In 20/21 Dundee was the 8th best performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 20/21, for every 100 people aged 75 and over, 32.4 bed days were lost due to a person experiencing delayed discharge. This is an improvement on the 2019/20 figure, when there were 44.3 days lost for every 100 people aged 75 and over
- The National Health and Care Experience Survey 2020/21 reported that 34.6% of Dundee respondents who provided unpaid care felt supported to continue in their caring role; this is similar to the Scottish average of 34.3%.

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2020/21 12.8% of people discharged from hospital following an emergency admission, were readmitted within 28 days. Dundee has the third highest 28-day readmission rate in Scotland. We have undertaken significant analysis of re-admissions data as they apply to the model of service within Tayside in order to gain better understanding of the underlying causes of high levels of readmission. Although we will continue to aim to reduce readmissions, we have identified that, the main reason for the difference in the performance indicator is due to how readmissions are coded. The statistical code used locally is not consistent with other acute hospitals across Scotland.
- People in Dundee have a high rate of hospital admissions as a result of falls, with a rate of 30.7 admissions for every 1,000 of the 65 and over population. In 2020 Dundee was the poorest performing Partnership in Scotland. An analysis of falls rates by neighbourhoods within localities has been completed to aid planning of improvement actions.
- Encouraging people to have choice and control over the services and supports they receive has continued to be a priority. Self-Directed Support is available to adults and children/families with assessed social care needs. The numbers people and families choosing Option One and Option Two is an indicator that people have taken the opportunity for choice and control of their own services. The table below shows the number of people who received Self-Directed Support Options 1 and 2 in the past five years. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from just over £2.1 million five years ago to £6.45 million in 2020/21. Since the implementation of the Social Care - Self-Directed Support (Scotland) Act 2013 the number of packages of care for people choosing Option 1 has increased year on year. Option 2 has also been increasing but there has been a drop between 2019-20 and 2020-21.

Within Children and Families Services, where there is an assessed need for services for children with a disability, a full discussion with parents and unpaid carers about all 4 Self Directed Support options takes place. Dundee Carers Centre are contracted to provide support to people choosing Option 1. In children's services, 'Option 1' supports continue to increase in number and as a proportion of the total number of services. There has been year on year increase for children with disability opting for Option 1 services.

Dundee Self-Directed Support – Options 1 and 2

	2016-17		2017-18		2018-19		2019-20		2020-21	
Option	**No. of people**	**Cost**	**No. of people**	**Cost**	**No. of people**	**Cost**	**No. of people**	**Cost**	**No. of people**	**Cost**
Option 1 Total	60	£1,087,024	74	£1,522,411.91	103	£1,875,293.80	122	£3,432,428.45	143	£3,782,570.43
Option 1 Adults only	52	£1,016,659	65	£1,413,325.70	79	£1,640,764.55	81	£2,701,004.72	88	£2,682,716.27
Option 2	30	£308,726	39	£287,817.47	70	£613,366.38	161	£2,062,732.02	123	£1,663,544.86

Mental Health

- There was a total of 100 emergency detentions of people in hospital in 2020/21 and an average of 93 detentions a year in the last 5 years.
- There was a total of 155 short-term detentions of people in hospital in 2020/21 and an average of 155 a year in the last 5 years.
- There were 45 Compulsory Treatment Orders in 2020/21. With an average of 39 Compulsory Treatment Orders in the past five years.
- In 2020/21, 83 Social Circumstance Reports were completed. Of the total, 54 Social Circumstance Reports resulted in someone being subject to a short-term detention and 28 led to Compulsory Treatment Order.
- There were 13 people who were subject to Compulsion Orders with Restriction and 4 people to Treatment Orders during 2020/21. This has remained stable in comparison with previous years. There were 12 Compulsion Orders (13 orders in 2019/20) and 6 Assessment Orders (no change since 2019/20).
- In 2020/21, there were in total 130 guardianship applications of which 86 were for a Private Guardianship and 44 were Local Authority Guardianship applications. Of the 130 applications, 42 were granted.

Adult Support and Protection

- In 2020/21, 2,372 adult protection referrals were received which represents a 10% increase on the previous year. Fifty-four of these resulted in an Adult Protection Investigation and 47 Case Conferences were undertaken. Most referrals (1,959 - 83%) continue to be made by Police Scotland, although it is noted that referrals from NHS increased by 75% (103 to 180) since last year (which were in turn double those of the year previous) which is thought to reflect the awareness raising activity that has taken place during this time. Dundee has a single pathway referral approach for vulnerable adults and this has resulted in an increase in Police involvement for non-crime related referrals e.g. mental health and substance use.
- Of the 54 investigations undertaken, welfare for adults, including older people, was the highest single area of harm identified. There was a marked increase of harm reported that usually is included in the 'other' category, notably exploitation (5) and suicide ideation (3). Correspondingly there was decrease in most other categories especially in self-harm.
- During 2020, the Early Screening Group did not meet until August 2020 due to pandemic restrictions and pressures. During the year, 23 referrals (30% of all referrals) have been considered by the Early Screening Group (ESG). This is a significant decrease on the previous year and is thought to be entirely due to the restrictions introduced to cope with the COVID pandemic. As an alternative, a trial project started in March 2021 where referrals are screened for ASP-concerns by the team managers of the First Contact and Learning Disabilities teams and if successful this approach will be rolled out to all relevant ASP teams.

5.2 Ability to Deliver Statutory Functions

Children and Young People on the Child Protection Register

During the first lockdown, services in Dundee contacted more families than most other council areas; 99% of children on the child protection register were seen face-to-face (nationally 95%). In addition, 85% of children with multi-agency plans were contacted (nationally 71%); around 1400 out of 1600 children with plans were contacted, more than 10% of the whole pupil population of Dundee. It has been noted that this has resulted in improved relationships and supported immediate provision of further services needed by families (food, money, housing referrals, etc).

At the start of the first lockdown the Children and Families service introduced minimum practice requirements and an associated RAG rating of risk to determine the necessary frequency of visits to children and families. During the first lockdown over 1,000 files were RAG rated and visits took place according to rating and were monitored weekly. Between May and August 2020, 823 cases were audited and for 97% of these, their RAG ratings were found to be appropriate and 94% were found to have the right level of service according to risk. This auditing process was reduced in line with the easing of the lockdown and as children returned to schools/communities opened up however remains in place on a monthly basis with the most recent figures indicating that RAG Rating appropriateness stands at 95%, with 91% of cases receiving the appropriate level of intervention. All cases identified as needing further intervention /reassessment of RAG rating are dealt with in real time.

Looked After Children and Young People

Similarly to children on the child protection register, high-levels of contact were maintained with young people in aftercare; 94% of young people in aftercare were contacted (nationally 64%). Reduced placement breakdown was experienced by young people in Dundee's residential houses from 35% to 75% of young people staying for longer than 6 months, thereby reducing risk of harm. This is believed to be a result of listening more to young people through psychological assessments and person-centred planning.

Fostering and Adoption

For our Internal foster carers, placement stability has increased from 15 months to 33 months. Work here has included a targeted training plan and extra support to foster carers.

Also, our Adoption and Permanence Team have continued to support 28 approved Permanent Foster Carer Households and 12 approved Adoptive Households caring for 44 young people. In the past 12 months we have also supported 10 carer households offering internal Continuing Care Placements.

Over the past 12 months a full-time dedicated panel advisor has continued to coordinate both adoption and permanence panels and foster carer panels. There are currently 6 panels per month - 2 Foster panels and 4 Adoption and permanence. These have been held virtually throughout the pandemic and has been quite successful throughout. In the past 12 months 19 children have had permanence plans approved at panel.

For all children aged 12 and under, where a permanence plan is in place, with the route being via permanent fostering or adoption, the Family Finding Group has also continued over the past 12 months, and has had an overview of all children with a permanence plan and continue to coordinate family finding for those children. In the past 12 months we have matched 37 children into their forever homes.

Internal Residential Children's houses placement stability has increased from 19 to 21 months. Some additional work here has included an Educational Psychologist working with teams in each house on trauma informed practice, and the implementation of the PACE Over 12s permanence protocol. Due to the Pandemic our houses have not been inspected since 2020 but we continue to implement positive

practice developments and actions through Improvement Plans from previous Care Inspectorate inspection recommendations. We are also in the process of increasing our staffing ratios in our houses to recruit extra permanent night shift workers, increasing from 1 to 2 permanent night staff on duty in order to increase resilience and support for our young people at key times of the day.

Placement in Secure Accommodation

Over the last few years, there has been a local trend towards lower numbers entering secure care, from 304 nights in 2017-18 to 86 in 2020-21. We have undertaken an internal audit of all secure care cases in order to inform best practice and in addition Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

Offenders Assessed as Very High or High Risk of Harm to Others

All MAPPA meetings continued as scheduled and were not curtailed in during 2020/21. These meetings changed to teleconference and then to video conference.

MAPPA strategic meetings (MAPPA SOG) were held by teleconference then video conference and increased in frequency in 2020/21 to manage the multi-agency co-ordination of high-risk offenders. An enhanced MAPPA data set was developed, providing information on issues such as breaches and warnings, alongside re-offending. Two audits of Visor (risk register) usage by local authority staff also highlighted the very high level of face to face contact being achieved by Dundee staff in the management of Registered Sex Offenders.

In 2020/21 CJS successfully led the case management team for an individual released on an Order of Lifelong Restriction. Over and above the MAPPA management, risk management plans and any updates had to be shared with the Risk Management Authority.

All individuals on Court Orders had their requirements for supervision delivered through the operation of the Minimum Practice Requirement based on a risk assessed mixture of face to face and telephone contact. Similarly programme requirements, such as MFMC work with those convicted of sexual offences or the Caledonian programme for domestic abuse convictions, continued to be delivered with group work when public health allowed and individual sessions when it did not. Such was the level of input from programme workers that it is assessed that no individual will require extra time to complete their programme, due to reduction in delivery.

Mental Health Statutory Provisions

Mental Health Act work has continued to be a priority for the Mental Health Officer (MHO) Service during the pandemic. The service has continued to undertake all assessments and provide applications in line with legislative requirements. There has been the occasional assessment that has been provided without direct contact with the person concerned. On these occasions, this has been determined by COVID-positive situations and governed by safe practice. The situations have been clarified from other professionals directly involved in the person's care and we have also sought advice and liaised with the Mental Welfare Commission. The service has coped well with the demands generally during the pandemic, however capacity was an issue during the Festive Period 20/21 and a sessional worker was employed by the service. Although the service has coped with the Mental Health Act demands, there is an overall reduction in the numbers of MHO's undertaking the role within Dundee. This has been for a number of reasons and is under review to consider the options we have for addressing this and ensuring the MHO service is sustainable.

Adults with Incapacity and Welfare Guardianship

The requests for assessment of guardianship applications has not diminished due to the pandemic. The MHO service has continued to allocate Court reports into MHO workloads, however the demand was restricted until the Courts re-opened following the first lockdown. Unfortunately, it is in this area that demand is not able to be met by the current capacity. Following the initial lockdown and the increase in the waiting list for Court reports, we provided the opportunity for MHO colleagues to undertake this work out with their contracted hours for additional payment to increase the number of reports being completed, however there was only a limited uptake of this. The waiting list continues to be high and we are actively seeking an increase in MHO capacity, both temporarily and permanently in order to address this statutory requirement.

Adult Support and Protection

The COVID-19 crisis has intensified the need to safeguard adults with care and support needs who may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages. It was recognised that protection remained a key priority during the pandemic and along with our key partners, we continued to offer a similar or enhanced level of oversight regarding these duties.

This included;

- Additional monitoring and oversight on a multi-agency basis with weekly meetings and data collection and analysis.
- Updating of operational guidance to accommodate the pandemic situation and restrictions.
- A focus on a multi-agency corporate "Risk Register" in respect of Protecting People.
- Executive Groups/Chief Officer Groups for Public Protection increased the frequency of meetings to support their responsibility as guardians of collective public protection governance, assurance and culture to proactively provide additional support.
- Information shared electronically and via e-newsletters to raise awareness and ensure staff remained vigilant.
- Scottish Government supplementary Adult Protection Guidelines shared widely with practitioners.
- The Mental Welfare Commission guidance in response to COVID-19 to support practitioners was shared across a variety of platforms

The number of adult concerns reported to the Partnership was higher than 2019/20 figures although ultimately the vast majority of these (81%) did not meet the definition of an adult at risk. A further 16% were supported by actions other than adult protection and the remaining 3% were progressed by actions in accordance with the Adult Support and Protection (Scotland) Act.

There has been a focus on developing key areas of Adult Support and Protection, primarily;

- Support and training for the role of Council Officer.
- The piloting of new models of screening and risk assessment.
- The appointment of Nurse Advisors within the NHS Adult Protection Team

5.3 Self-Evaluation, Quality Assurance and Improvement

Children's Services

TPP Quality assurance audits

In January 2020 Children's and Community Justice Services extended management team agreed an Improvement Planning Action Plan. Within this, a programme of case file evaluation using the abbreviated Transforming Public Protection (TPP) audit tool was established. Timescales were in place for completion during the Spring of 2020 and the intention was to use the findings to inform targeted support. This work was understandably placed on hold at the start of lockdown however as we moved through the different stages of the pandemic we were able to re-invigorate this and have now completed 3 separate audits since May 2020 alongside refining the tool following feedback from managers .The plan is in place for these quarterly audits to become embedded into practice and indicators are that this process has allowed the service to identify areas for improvement with all audited areas showing steady improvement in accuracy, assessment, chronologies, plans and supervision.

Managers have given feedback. The following comments have helped refine the auditing tool:

"The tool helped to aid focus and was relatively easy to use/understand"

"good learning for auditor for their own or team's practice."

"The tool covered all the important areas and was easy to follow and use".

"It was a helpful process for the auditing worker to go through as part of individual learning about the types of work taking place across the service.".

CPOs

Dundee continues to have a very high number of Child Protection Orders (CPOs). This is thought to be exacerbated by the difficulties faced by families during the pandemic however, it is important that we fully understand and monitor this situation. A CPO is highly intrusive in its powers and in order to ensure that the rights of the child and family are not infringed, it is necessary to fully understand and in turn monitor closely this intervention in a family's life. Our ongoing analysis includes audits of CPOs undertaken over the past year with a plan to continue with this oversight for the coming year.

In addition, a liaison meeting between social work Practice Managers and SCRA Senior Practitioners has been established. This forum will facilitate two-way conversations about individual cases and will take place on a monthly basis.

Functional Family Therapy

In response to data which showed a pattern where teenagers seemed to be rapidly entering and/or escalating through the care system, we have developed a Functional Family Therapy model (FFT) of intervention in Dundee for 11–18-year-olds where there is a risk of family breakdown.

FFT is a recognised family-based treatment programme delivered by specialist staff where there are substantial unresolved tensions between teenagers and their parents/carers. It consists of 3 phases of engagement and motivation; behaviour change; and generalisation carried out over 12-14 intensive home-based sessions. There is an emphasis on identifying and building assets within and between family members; avoiding blame and negativity; setting positive goals associated with communication and conflict resolution; and developing and practicing new skills. Independent evaluations have shown the approach to be effective in preventing family breakdown whilst addressing other concerns, such as anti-social behaviour, parenting and general health and wellbeing.

Whilst overall trends have been very positive, it still remains very difficult to recruit internal foster carers able to care for teenagers; living arrangements for teenagers are more prone to breakdown; and when arrangements do breakdown, young people can escalate to external settings. Securing and stabilising family-based placements for teenagers and avoiding them either entering or escalating upwards through care settings is therefore also a key priority. It will maintain nurturing attachments, retain them in local schools and allow local support to be seamlessly sustained as they move into adulthood, including in Continuing Care. In this context, models of targeted intervention such as FFT have been shown to be effective.

Bilingual Support Pilot

In Children and Families services a pilot extended the used of the bilingual support assistants employed in education to within social work processes. Therefore, currently a combination of private agencies and internal staff are carrying out translation and interpretation work. The use of bi-lingual assistants has the advantages of having staff who have good skills in working with children and families, a knowledge of cultural issues and also in some cases, working relationships already existing with some families due to working with them in schools. This has meant that the support is more personalised to families and children. One parent who is involved with the bilingual support assistants stated "*I am so thankful; I have no words to describe how much the service helped me.*"

Mental Health

Work is ongoing to consider how reduce the impact of poor mental wellbeing of parents and young people. Evidence suggests the mental health of parents and of young people is deteriorating in Dundee. Over 50% of children on the Child Protection Register are affected by parental mental health compared to 33% nationwide; SOLACE and ANEW links with schools have shown parental anxiety to be a key concern; early concerns mapping (ANEW) for a secondary school showed young people also having high levels of anxiety; 12% of the school population has additional support needs due to social emotional and behavioural concerns, this results in lower attendance (14% opening missed compared to 7% missed by general population) and generally poorer outcomes.

PACE Update

The PACE project continues into the third year with the focus of 2021/2022 being the improvement of timescales for obtaining court orders to secure children in their permanent homes the focus of current work. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has also been extended to teenagers with improvement work being undertaken in engagement with young people about their long term/ permanent planning.

Kinship review

The Children and Families Service are exploring options to further develop services to support kinship carers and the children they care for. Currently in Dundee there are 387 kinship carers, caring for around 400 children (please note that numbers vary from one quarter to another). The opportunity to enhance the capacity of the statutory service involved in assessing and supporting kinship families would maximise opportunities to undertake focused activity with whole families aimed at breaking the repetitive cycle of familial substance use.
It is further proposed to boost the current partnership between Children & Families service and TCA by providing care and support to kinship families (including support for the Kinship Hub). With funding support from the ADP, it is planned to develop a dedicated Kinship Care team with a clear focus on all aspects of care-planning related to carers and children's journeys, including:

- Assessment;
- Preparation;
- Training and ongoing support.

This team would work in partnership with TCA through a co-location model and with a focus on enhancing and developing the role of the kinship Hub. This approach will create opportunities for dedicated whole family generational support for those families impacted by trauma including substance/alcohol use.

MASH

Our Multi Agency Screening Hub (MASH) is Dundee's single point of contact for child protection referrals in Dundee. The team surveyed the main users of the service i.e. staff from the various agencies in Dundee that work directly with children and young people. Of the respondents, 95% felt that the advice and support they had received from MASH was clear, with a wide range of positive feedback given, which helped provided assurance about the high quality of the service provided;

"My experience of MASH has been always very positive. Over the years I have built strong and positive working relationships with those in the Team."

Pause

In 2019, in partnership with TCA, the Robertson Trust and Pause UK, we commissioned a "Pause Dundee" service to work with women who had had 2 or more children removed from their care for reasons relating to the presence of significant risks to the child. The Pause model of intervention involves an 18-month intensive support programme with each woman to build relationships and support the women to tackle the various issues that had impacted on their lives. An "Impact Report" was completed in 2021 at the end of the programme for the first cohort of women. It noted that 21 women had successfully completed the programme, and that for these women, participation in Pause has led to improvements in the women's lives. These included access to health services, relationships with their children, access to employment, education and training, positive engagement with substance use services and safety from domestic abuse.

"Everyone needs a [Pause Practitioner] in their life. I wouldn't change anything about Pause. I've learnt so much and now feel like I can do more by myself because of the help I've been given".

FORT/Alliance approach

During 2020 we began a new "Alliance" approach to engaging with and working alongside the variety of "Third Sector" organisations that work with children and families in Dundee. The approach aims to maximise collaborative working around 6 priorities - engagement with families, use and ownership of FORT (our new online referral tool), promoting early intervention, providing additional and targeted support where needed, the use of volunteers and the development of clear support pathways. This is ongoing work which we hope will deliver multi-faceted collaboration across all statutory and Third Sector services, to promote the principles of "The Promise" by giving families the support they need at the right time.

Review of OOHS

A review of the Dundee and Angus Out of Hours Social Work service (OOHS) was undertaken during 2019/20. The review examined the nature and pattern of referrals, considered the levels of risk and the proportionality of response, and used this information to consider the optimum staffing levels for the service. The review also considered feedback from stakeholders and feedback received from service users. The revised model of service began in September 2020 and since then, the service has had more staff available at peak times i.e. through the day on Saturday and Sunday, to help meet the changing pattern of referrals and demand.

Community Justice

Community Custody Unit

A Dundee Project Board, which includes elected representatives and members of the community, oversees partnership agencies in Dundee, including Dundee CJS, who continue to prepare for the opening of the new female Community Custody Unit due to open in spring 2022. The Board is supported by a subgroup that is planning how to provide healthcare and social care support to the women. National meetings have taken place with Scottish Prison Service and Scottish Government and both the health care model and social work model have been submitted for consideration. All agencies remain committed to making this 16-bed custody unit into an opportunity to improve the chances of successful rehabilitation and reintegration from custody to community.

Community Payback Orders

The service reviewed a dip in the successful completion rate of Community Payback Orders, which had been consistently higher than the national average in the first 8 years since CPOs were introduced. This review established that the decline was due to a cohort of people subject to CPOs being breached for non-compliance after every effort had been made to promote their engagement with the Order. It also noted that, although they therefore did not complete that Order, the majority were re-sentenced to either another CPO or a community-based alternative. Going forwards, as part of a pro-active approach towards addressing potential dips, the service is now completing twice yearly reviews of completion rates. The service has also noted that although there has been a high congruence rate between Court Report proposals and sentencing outcomes, involving relatively few leading to custody, there continues to be a high number of people remanded and/or sentenced to short-term prison sentences by the Court. These trends have increased further during the COVID-19 pandemic and the service is implementing alternatives such as Structured Deferred Sentences and Bail Supervision. It is also liaising with Community Justice Scotland to inform other developments.

Adult Health and Social Care

Drug and Alcohol – Independent Advocacy

Dundee Independent Advocacy (DIAS) service was successful in a bid to the Alcohol and Drug Partnership to create a new substance user independent advocacy post as a test of change over a 2-year period.

There are 2 main parts to the role of the advocacy service:

- Directly support individuals with substance use to have their voice heard and be the conduit between the person and services (both statutory and third sector) that they are involved with
- Raising awareness of the benefits of encouraging individuals seeking independent advocacy support at an early stage in a person's recovery process, to all staff within statutory and third sector organisations that support people with substance use. There will be an element encouraging staff to see the wider benefits of advocacy to all involved, for example validating their own professional service and how it helps the recovery process be person centered at all times.

Although DIAS has supported people who have substance use prior to this designated post it has been limited both in terms of sustainability of resource when there is non- engagement, and to the reach of services such as non-fatal overdose teams. It has also allowed DIAS to be directly involved at a strategic level, helping shape and influence support services with people with substance use and their families.

Non-Fatal Overdose

Prior to November 2019, individuals who experienced a non-fatal overdose (NFOD) in Dundee were formally discussed once per week by the Early Screening Group. Often those individuals were followed up with some level of delay, were difficult to contact or did not fit the criteria for follow up by Adult Protection. Partners worked together to develop a more robust response. The Dundee Non-Fatal Overdose Rapid Response Team was developed, implemented and evaluated. This is a multi-agency virtual team that meets every week-day to discuss all individuals where NFODs has been newly identified and develop a safety plan that will be offered to each individual that has experienced a NFOD. A team of assertive outreach workers are linked to this response and aim to contact the individuals within 72 hours of the NFOD. The work of the NFOD Rapid Response team has been evaluated and a working group set up to progress the recommendations.

Stakeholders were asked about a) their views on the current NFOD Response provision and delivery, b) perceived impact on partnership working and outcomes for individuals who have experienced an overdose, c) perceived barriers and gaps to delivering the NFOD Response, and d) potential NFOD Response developments. 25 professionals responded to the online survey (out of 36 who were invited).

- 88% of respondents either somewhat agreed or strongly agreed that '*the NFOD Response adopts a person-centred approach to care that is tailored to people's needs and circumstances'*
- 96% somewhat agreed/strongly agreed that the NFOD Response has '*Allowed individuals who have experienced a non-fatal overdose to have quick support and access to services'*
- 88% either somewhat agreed or strongly agreed that the NFOD Response has '*Increased professionals'* **confidence** *to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses*'
- 84% either somewhat agreed or strongly agreed that the NFOD Response has '*Increased professionals'* **understanding and skills** *to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses'*.
- 88% agree/strongly agree that the NFOD Response has *'Improved joint working across the Partnerships - NHS, Police, Local Authority and other agencies*' and 76% thought it has *'Made decision-making easier and faster'* (76%).
- 80% of respondents agreed or strongly agreed with the statement: 'the NFOD Response has '*Improved monitoring and understanding of the impact of services to prevent and address non-fatal overdoses'*

Miss M had a NFOD and was supported by the "Non-Fatal Overdose Response" called the Cairn Centre …She has passed on her thanks for staff supporting her with the taxi, the mental health appointment went really well, she is going to engage with them, she said it feels like she's been in a trance but has now woken up and is going to start engaging with them. She wanted to pass on that the visit really benefited her and she wouldn't have made this step without the staff support."

Gendered Services Project

The Gendered Services Project is a two-year project that began in September 2020. The project aims to encourage a gender mainstreaming approach to service delivery across all agencies in Dundee City, specifically focusing on substance use services and homelessness services. The outcomes of the project are:

- Improved quality of service is provided to women.
- Increased accessibility of services for women.
- Increased capacity and ability of services to respond to women.

The project is working with women with lived experience to shape the project and we now have around eight women with complex needs who regularly engage. The group has met to discuss the barriers they have experienced when trying to engage with services, and to talk about what makes a service more accessible. The input from the group members will be incorporated into a self-assessment tool which will be used with services to identify gaps in service delivery and any gaps in understanding of a gendered approach for staff. The project has experienced delays due to the pandemic, especially when trying to recruit women with lived experience. We have done our best to be flexible in the ways in which women can participate. This has involved the use of online meetings, one to phone or video calls, email discussions and the use of online whiteboard tools to encourage collaboration. The ability to be so flexible in approach has increased the engagement with women, and has provided us which a richer understanding of the barriers that women face in Dundee.

Over the remaining project delivery period, gaps will be identified in knowledge or support needs with services, the project will source training if needed, provide gendered approach training if required, advise on policies and procedures, and support services when they apply a gendered approach to service delivery. The project also aims to recruit champions within services who will continue to promote the need for a gendered approach with their colleagues and leaders. It is hoped that this approach will make the project sustainable.

Care at Home

The Care at Home Team has been working in partnership with the Independent Living Review Team. The sharing of the skills and knowledge by physiotherapists and occupational therapists with frontline staff has been beneficial whilst supporting individuals in their home. This Independent Living Review Team works in conjunction with Care at Home and focuses on a functional assessment along with reviewing and supporting individuals. This is an excellent example of partnership working and enables individuals to reach their maximum potential.

Hospital Discharge Management

Ensuring individuals are safely discharged from hospital as soon as they are well is a priority for the Health and Social Care Partnership. We know that unnecessary hospital stays can have a negative impact on some people and we want to avoid this, whilst ensuring that there is support and services in the community to support and care for the individual and their carers. Although Dundee continues to perform well in relation to the 2015/16 delayed discharge benchmark, and has been amongst the top performing Partnerships in Scotland, there was a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged when they were fit for discharge as the further assessment of their care and support needs could be undertaken in a community setting. The greater accuracy of this assessment has enabled more people to remain in their own homes on a long-term basis and demonstrated a reduction in the need for care home placements. However, this has also resulted in an increased requirement for social care. In order to address this, there is a need for a further improvement in discharge pathways which maximise the resources available and promote better outcomes for people and their carers.

A number of improvements have already been made including:

- A locality modelling programme to ensure best use of existing workforce resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- The Home First strategic programme developed in 2020. This aims to reduce barriers between urgent care services in the community and create a whole systems pathway for frail older people which ensures they can receive care and treatment in community settings wherever possible. This is expected to support a reduction in hospital admissions, and will expand the Dundee Enhanced Community Support Acute model into a Hospital at Home service. This pathway will be focused on community rehabilitation in order to promote independence and has replaced the previous 28 bedded Intermediate Care Unit which was closed in March 2020.
- The implementation of the Eligibility Criteria for social care is now complete and staff across the Health and Social Care Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need. In tandem with the developing community rehabilitation focus through the development of the Independent Living Review Team, as well as stronger links with the Third Sector, this is designed to reduce reliance on traditional social care services over time.
- Winter Pressures monies were used to expand the existing 'Discharge to Assess' model over the winter of 20/21. The success of this model has provided evidence that earlier discharge from hospital and minimal moves whilst an inpatient, creates better outcomes particularly for frail, older adults. Now that this approach is fully embedded, the next stage of development is to target inpatient rehabilitation alongside this resource within the acute hospital to ensure people can return home safely on their Planned Date of Discharge. Whilst this may slightly increase the length of stay within acute hospitals, the aim is to reduce length of stay in the whole inpatient system while improving outcomes for individuals. The Acute Medicine for the Elderly Unit continues to support people to have a good quality frailty assessment and early discharge for frail older adults, and the Home First project is now focused on developing a similar model in the community.
- Following a delay due to COVID-19, the 8-placement unit within Turriff House has now been opened as a 'step down' alternative to inpatient psychiatric rehabilitation for older people.
- Advanced practice models are now being developed to support the community, hospital and urgent care services in the community. This will complement the Primary Care Improvement Plan, specifically in relation to the proposal to develop urgent care around the existing GP cluster model.

- The Care Home Team continues to undertake development work with local care homes as a means to supporting wellbeing and preventing admission to hospital when possible and appropriate and a further Nurse Consultant post is in the process of recruitment to support this.
- Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay, however will initially impact on demand for services to support discharge.

Mental Health Discharge Hub

The Dundee Community Mental Health Services Discharge Hub was created during the initial stages of COVID-19. This centralises all Carseview, Murray Royal Hospital and Crisis Team discharges for residents of Dundee. The Hub provides a consistent and streamlined process of discharge and an improved quality of care and patient experience post discharge. This is a "wrap around service" for people who have been referred to the CMHT and is also a follow up service for people who are discharged back to the care of their GP or other services including Integrated Substance Misuse Services. This service is operational 6 days per week including public holidays.

Social Care Response

The Social Care Response Service (SCRS) is an emergency support service that operates 24 hours per day and one of our high priority calls is attending to people who have fallen at home. This supports other emergency services and can prevent the need for admission into hospital. SCRS have referred a significant amount of service users to the falls test of change project (224 people were referred during December 2020 and January 2021). The COVID-19 pandemic has had a significant negative effect on individual's health and wellbeing. During lockdown, most people spent more time at home and were less mobile. They had fewer visitors and fears and anxieties around catching COVID-19 may also have had a negative impact on that person's mental health and stimulation, resulting in further physical inactivity. All of these factors greatly increased the risk of some people falling at home. Within the Partnership there were some changes to the delivery of care which could also impact people falling at home, such as (I) an overall increase in demand for community-based services; (ii) the profound and complex needs of service users and increase in the demand for multiple visits throughout the day (iii) the focus and drive of less reliance on care services due in part to eligibility criteria changes and resource issues elsewhere in the system. The falls test of change is currently a few months into the project, we are starting to see signs that this service could have a profound impact on service users. SCRS have around 7000 service users they support in Dundee, with varying levels of need, a high proportion of these individuals are not known to wider Partnership teams, so this test of change has highlighted how important it is to have a needs-led assessment in relation to the fall and factors contributing, with the intention of trying to prevent further falls. Those referred to the test of change were also referred to occupational therapy for a wider assessment in relation to aids and adaptations, nutritional advise, podiatry needs explored or falls leaflets left with them for support in the future.

Social Care Response Example

Mrs H is over 90 years old and lives at home with her husband and has been using her alarm system with Social Care Response Service since 2015. Mrs H has seen a deterioration of her health over the last year, with declining mobility and a significant number of falls. Emergency responders were called 26 times over a four month period. With the support of the emergency responders and control room advisers a referral was made to the falls project support worker who was able to assess Mrs H and support her in a full assessment of need, with the outcome being Rehab/Physio support. The outcome was a big reduction in the number of times Mrs H would fall.

Feedback regarding the Falls Test of Change: the second 2 are about SRS and Alarm installation not related to test of change- these would always have been done!

"Although this project has only been running for a matter of months, the feedback and outcomes given by the support worker enables us to be better informed and able to support individuals better and it links key areas within the partnership, such as OT and Physio."

"The care given to my mother was a lifeline. Community alarm supported her with respect and dignity at every visit. Not only did they reassure and support her they also helped support me when I was finding things difficult when mum was poorly or had fallen. Mum has sadly passed away but you made her final few days dignified" (Daughter of Service User)

"I have just had *the pleasure of seeing your service first hand when my father-in-law had a community alarm installed. The installer was a credit to your service and her people skills with my father-in-law who has advanced* dementia were excellent" (Family Member of service user)

Care Homes

During the pandemic the existing good links and support systems from the Partnership to people in care homes was enhanced. The recognition that this period was extremely challenging and worrying for care home staff, residents and families was apparent. In Dundee we were able to draw on our existing care home team which comprises of social workers, mental health nurses and general nurses to ensure the workforce in each care home had a link member of staff to speak with. This service was also expanded to weekends to ensure daily support if required. A central, regularly updated email information system was set up to ensure relevant information and guidance was shared. Prior to the pandemic there was a Dundee Care Home Provider's Forum Meeting which was held monthly. These were increased to weekly (on line) throughout the pandemic to ensure care homes were able to hear up to date information and discuss concern. We established a daily, then twice weekly safety huddle meeting to ensure that a local oversight was kept to ensure that any concerns or supports requirements were responded to.

Cross-Service Activity

Prevent multi agency plan (PMAP)

The Prevent process is part of the Government's counter terrorism Strategy which consists of four 'P's, Prevent, Pursue, Protect and Prepare. The main purpose is to identify those who are vulnerable to being drawn into extremism or terrorism or supporting either of these and for there to be a safeguarding process in order to put in place a safety plan in order to mitigate any risk they might pose and to draw them away from extremism or terrorism and the likelihood of them becoming involved in or supporting it and draw them back into the mainstream. The aims of the process are largely positive and in Scotland, there are very few numbers. In Dundee a decision has been made to use existing CP processes to manage these meetings and Dundee has now facilitated the first meeting of this kind in the Tayside region.

DDARS Locality Nurse Pilot

Children and Families (C&F) service have continued to work in collaboration with colleagues in DDARS (Dundee Drug and Alcohol Recovery Service) to deliver the above service to children and families who are impacted by substance use which results in child protection concerns or where children are at risk of being accommodated. This involves 3 DDARS nurses co-locating and working directly with children's social work teams. The nurses are all at varying stages of completing their Non-Medical Prescribing training, which would support the provision of same day prescribing and support implementation of Medication Assisted Treatment standards within a C&F environment.

The nurses provide a range of support alongside social work colleagues, this includes intensive therapeutic input to parents, initial assessment and sign posting. Indicators are that this co-located model allows for a swift response to support parents who are experiencing challenges, improved levels of communication across both services and the opportunity to work jointly to provide an intensive level of support to families. As part of the ongoing evaluation we have undertaken an electronic survey across the social work and DDARS teams to support our understanding of the impact of the pilot across the staff teams which has elicited very positive feedback including:

"One of the most positive changes that has happened to locality teams in a long time."

"Nurses pilot has been an excellent addition to the CFS and has promoted joint working between services in a significant way. The DDARS locality nurses should become an integral part of the CFS given the high drug dependency in Dundee. Benefits clients in their support and recovery and benefits the CFS in the assessment of families and their complex needs in a more productive way".

DDARS Locality Nurse Pilot

The Case studies below telling us the story of Sandra and Linda highlight that with timely and effective intervention there can be positive outcomes for children living in an environment where parental substance use is a concern.

CASE STUDY 1

Sandra was known to DDARS however did not have a current allocated worker. She had been able to come off her Methadone prescription for two years and reported she had stability. She was feeling isolated due to being the sole carer for her 2-year-old son and reported a lapse into heroin use.

The duty DDARS staff member discussed child protection concerns with the DDARS locality nurse. The health visitor was identified and contacted and a family arrangement was put in place for the care of Sandra's son.

The Locality nurse agreed to support Sandra and began to engage with her. After further assessment it was felt that she may require a low dose of opiate substitute therapy (OST) in order to stabilise. Locality Nurse completed a full assessment and liaised with prescribing staff for Sandra to be started on this. Locality nurse supported her to manage her anxiety around starting treatment.

Sandra's son was returned to her care where he remains and she has now evidenced over 3 months stability in treatment.

Interventions

- Rapid response and intensive support in order to fully assess situation
- Sandra commenced on OST
- Relapse prevention work

Outcomes

- Sandra (Parent) now stable in treatment.
- Sandra's son now returned home to stable environment.
- Sandra (Parent) now more supported by Nursery placement.

CASE STUDY 2

2018

Linda was known to DDARS with an active methadone prescription and was on the caseload of one of the locality nurses (Amy) who at that time was a core DDARS member of staff. Amy worked with Linda closely as her son Miles was an open case to locality social work team. Linda was seen 4-6 weekly for testing and relapse prevention work. Linda's choices of drugs were illicit street Valium and illicit pregabalin or gabapentin. Regular team around the child (TATC) meetings were organised by the social work team and Miles's case was closed due to Linda evidencing stability and therefore reduced risks and concerns towards her son.

Linda was then placed onto the unallocated list within DDARS and Amy started her new role as a locality nurse within the children and families service as part of this pilot.

2020

Information was shared with Miles's previous social worker and Amy via Police Scotland regarding concerns that Linda had been subjected to a traumatic incident and it was deemed that it was unsafe for her son to remain at home. Miles placed with a kinship carer until the social work team assessed the situation further.

In her role as locality nurse Amy was able to attend to Linda's house with the social worker. This was highly beneficial as both workers had existing previous relationships with Linda. The Social Worker and locality nurse worked jointly to assess the situation and provide intensive support. Linda has become more stable; the level of risk has been reduced and Miles is back living in her care. Linda is now illicit free from gabapentin and pregabalin and is working towards being illicit free from diazepam. The locality nurse and the Social Worker continue to work jointly with Linda to maintain stability.

Interventions

- High level of support to Linda to enable her to be illicit free from gabapentin and pregabalin
- Relapse Prevention work
- High level of therapeutic support from locality nurse to Linda
- Immediate crisis response and continuity of workers

Outcomes

- Linda now stable mentally and physically
- Son has returned home full time
- Linda more supported by DDARS while dealing with trauma and able to seek additional support from other services promptly.

Housing First

Housing First is an internationally recognised programme to provide intensive support to participants to encourage and support independent, community living. It is aimed to break the 'revolving door' of homelessness and introduces a network of partners to empower participants to take control of their lives. At 31 March 2021 there were 100 participants on the programme. The local programme's sustainment rate for people in independent and community living is 89%, which is higher than the national rate. The Housing First Dundee Pathfinder will come to an end on 30 September 2021, and the participants will be offered support from alternative support providers including Housing Support Team, who operate under the internationally recognised principals of Housing First. Within the above time period the programme has developed an exit strategy to ensure that the mainstreaming of the service is as seamless as possible for the participants, as well as providing the wrap-around support that had been provided over the previous two years.

Trauma Informed Practice and Leadership

In Dundee, our Trauma Steering Group was initially set up to undertake a mapping of the Dundee City Council and Dundee Health and Social Care Partnership workforce against the National Trauma Training Framework but has evolved to take a broader remit to develop and support the implementation of an action plan around organisational change relating to trauma informed leadership and trauma informed practice. Prior to COVID-19 a successful bid had been made to the Scottish Government to pilot a focus on trauma training for our strategic and senior management teams and develop the concept of professionals with lived experience. A draft action plan has been developed detailing priority actions under each area of work. There are three key areas of work identified by the steering group which are as follows:

- Ensure that the National Trauma Training Framework is delivered and implemented in Dundee. The National Trauma Training Framework will entail specific trauma training at informed, skilled, enhanced and expert levels.
- Build an action plan around ongoing organisational change relating to trauma informed leadership with a focus on developing the concept of professionals with lived experience. Focus on strategic and senior management within multi-agency public protection and community planning leadership groups and the local authority.
- As both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy.

A number of tests of change (trauma informed and responsive culture and practice) are in progress and the Trauma Steering Group will provide support for these tests of change and intends to organise future learning and review events as the tests progress to ensure we evaluate and learn as we go to inform further expansion to a whole system change.

The initial resource offered by the Scottish Government as part of our bid consisted of training input and support from NHS Education Scotland to deliver Scottish Trauma Informed Leadership Training (STILT) to our Chief Officers group and other strategic and senior personnel between January to March 2020. This was cancelled due to the emergence of Covid-19 but was delivered at the end of 2020 / start of 2021 through a virtual approach.

Transitions

Transitions between children and adult services is a large and complex area across a breadth of partners including and not exclusive to the HSCP and Children and Families Service. Transitions for young people affects almost all council and partnership services including employability; community justice; housing; health; as well as education and social care. It is everyone's job to support improvement in this area.

In order to take this, forward it was agreed that meetings involving a wide participation of partners should take place to set the scene for the development of dedicated workstreams to fully develop pathway protocols in Dundee but also mindful of the Tayside wide agenda. Alongside this an opportunity to work with the Association for Real change (ARC) Scotland in addressing the challenges and self-evaluation around transitions for young people arose and in December 2020 Dundee was successful in a bid to participate in the Principles into Practice Enhanced Trial programme which aims to improve the lived experiences of young people (14 to 25 years) who require additional support to make the transition to young adult life, and to address long running and well-documented challenges associated with coordinating support at this important time.

The opportunity to work with ARC on the principles into practice trial program creates an enhanced opportunity for partners across the city to collaborate with experts in the field to streamline and shape our approach to transitions for the years ahead.

This is an opportunity to set the scene for the development of a clear and consistent framework with accountability from all partners and fundamentally shape the ongoing role/ remit of the various operational fora and strategic oversight across the city.

The newly established transitions oversight group will report to the Children and Families Executive Board and to the COG on transition outcomes for young people in need.

Protecting People

Datasets

In Dundee we adopted and expanded the National Child Protection Minimum Dataset and have, for over two years, built on this to proactively scrutinise data, change practice and inform decision making by the Child Protection Committee. The range of measures in the CPC dataset goes beyond the national minimum requirement, in particular by adding in early stages of identification of concerns, MASH, IRD and investigation. A CPC dataset scrutiny group works across agencies to manage the dataset on behalf of the CPC and ensure that a range of frontline staff contribute to analysis and scrutiny; this has also helped to build a strong connection between issues arising from dataset scrutiny and subsequent service improvements.

The approach taken by the CPC is now being replicated within the Violence Against Women Partnership and there are plans to develop the approach within the Adult Protection Committee in the future.

Self-evaluation

Over the last year the CPC has established a Self-Evaluation Sub-group to collectively manage the development of approaches to self-evaluation activity for child protection, including against the quality indicators for children at risk of harm. This includes oversight of single agency activities and planning and implementation of multi-agency activities. As one of their first actions the group planned and implemented a workforce survey on behalf of the CPC.

Initial and Significant Case Reviews

During 2020/2021 Dundee CPC undertook 1 Initial Case Review which did not progress to a Significant Case Review but did identify common areas of learning that have informed a significant multi-agency development plan around the key themes identified. An Initial Case Review from the previous year was progressed to a Significant Case Review and independent external reviewers commissioned to undertake a Social Care Institute for Excellence Learning Together review. Although delayed by the COVID-19 pandemic this is now complete and is scheduled for publication in Autumn 2021.

During 2020/21 Dundee Adult Support and Protection Committee undertook 5 Initial Case Reviews. Although these did not progress to Significant Case Reviews they did identify specific and common areas for learning which have informed single and multi-agency development plans around the key themes. Three of these concerned fire deaths in the city and a comprehensive thematic review was undertaken in partnership with NHS Tayside, Scottish Fire and Rescue Service, Dundee HSCP and Stirling University.

In addition, 1 review was undertaken jointly between Dundee CPC and ASPC as it concerned a young person in receipt of support from both child and adult services. This did not proceed to a Significant Case Review but both single and multi-agency learning was identified for a variety of partners who have subsequently undertaken improvement activity.

During 20/21 the CPC also established a Case Review Sub-group to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated learning tracker format has been developed to support this work and the Sub-group are currently assessing evidence of impact of previously agreed improvement actions to determine outstanding areas of work to populate the template. This approach is also planned for use within the Adult Protection Committee.

We have continued joint work with partners across Tayside throughout 2020/21 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee have partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews.

The Tayside MAPPA Strategic Oversight Group continued to review the action plans for two SCRs, which were published in May and October 2019, and ensured that actions and relevant changes are embedded into practice.

External Scrutiny

Children's Services

The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and scope of inspection activity carried out in 2020/21. These changes meant that no inspections were carried out of children's services in Dundee during 2020/21.

At the time of writing the Care Inspectorate and their scrutiny partners were carrying out a joint inspection of services for children at risk of harm in Dundee. The inspection is due to conclude and report in January 2022.

Adult Health and Social Care

Inspections of adult services were also impacted by the provisions of the Coronavirus (Scotland) Act 2020. In order to robustly assess arrangements to respond to the COVID-19 pandemic, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. An additional key inspection question to augment existing frameworks was developed - 'How good is our care and support during the COVID-19 pandemic?' – which formed the excluded focus of inspection activity during 2020/21. To reduce pressure on providers fewer inspections were carried out during the year.

A total of 17 inspections were carried out in 13 services during 2020/21

- 15 inspections in 11 care homes
- 2 inspections in other adult services

The table below summarises gradings awarded during these inspections.

Grade 2020-21	Overall	People's health & wellbeing are supported and safeguarded during the COVID-19 pandemic		Infection control practices support a safe environment for people experiencing care and staff		Staffing arrangements are responsive to the changing needs of people experiencing care	
6 Excellent	-	-	-	-	-	-	-
5 Very good	5%	1	(7.5%)	-	-	1	(7.5%)
4 Good	49%	8	(62%)	4	(31%)	7	(54%)
3 Adequate	20%	8	(7.5%)	5	(38.5%)	2	(15.5%)
2 Weak	23%	8	(23%)	3	(23%)	3	(23%)
1 Unsatisfactory	3%	-	-	1	(7.5%)	-	-

Of the services that were inspected, 9 of the 13 received no requirements for improvement. No enforcement notices were issued however two care homes received Letters of Serious Concern from The Care Inspectorate.

Where there were performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit was arranged. A follow up visit can result in further action being taken or grades being amended. This is relevant to 4 care home services during 2020-21.

Dundee was placed 28th poorest out of 31 Partnerships for the proportion of care services rated as good or better in Scotland (80%). This figure is below the Scottish average (82%).

Dundee Drug Commission and Tayside Mental Health Inquiry

We have listened to and shared the findings of Dundee Drugs Commission and the Tayside Mental Health Inquiry. Following the sharing of these reports, plans have been initiated to make changes to increase positive outcomes for people in Dundee and those who care for and support them. Progress in implementation of these plans has been regularly scrutinised by the Integration Joint Board, Council (which) Committee, the Chief Officers Group and other key local governance groups, including the Dundee Partnership. Significant additional investment has been allocated to work to address drug related deaths and to strengthen mental health services and supports.

During 2021/22 both the Drug Commission and the Mental Health Inquiry will reconvene to assess progress made since their original reports.

Complaints and Compliments

In 2020/21, the total number of social work complaints received was 67, compared with 96 the year before. There were 25 complaints relating to Children's Services, 39 in Dundee Health and Social Care Partnership and 3 in Community Justice. The outcomes were:

- Upheld – 10%
- Partially upheld – 19%
- Not upheld – 70%

Most of the complaints related to 'failure to meet our service standards' and 'treatment by or attitude of a member of staff'. One HSCP complaint progressed to the final stage of the Scottish Public Services Ombudsman appeal process. The SPSO partially upheld some of the issues in the complaints and made recommendations.

The agreed timescales for finalising investigations was met in 70% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

Given the total number of Social Work service users of over 9,000, the number of complaints is a small proportion however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored.

In addition to complaints, a range of compliments have also been received from service users and some examples are provided below:

From Children's Services and Community Justice

"I couldn't fault the placement I was given. Completing my hours while there gave a feeling of reward, you get a real sense of helping the community. Not only that, but you're given the opportunity to learn new skills, meet new people, and see the other side to retail you may have never known. It was a good experience, it taught me a lot and added a personal journey." Unpaid Work Service User

"Texting how thankful I am that I got the opportunity to meet you thank you for the time you gave me to ask everything I needed. Best thing other than my health check is the street soccer opportunity you suggested to me, best thing I've done in my recovery and staff are really welcoming there and really encouraging me. They have told me there's loads of an opportunity going forward, so looking forward to that. Also got myself a dentist after talking to you. You had loads of knowledge of things I needed including the recovery road map. I would really recommend anyone take the time to meet you I'm glad I did, oh and really recommend street soccer thank you." Community Justice Service User

From Dundee Health and Social Care Partnership

"The Get on Track course is excellent, I have enjoyed all of the sessions especially the one that was about mental health. I suffer from stress and anxiety, it was reassuring to hear others talking about their issues. It made me realise that I wasn't the only person that was struggling." (Hilltown Group Participant)

This compliment was received about Dundee Enhanced Community Support Acute Service:

"After being discharged from hospital, after a severe bout of pneumonia, my 80 year old mother still had a few health issues that needed to be dealt with from her GP after she got home. Her GP decided that it would be more beneficial that she were referred to the Dundee Enhanced Community Support Acute Team (DECS-A) who have the experience to deal with elderly adult conditions…….. I have to say that this team went over and above their duty of care more than I could have expected. All necessary tests were carried out at home and they were just a phone call away if needed. In my opinion there should be more of these teams set up throughout the NHS Scottish regions. It saves the stress of hospital admission which can sometimes affect a patients recovery especially when there are conditions that can be treated safely and effectively within the home environment but need that little bit more input than a GP can provide." (Family Member)

This compliment was received about our Community Support team:

"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." (Family Member)

6 Resources

In 2020/21, the total net Social Work budget of £116,379,000 was allocated across services as follows:

Service Area	2020/21 Budget £000
Children's Services	£36,119
Community Justice Services	£182 (plus additional Scottish Government Grant Funding of (£4,704K)
Adult Social Care Services*	£80,078
Total	**£116,379**

* *Delegated to Dundee Integration Joint Board – net of funding transfer from NHS Tayside*

Children and Families Service – Dundee City Council

As an important priority Dundee continues to implement the action plan to reduce the overall numbers of Looked After Children and re-model the type and range of local placement options. This includes working with the third sector on preventative services; work to support kinship carers; work to increase the number of foster carers; implementing functional family therapy; and returning some young people from external residential placements to suitable local alternatives which will help positive transitions into Continuing Care. All of these changes are helping to address the financial pressures Dundee City Council faces as well as leading to a clear re-balance of the proportion of family based versus residential placements, alongside improvements to the stability of all placements.

Following a restructure of Children Services in Dundee, the budget is also being reviewed and realigned to meet projected requirements. Various budgets are being delegated to Team Managers to provide greater autonomy and decision making at team level

The Community Justice budget continued to be provided by the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. It is calculated based on a combination of local demographic factors and workload and continued to be managed in accordance with key priorities.

Adult Social Care Services - Integration Joint Board

The delegated budget to the Integration Joint Board (IJB) to support the delivery of adult social work and social care services continued to be impacted on by increasing levels of demand to support vulnerable people in Dundee. This includes the demographic impact of an increasingly frail population, prevalence levels of people with a disability, mental health and substance use issues and levels of demand for GP prescribing.

The ongoing planning for these factors resulted in a projected budget shortfall of £2.341m in resources in the Health and Social Care Partnership's 2020/21 overall delegated budget at the budget setting stage. The IJB considered and agreed to a range of savings and interventions which would be applied throughout the year in order to balance the budget.

Throughout 2020/21, the impact of the COVID-19 pandemic on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging. Services delegated to the Integration Joint Board formed a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Additional funding was made available from Scottish Government to fully cover the additional pandemic response costs, this however does not mitigate costs which arise or will arise from the impact of the pandemic on the wellbeing of our citizens

With the backdrop of a significantly challenging overall financial settlement, coupled with the impact of COVID-19 pandemic, the overall financial performance for 2020/21 consisted of an underlying overspend of £1.388m in Social Care budgets (overspend of £6.037m in 2019/20). With an underspend of £3.482m in health budgets, the IJB reported a net underspend of £2.094m in 2020/21. This is after receipt of £10.3m from Scottish Government to support the additional pandemic expenditure.

A restructure of senior management commenced in late 2020/21 and will be developed during 2021/22. The budgetary responsibility will be reviewed and aligned to support the new structure.

Workforce Planning and Development 7

Dundee's directly employed social work and social care workforce, alongside other public, third and private sector services have continued to respond to the unprecedented impact of the COVID-19 pandemic. The social work and social care workforce have undertaken an invaluable role to deliver critical services to individuals, families, and communities across the city.

While responding to the COVID-19 pandemic, we have continued our commitment to ensure social work values and standards are promoted while maintaining safe practice within a challenging and changing context.

CSWO role in Promoting Social Work Values and Standards

The CSWO has a duty to ensure Social Work values and standards as outlined in the Scottish Social Services Council (SSSC) Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For the workforce, protecting the rights and interests of people using services, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training/learning, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of employees.
- Ensuring line managers appropriately support employees and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that employees required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice. These continue to be relevant and support the broad social work and social care workforce to reflect on shared values, and how these values support professional and compassionate delivery of services across the city as we move towards and plan for recovery of the COVID-19 pandemic.

Social Work and Social Care Workforce Development

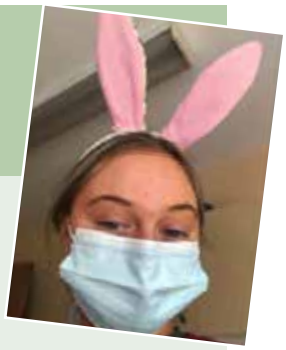
The Council's commitment to our employees is reflected within Our People and Workforce Strategy 2019 – 2022 which was relaunched shortly before the COVID-19 pandemic. This includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, there is a culture of shared learning across professional groups and our partnerships. Increasingly we are working across Tayside with our partners in local authorities, NHS Tayside and the private and voluntary sectors. We continue to contribute to and build on collaborative approaches to Learning and Workforce Development with key local and national partners. We have an excellent track record of working alongside practitioners and services to identify and develop the learning they need to practice safely and professionally. This collaborative approach has continued throughout 2020/21 utilising a range of innovative methods and digital tools where appropriate.

Deployment Response

The Deployment Service was established to ensure essential and critical services such as social care continued to be delivered throughout the pandemic. Workforce Skills Data Base was developed and now holds 7500 records from across different services, professions, permanent and casual employees. This workforce data compliments and enhances the ambitions within Our People and Workforce Strategy 2019-2022, supporting future workforce, succession planning and talent management.

To enhance safe practice, promote social work values and standards core accessible induction and learning resources were developed for all employees deployed to social work and social care services, strengthened by site specific training and guidance where appropriate. The *COVID-19 Information to Support Those Temporarily Working in Health and Social Care Settings* digital resource incorporates core information such as SSSC codes of practice, Health and Social Care Standards, Protecting People information and other core learning such as manual handling, emergency first aid and dignity in care.

Kara usually works for Leisure & Culture Dundee at Camperdown and Caird Park gold courses. Since the COVID-19 outbreak she has been working with the Health & Social Care Partnership working as a Social Care Officer in Turriff House.



"I've just finished school and have a casual contract with Golf Dundee. I only work around 3 or 4 days per month and now I'm working a full 37 hour week, day shifts, back shifts and weekends.

It is obviously a very different career, but I'm going to do primary teaching at university in September and I feel it is very valuable experience.

I felt welcomed into Turriff House, all the staff are extremely kind and helpful. I was made to feel like part of the team from the minute I walked in the door.

I hate not being busy. I am a workaholic. So far, I have done medication training and am waiting to do my manual handling training. I am really enjoying it.

Residents here can't see their family or friends and you have to be there for them and support them through this difficult time.

Working in this new role has put everything into perspective, and it's so important to stay home and save lives of others. If you don't do it for yourself, do it for the people who are vulnerable."

Anna Turfus usually works as a swimming teacher, mainly teaching children from the ages of 3-16, but is now delivering shopping and meals to those in need across Dundee.

"Over the past few weeks I have been supporting the meal and shopping service by delivering essentials to vulnerable and elderly individuals across the city.

It has been great working with a totally different age group within the community which I would never have experienced if I hadn't volunteered to be deployed.

It was hard at first going into a different working environment, but knowing how valued my help within the community is during these unprecedented times is what has kept me going.

The staff members which I have worked alongside couldn't be any nicer and have really helped me learn the routes and allowed me the time to find my feet.

I have enjoyed every minute of it so far!"

In addition to the development of the Deployment Service, other critical functions and partnerships were established to support individuals, families and communities affected by the COVID-19 pandemic. This included co-ordinating food support, shopping for individuals with specific dietary requirements who were shielding and welfare fund helpline.

Hot Meal Service

A meal delivery service was established at the start of the COVID-19 pandemic which delivered around 320 hot meals daily until July 2020 to the most vulnerable children and young people across the city who were unable to access or attend Community Support Hubs to collect food Supplies.

Hot Meal Service Case Study 1

One parent family, parent experienced severe COVID-19 symptoms and was unable to prepare meals their young children. "I don't know what I would have done without support while I was ill with COVID, the meals provided me and my children with a lifeline when I had no other support in place. I am so appreciative, thank you".

Hot Meal Case Study 2

Parent (and Carer) of a young person with additional and complex support needs with specific dietary requirements – "the meals have taken away some of the stress of having to now care for my son 24/7 while we've been shielding. The meals have helped my son with routine which makes a big different to his additional needs. He always looks forward to his meal which I remind him is prepared in his school, he loves school dinners".

Employee Wellbeing Support Service

The Employee Wellbeing Support Service was established as the local and organisational response to the COVID-19 pandemic and offers support, guidance, and resources to meet individual needs beyond the pandemic. This service aims to promote positive mental health and wellbeing as a priority for Dundee City Council with compassion and self-care at the heart of the service.

Throughout 2020/21 the Employee Wellbeing Support Service continued to support social work- and social care workforce and wider partners to access additional health, wellbeing and psychological support as and when needed. Digital workshops were made available for managers, weekly wellbeing talks alongside the offer of additional products, tools and specialist resources promoting wellbeing and assisting with recovery from psychological trauma where appropriate.

Digital Skills Support

As part of our ongoing commitment to upskilling the workforce in respect to digital skills, a number of bite-sized digital skills session were available throughout 2020/21. These sessions were and continue to be led by Digital Champions (champions include social work and social care employees), supported by the Digital Skills Team within Learning and Organisational Development.

As well upskilling the workforce, the Digital Skills Team continue to provide enhanced support and advice to the workforce, developing and delivering a range of information and bespoke learning sessions for employees across Children and Family Service and Dundee Health and Social Care Partnership.

The Digital Skills Team provided critical support and to social workers and social care workforce enabling them to access critical statutory learning on new digital platforms and tools such as MS Teams.

Newly Qualified Social Worker Child Protection Programme

Dundee and Angus Council continue to work in partnership to deliver an induction process for supporting newly qualified social workers to feel competent, confident and knowledgeable when working with children and families where there are child protection concerns.

This programme was the first adapted learning delivered within a digital workshop format in 2020, following on from a cohort previously established before the Covid-19 pandemic.

This innovative programme model is underpinned by three key components

1. Access to a digital NQSW learning resource, includes individual competency learning audit tool
2. Practice development workshops, co-facilitated by experienced operational social work managers from Children and Family Service (now delivered remotely)
3. The use of an evidence-based augmented reality stimulation (*Rosie-2) immersing NQSWs into a complex home visit navigating through the home exploring practice issues with accompanying research around disguised compliance, professional curiosity, neglect, and other complex harm among other themes

"I feel this training programme would be beneficial and applicable to experienced social workers within my team and across the service, every time I support with facilitation and experience the Rosie resource I learn something new and leave feeling inspired and energised" (Social Work Team Manager, Cohort 3, July 2020).

Talking Social Work Forum

Talking Social Work is a Tayside and Fife Forum Partnership for anyone with an interest in social work. The Forum Partnership enhances and promotes social work practice, sharing local and national social work research, sharing local good practice and exploring different perspectives and learning inputs.

The forum partnership includes Angus, Dundee, Fife, Perth and Kinross councils and the University of Dundee bringing together social work students, NQSWSs, social workers and managers, practice educators and academics to co-create a shared learning experience. As we adjusted to working and accessing large scale networks and interactive events remotely, Talking Social Work forum re-launched on World Social Work Day,16 March 2021 focusing on connectedness and the impact of Covid-19 pandemic on social work practice.

SSSC E-Learning and Supporting Resources

A range of digital resources have been designed to support the social work and social care workforce achieve and maintain the requirements of their professional registration. We continue to invest significantly in our registered workforce to ensure they are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. We have continued to directly deliver a high proportion of the required qualifications across the SSSC registered workforce groups.

Continuous Professional Development and Social Work Pathways

We continue to invest in our social work and social care workforce to embed a shared learning culture where best practice is promoted, nurtured and shared across the city. We support and promote a range of specialist modules delivered by the Open University, which can be undertaken as a stand-alone learning module, enhancing existing practice with the potential to progress onto a sponsored social work qualification. In 2020/21 we supported four internal candidates, on their fourth and final 'assessed practice' year. All who have successfully qualified and began their NQSW year within a social work post.

We promote a range of specialist and enhanced learning opportunities for employees, which has continued throughout 2020/21. Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, Mental Health Officer Award and Practice Learning Qualification remain in place and are currently prioritised in relation to our statutory duties and best practice.

My learning from the PG cert has helped me to think more critically about developmental theories that underpin our legislation, guidance, and practice and how important it is to review them regularly in light of new research and changing social structures. For example, caution about the overuse of attachment theory and consideration of different cultural expectations of child development and parenting. It also gave me the opportunity to critically analyse the concept of resilience and different studies about resilience, including the importance of the ability to find and use resources. In my role, I routinely refer children and their families to resources to boost a child and/or their family's resilience. My learning has encouraged me to explore more fully why a child or family member may not engage with the support offered. In my role, I frequently support named persons and other members of my team to consider support for families and one way I share my learning is by helping them to explore barriers to engagement more effectively, which hopefully leads to support that is more meaningful for the family, therefore improving outcomes for the children.

(Social Worker 1, completed CWP 2020)

The learning I gained from the course I have to say it was very beneficial. I was worried about going back to University alongside having a family with young children compounded by the pandemic. But it is one of the best things I have done. The first module on child development, brain development and attachment really consolidated some of the research, learning and training I done over the years in my posts within children's services. Passing the module gave me confidence in my ability. It helped enhance my understanding of the impact of early childhood trauma on the developing brain. In addition, it helped me explain why this is relevant to the children we work with. It helped me articulate the importance of being specific when detailing a child's plan"

(Social Worker 2 undertaken CWP Postgraduate Certificate 2020)

Mental Health Officer (MHO) Award

We provide a significant investment in developing the MHO workforce across the city. MHO's are social workers with a minimum of two years post qualifying experience who have undertaken an intensive period of study and successfully completed the Mental Health Officer Award (MHOA), thereafter appointed (yearly) to undertake statutory functions within the role MHO by the CWSO.

We continue our membership with the East of Scotland MHO Programme Partnership, financially contributing to a MHO Award Co-ordinator. The Covid-19 pandemic had a significant impact on the delivery of the MHO award for academic year 2020/21. To mitigate risk, Dundee enhanced a proactive award recruitment campaign which commenced in February 2021. Support, mentoring and talent management from the MHO Service has ensured arrangement for both academic years 2021/22 and 2022/23 will be fully utilised to meet workforce demands, with successful candidates already identified and recruitment to undertake the award for both years.

Leadership Development

Dispersed leadership remains a key priority for our social work and social care workforce. This year we have continued to offer access to leadership development opportunities, supported employees to gain recognised leadership qualifications and delivered business coaching to those supporting change.

Our Tayside Leaders Learning Platform in partnership with the Open University, Angus and Perth and Kinross Councils, along with 3 Health and Social Care Partnerships have continued to offer a range of digital and accessible leadership learning from any digital device throughout the COVID-19 pandemic. Delivery of the national Scottish Trauma Informed Leadership Training (STILT) in Dundee has been accessed by senior managers, our Chief Officers Group (COG) and members of our local multi-agency Trauma Steering Group throughout 2020/21. Our Chief Social Work Officer commenced the leadership role Trauma Champion to supporting local implementation, leadership and embed a culture which is trauma informed, skilled and responsive across the city.

Protection

Delivering on programmes relating to the protection of children and adults has remained a priority as in previous years. The delivery of learning and training opportunities was significantly impacted by the COVID-19 pandemic. We have adapted, innovated and where appropriate developed interim digital resources to mitigate workforce risks, upskill and enhance protection learning and development activity throughout cross cutting protection themes.

A wide range of Dundee and Tayside Partnership wide child protection learning resources and digital workshop were developed and continue to be available for the multi-agency workforce, enhancing knowledge, skills and competence of the wider workforce and for those with specific responsibilities in relation to child protection. Some of the learning resources developed throughout 2020/21 which continue to be available and include Child Protection Tayside Professional Curiosity and Challenge, Tayside Chronologies and Significant Events learning resource, Equal Protection from Assault CP resource, Designated Child Protection Worker among others.

Our enhanced and intensive multi-agency programme in Adult Support and Protection (Defensible Decision-making) was adapted to meet the complex challenges of remote delivery within the context of the COVID-19 Pandemic.

This programme was tested, thoroughly evaluated, and improved over three programme cohorts throughout 2020/21. This programme is now delivered on a Tayside wide multi-agency basis. Delivering the programme and best use of technology, has enabled us to increase capacity and accessibility of the programme to a much wider audience. The 2020/21 cohorts included social work and social care practitioners and managers from Perth and Kinross, Dundee and Angus as well as NHS Tayside employees. Participants have ranged from GP, nurses in various community and clinical settings, OT, Clinical Psychiatrist. Our enhanced multi-agency programme is innovative, engaging, interactive and underpinned by

- A reflective and practical phased programme approach to embed and enhance learning
- Using best evidence and research, underpinned by learning from national and local case reviews
- Promoting ethically literate, critical practice in multi-agency adult support and protection while working with adults and young people
- Risk assessment and management (including chronologies) – challenging assumptions, thresholds, and best evidence
- A space to explore and share existing practice dilemmas and group case discussion
- Self-directed learning

"This programme raised essential considerations for my practice, I liked and got of learning participants. It has helped to improve my confidence in SW role"
(Care Manager, ASP DD Cohort, 16 March 2021)

"My practice has been enlightened! I have shared the learning in my team and commit to using the 6 hat approach for complex case discussions and supervision.
(Senior Manager, ASP DD, 16 March 2021)

"The training was valuable in giving me an opportunity to refocus on issues/challenges inherent in ASP work. Brilliant course, I would like to explore things further" **(ASP DD, March 2021)**

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. The ASP forum was relaunched using digital tools and access via MS Teams August 2020 and continues to be a forum for practitioners and managers, now also including newly appointed NHS Tayside ASP Advisors for shared learning and development opportunities.

The Adult Support and Protection Council Officer training programme was redesigned and adapted. This statutory programme was co-created and tested with 16 practitioners from Dundee and Angus. Learning from this programme pilot, tools and resources were shared Nationally, with a dedicated development session delivered by Dundee to the ASP National Leads Meeting, L&D Network and ASP convenors. Our model to ASP Council Officer Training has been commended nationally as a best practice approach. Our programme has been endorsed and agreed delivery for a shared Tayside approach. Key elements of the programme include

- The development of an ASP learning tool, enabling practitioners to evaluate and track their knowledge, skills and competence against key adult support protection quality indicators
- Individual learning plans and supervision tool, line manager input and feedback
- Accessible learning resource which follows the programme
- Self-directed learning tasks
- 8 Practice workshops, running over a 6–8-month period

The ASP learning tool competencies were designed by Dundee and Angus and critically appraised by colleagues in Perth and Kinross who at the time, were out with the programme pilot, the tool has also been shared nationally for feedback and reviewed by the National Adult Protection Coordinator.

TURASLearn

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS.

The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers' access to a range of protection learning resources previously unavailable to them. TURASLearn has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee Health and Social Care Partnership. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing and safety throughout the ongoing COVID-19 pandemic.

COVID-19 Responses

8

8.1 Children's Services

FORT (Fast Online Referral Tracking) went live March 2020 allowing staff who had identified needs to help families access support. Since March 2020, 110 agencies have made 1485 referrals; 912 of these through a triage system often allowing access to multiple supports. £570,00 was given out in grants directly to families, plus 101 families receiving food parcels and 172 activities packs.

Meanwhile qualitative work embedding culture change in processes and procedures progressed, with family engagement and the voice of the family at the centre through What Matters to You and ANEW (Addressing Neglect and Enhancing Wellbeing); ANEW approaches fed into Dundee's multi-agency GIRFEC Delivery Group, resulting in new guidance, training of 300 staff September 2021.

Evidence of the combination of regular contacts and practical support was collated; staff from all agencies reported grateful families, especially single parents struggling with social isolation – these weekly contacts kept children safe as evidenced by no serious harm occurring in any family because staff were unaware of home circumstances.

The pandemic has affected many areas of social work practice with children and families including planning meetings for care experienced children and those at risk of significant harm. The restrictions have meant that face to face meetings have not been possible at times however in Dundee technology has been used to ensure these meetings go ahead with parents and young people included. One of the main aims has been the return to face-to-face participation of parents and young people which was achieved safely in early 2021. Recently Dundee Senior Officers have been amongst the first to return to face-to-face meetings with children who live out with the city in residential provision thus ensuring their safety and inclusion.

At the outset of the pandemic social work staff made use of team rotas to coordinate visits to the most vulnerable families and to address any significant Child Protection concerns. All staff in the C&F service were allocated a smartphone to assist in the day to day management of case work including access to teams calls, management of emails uploading and sending documents etc. In addition, staff have been able to access the benefits of the whole council rollout of office 365 as well as some being provided with a laptop and others sharing a team laptop in this blended arrangement of case management.

How Dundee City Council increased contact with their young care leavers whilst keeping them safe

What was the challenge faced by the Throughcare and Aftercare Team at Dundee City Council?

Normally the team is based in Dundee City Centre, so much of the work involves face-to-face meetings with young care leavers and those transitioning from care to independence. Soon after lockdown in Scotland was announced it became apparent that the team could not provide the level of service that the young people needed and deserved entirely through phone calls or online. Some young people said they were really missing human interaction. The team worried about the potential for deteriorating mental health, increasing substance misuse, domestic abuse, financial difficulties and increased risk-taking behaviours. The team wanted to find the best way to increase contact while keeping young people and staff safe.

What change in practice took place?

The lockdown changed and restricted the structure and routine which many care experienced people value in their daily lives; whether through further education, work or access to services. It was noted that for some this led to sleep disruption, changes in peer groups, lack of routine and other unsettling changes. The Throughcare and Aftercare team began receiving calls and social media messages more often in the late afternoon and evening. In order to support the young people when they were accessing the team, the working hours of the Duty Line were extended to 9am–9pm Monday to Friday and weekend afternoons. This was promoted on social media. The team delivered food parcels, supermarket vouchers, sanitary and contraceptive products, and money for gas and electricity directly to young people rather than other services doing so. Staff went with young people on socially distanced walks to encourage the government-advised one hour a day of physical exercise and offer direct interaction while discussing plans and support.

Who was involved in making the change?

The Throughcare and Aftercare Team has listened to the young people throughout lockdown and responded to their needs. The team worked within the Council to lead on this support for care leavers and develop stronger working relationships with other teams and services. In crisis situations, resources and information have been shared more efficiently to respond quicker. Also, a multi-agency group was formed in response to an escalation in adolescent substance misuse under lockdown. Representatives from the Children & Families Service, substance misuse services, antisocial behaviour team and supported accommodation in the group aim to build a current and accurate picture of substance misuse trends and keep relevant teams educated and informed so practice can change in line with need.

What difference did this change make?

By finding new ways to support care leavers in Dundee, the team has provided stability during a period of great uncertainty. Maintaining safe but necessary face-to-face contact has been so important to the young people. As well as providing a listening ear, the team has been able to identify crisis and help young people stop risk behaviours escalating. The young people have responded particularly well to the socially distanced walks and said they enjoy getting out for exercise. Many said it was easier to talk about things that are affecting them rather than in the usual office setting which can be more intense. The team is keen to build on this learning.

8.2 Community Justice

As with all other agencies and services, 2020/21 was a year unlike any other for Community Justice. COVID and the national public health response, required Community Justice in Dundee to prioritise its work according to risk and need, seek innovative adjustments to continue core service delivery and strengthened the need for partnership working to more effectively support vulnerable people during lockdown. The key elements of the Dundee CJS response to COVID were:

- Friarfield House retained as base throughout the pandemic for MAPPA agencies (Sex Offender Policing unit/Public protection team/MAPPA co-ordination including access to Visor terminal)
- Friarfield House retained as a venue (with public health adaptations) for city centre appointments, to ensure that offender management continued with a risk and need assessed balance of telephone and face to face contact.
- Minimum Practice Requirements to set the risk and need assessed frequency of face to face contact. This provided structure for both service and users and staff. This determined the balance of home working a direct client contact and helped ensure that all Orders with supervision continued to be managed.

- Innovative deployment of Tay Project and Caledonian staff. When unable to provide groupwork these staff supported service users with individual programme work. These staff also played a greater role in case management, for example undertaking face to face contacts for colleagues who were shielding.
- Innovative co-working to address risk and need at the peak of lockdown. CJS nurses delivered prescriptions to non-CJS clients who were self-isolating. Distribution at Friarfield of Social Security Scotland vouchers, as one of the few city centre buildings still open. CJS staff provided vulnerable service users with mobile phones, to keep in touch with agencies.
- Dundee retained a court social work service in Dundee Sheriff Court (DSC) which was a hub court for the region. Dundee CJS staff played a lead role in supporting individuals to return to their home authorities after appearance in court.
- Multiagency co-working through the Early Prison Release (EPR) "virtual team" created to co-ordinate responses to increased prison releases in May 2020. The model worked so well that the co-ordination has continued beyond EPR.
- A 270% increase in Other Activity hours developed to fill the loss of capacity created by suspension of Unpaid Work. This included completion of online courses and participation in "Streetcones" virtual groupwork programme.
- Roll out of technology to promote the balance between home and office working. Operational meetings such as MAPPA meetings, Non-Fatal overdose multiagency meetings, Prison ICM and Parole Board Hearings all joined by teleconference or video conference. With a reduction of travel time noted as a benefit.
- Redeployment of Unpaid work supervisors during UPW suspension to work in PPE delivery and vaccine centres.
- Overall sickness rates were not high during the pandemic. Due to the health and safety adjustments made, there was no known transmission of infection between service users and staff, despite the high level of face to face contact. Higher rates of absence due to self-isolation due to symptoms or track and trace did become a feature after this reporting period (end of second lockdown).
- Impact on service delivery was that all Orders with supervision or programme requirements continued on schedule. Orders with Unpaid work have been more problematic to progress, with coronavirus legislation granting an extra 12 months. Voluntary throughcare actually increased in take up, as did Diversion. Programme groupwork resumed as soon as public health allowed (at reduced ratio for public health reasons)

Key priorities for recovery within Community Justice include:

- For CJS moving forward into 2021/22 and beyond the key priorities for recovery concern "justice recovery". From May 2021 all courts increased sittings to work through new business and cases deferred during COVID-19. Court report requests are increasing as are resultant orders. Community Justice Scotland estimates that for several years there will be a 30% increase in reports and CPOs above pre-COVID levels. Temporary staff have been recruited to add capacity using Scottish Government funding.
- Suspension of Unpaid work coupled with reduced client to staff ratios during periods of resumption have led to a greatly reduced number of unpaid work hours completed. It is hoped that changes to public health guidance allow a safe and gradual increase in capacity. There is an emerging problem with compliance with service users being more reluctant to attend unpaid work, following the disruption to routine and expectations brought by COVID. Proportionate enforcement action will be necessary.
- Remand levels reached unprecedented highs during COVID-19. Extra bail support staff have been recruited to offer the court an alternative.

- To add to the range of community disposals, Dundee CJS now offers Structured Deferred Sentence. In conjunction with the Dundee Community Justice Partnership, preventative measures such as resumption of an Arrest Referral service and an increase in Diversion for young people is being promoted. Work with the ADP is underway to evaluate DTTO and DTR and the best deployment of the substance misuse nurses in CJS.

8.3 Adult Health and Social Care

2020 was an extraordinary year for the Health and Social Care Partnership, for our workforce and for people who use health and social care supports and services, their families and carers and communities. The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At a time when there was increased need to self-isolate within staff groups and increased pressure on staff resources and our ability to maintain supports and services to individuals, Partnership services have responded dynamically and innovatively. They not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

Despite these challenges, we have maintained lifeline social care services to 3,186 people during the pandemic, including the scheduling of 1,146k hours of homecare. Essential services have been maintained, including face to face contact with service users and patients, and intensive work was undertaken to upskill and train to support redeployment of colleagues from other sectors. A range of services and supports have been rapidly redesigned to enable continued operation in the context of social distancing regulations and public health advice. The Partnership's contribution to staff and public COVID-19 vaccination programmes, as well as additional activity required to respond to annual winter pressures (including Flu Vaccination and disruption due to poor weather), represent significant additional elements of the second wave response. In addition, the Partnership has made a significant contribution to wider partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses. As part of local partnership arrangements, we have to date, supported the administration of COVID-19 vaccinations to 87,043 people (71% of the 18+ population) and 188,211 PCR tests through the establishment of COVID-19 Vaccination Centres and Community Testing facilities.

A timeline of the pandemic response delivered by the Partnership in collaboration with other community planning partners during waves 1 and 2 was presented to the Dundee Integration Joint Board on 25 August 2020 and 21 April 2021. The timelines describe the Partnership response regarding governance, leadership, service provision and service user and staff safety. This can be viewed here https://www.dundeehscp.com/publications/ijb and provide a comprehensive overview of the range of activity the Partnership undertook to maintain lifeline services, establish new COVID services and supports, support other partners across wider health and social care and community planning systems and to protect the health and wellbeing of the health and social care workforce.

Responding to the COVID-19 pandemic also meant that the Partnership faced a number of challenges

- The need to rethink and plan how we deliver services and communicate in order to maximise safety during the pandemic, including the use of outdoor space and digital methods of communication. The closure, suspension and moving on-line of many services meant that they were less accessible to some people who under usual circumstances would have been able to benefit in a number of ways, such as improving social connections and tackling loneliness.

- The increased frailty and reduced mobility of many citizens caused by isolation and reduced opportunities to socialise and take part in activities away from the home has increased the demand for support and services.
- The increased need to self-isolate within staff groups, particularly within social care teams has increased pressure on staff resources and our ability to maintain supports and services to individuals.
- The increased requirement to support staff at a time when stress levels and workload was heightened and office bases were closed and home working was expected.
- COVID-19 restrictions and lockdown have had a significant impact on service users, who have been at increased risk of 'hidden harm' and there has been increased difficulty in reaching already 'hard to reach' groups due to pandemic restrictions. For example, restrictions on face to face peer support/ self-help and lived experience work had to be mostly postponed or conducted virtually.
- Continuing to focus on long-term strategic priorities and improvement activities at the same time as delivering a reactive response to the pandemic.

Pandemic Impact – Engagement Activities

The Engage Dundee survey took place online during August 2020 and was a partnership between Dundee City Council Community Learning and Development section, the Partnership and NHS Tayside Public Health Directorate. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the COVID-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward. Findings show that:

- The most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%).
- There were varying degrees of satisfaction expressed for using services; highest was for websites/ self-help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use/alcohol support (16.3%).
- The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).
- Many respondents felt there had been positive developments due to lockdown/COVID-19 restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others. Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

In late September 2020 to mid-November 2020, we launched local engagement work with carers and workforce who support carers, in order to better understand the impacts of the COVID-19 pandemic. The consultation involved engagement with carers, young carers and the wider workforce. Data collection included two online surveys, a carer's survey and a workforce survey, and 5 focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City. Findings revealed the following:

- The majority (84%) reported an increase in the amount of care provided since the start of the Pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role
- 38% had to reduce or give up hours in employment due to their caring commitments
- Negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.
- Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this.

More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period.
- Carers also benefited from local networks in the community and neighbour support during this period.
- Many services used technology effectively to communicate with people during this period.
- It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

746 people who received Care at Home services during the Pandemic participated in the CARE AT HOME COVID- 19 Survey

- 99% of service users felt the service was good, very good and excellent during the Pandemic
- 98% of service users felt the support offered/given by emergency responders was good, very good and excellent
- 79% of service users felt safe and confident in the Social Care Response Service team in relation to wearing PPE
- 99% of service users felt the way in which SCRS staff respected their wishes and preferences was good, very good or excellent
- 99% of service users felt the way in which SCRS respected their dignity was good, very good or excellent

8.4 Cross-Service Working

Hidden Harm

During the pandemic response, particularly over the lockdown period, there was been an enhanced focus on 'hidden harm' at the COG and across all committees/partnerships. There was consideration and analysis of the potential for 'hidden harm' during the lockdown period and oversight of a wide range of adjustments made across operational services to minimise the risk of this. The COG recognised at an early stage of the pandemic that there were increased risks of 'hidden harm' with reduced levels of face-to-face contact with individuals as a result of the closure of some services, including schools and early years settings. Additionally, the potential for some forms of harm to escalate during lockdown (such as domestic abuse and substance use) could contribute to higher risk of harm amongst the most vulnerable adults, children and young people in the City.

In response a swift and robust approach to hidden harm has taken place with partnership, communication and collaboration at its heart. Regular strategic and operational discussions allowed this to be an evolving and dynamic process and for any gaps and concerns to be highlighted and flexibly resolved. This approach involved coordinating and providing direct support to both children/young people and adults for whom additional risk was recognised. It didn't require structural change but rather a collaborative bringing together of key partners in response to shared concerns.

A range of operational responses were developed to minimize the likelihood and impact of 'hidden harm', including:

- prioritising the nature and frequency of contact between services and service users to focus on those assessed as most vulnerable and at risk;
- moving a range of multi-agency risk assessment and management meetings to virtual platforms (including initial referral discussions, case conferences, MAPPA meetings, MARAC conferences for high risk victims of domestic abuse and the non-fatal overdose meeting);
- developing safe alternative arrangements for the dispensing of oral substitution therapy (OST);
- providing childcare and wider supports to the most vulnerable families through the Community Support Centres;
- maintaining the operation of screening arrangements (including the Multi-Agency Screening Hub for child concerns and Early Screening Group for adult concerns) and Intake Services in children and adult services (including enhancing the role and resourcing of the First Contact Team to respond to an anticipated surge in demand);
- updating and implementing local operating procedures to reflect temporary legislative and national guidance amendments;
- additional support, such as food deliveries, were provided to meet the basic needs of the most vulnerable people within our communities;
- developing models to support virtual provision of services where face-to-face contact has not been possible due to public health guidance, including peer and community support groups;
- expanding the distribution of take-home Naloxone and postal distribution of injecting equipment;
- expanding the operating hours and areas of the Safezone Bus;
- developing third sector support for community pharmacies to enable the continued provision of services to people who use drugs;
- and, collaborative working to provide targeted support to women involved in commercial sexual exploitation.

The "Hidden Harm" group was formed initially across education, social work, health and women's aid involving a combination of senior and frontline managers. This meeting forum has evolved to include additional 3rd sector colleagues, HSCP representatives and Police Scotland. Meetings are monthly and as well as the development of an action plan to support the proactive identification and tackling of areas where hidden harm may occur, terms of reference are now in place with this group now serving as the governance and oversight group to monitor improvements and areas of concern and reporting to the Children and Families Executive Board.

Other Operational Responses

Driven by the COVID risk register the public protection committees have overseen a number of developments to further strengthen the multi-agency pandemic response to adults and children who are at risk. This includes:

- Additional investment in IT equipment to support frontline operational teams to implement blended approaches to service delivery (face-to-face and remote contact) and to assess and manage risk more effectively within the context of ongoing public health restrictions. This has also facilitated the movement of some multi-agency risk assessment and management activities, such as MARAC (multi-agency risk assessment care conferences for very high-risk victims of domestic abuse) and MAPPA from tele-conferencing to video-conferencing platforms. Further work is planned to enable adults at risk to participate in adult support and protection case conferences via video-conferencing utilising secure systems available through NHS Tayside.
- Enhanced operational arrangements have been developed in response to evidence of increasing risk associated with domestic abuse, including a sustained increase in the number of children on the child protection register where domestic abuse is a contributing factor. This has included the establishment of a virtual domestic abuse response team to address any excess demand for support services. Enhanced joint working between the Children and Families Service and third sector specialist domestic abuse services to support identification and management of risk and to facilitate access to specialist support services within school settings has been developed and a small increase in capacity within Dundee Women's Aid Children and Young Person's Service has been implemented.
- Statutory and third sector substance use services have continued to strengthen joint working arrangements, including providing support to community pharmacies when required. A new independent advocacy service has been established, delivered by Dundee Independent Advocacy Services (DIAS) and supported by the Alcohol and Drug Partnership. Additional funding has also been secured to support people to access residential rehabilitation services out with the city and work is currently being undertaken to develop pathways to support smooth transition to and from community residential treatment. There have also been significant enhancements to the Take Home Naloxone Programme during the second wave including: an increased number of statutory and third sector organisations supplying kits and holding kits for emergency use; amendments to organisational polices to encourage health and social care staff to carry and use kits; and, the establishment of a postal supply service by Hilcrest Futures and We Are With You.
- A range of further resources have been developed to support practitioners who are responding to enhanced levels and complexity of risk and need. The VAWP website hosts a range of resources to support practitioners to respond to women, children and young people who are at risk of harm and a number of virtual staff development sessions have been piloted by the Partnership. Written guidance on responding to women impacted by commercial sexual exploitation has also been developed and distributed to the workforce. In addition, the public protection committees have maintained an oversight of changes to national legislation and guidance and the local implications of this.

8.5 Protecting People

Strategic Risk Register

The primary mechanism through which the COG and CPC collectively identify, manage and mitigate risk is the Protecting People Strategic Risk Register. Developed in the early stage of the pandemic the strategic risk register is becoming increasingly embedded; informing agenda setting and providing the basis for assurance reports to the CPC and onwards to the COG. Feedback from CPC and COG members indicates that the strategic risk register has been key to supporting better prioritisation of resource and improvement capacity as well as an enhanced pace of change through the 18-month pandemic response period. Moving forward our priority is to continue to embed and evolve the risk register to reflect business as usual risks alongside pandemic risks and to develop a strengthened interface between the strategic risk register and operational risk registers within single agencies.

Communications

During the Pandemic, The Protecting People Team has taken a lead, with Dundee City Council communications team (alongside NHS and Police Scotland communications teams) to ensure key messages are reaching the public. Leaflets with key protection messages for women who are involved in commercial sexual exploitation were developed. An accessible, symbolised version of public communication around domestic abuse has been produced with support from the NHS Speech and Language Therapy Department, Adult Learning Disability and Mental Health Service and Dundee Health and Social Care Partnership. Updates have also been made to the Protecting People website, including the violence against women section being significantly enhanced in January 2021. The updated information can be found at www.dvawp.co.uk

SOLACE Dataset

During the COVID-19 pandemic SOLACE has provided a national leadership role in relation to public protection matters, with Dundee actively participating in activities, including the implementation of a national public protection dataset reported on a weekly basis. An overview of key data and trends demonstrates that:

- There was an increase in numbers of children on the Child Protection Register during the early stages of the pandemic, which was mainly a direct consequence of decrease in the level of de-registrations. Since then numbers of children on the Register have declined and are currently below the historical average. There has been a sustained increase in the proportion of children on the Child Protection Register where domestic abuse is a contributing factor;
- Children and Families Services worked collaboratively throughout lockdown to maintain very high levels of contact with children who have protection plans and young people who have accepted throughcare services;
- The number of recorded domestic abuse and sexual crimes during lockdown was higher than the comparative period last year with a subsequently higher level of Police Scotland Vulnerable Person Concerns due to domestic abuse. However, referrals to voluntary sector services remained at similar levels to last year, with the exception of significantly increased demand for refuge accommodation
- Neighbourhood Services responded to a significant rise in homeless applications during lockdown, resulting in a subsequent rise in the number of households being provided with temporary accommodation.

- Vulnerable person reports received from Police Scotland continued their upward trajectory during the COVID period. For the first time the Scottish Government published its annual Adult Support and Protection statistics which identified Dundee City as a clear outlier more than double the national average for adult support and protection referrals. Further analysis has led to the testing of a new screening process across the partnership and contributed to improvements in triaging adults at risk. These changes are focused on ensuring that adults at risk (in terms of the statutory test which forms part of the Adult Support and Protection (Scotland) Act 2007) are timeously identified and supported through adult support and protection processes and that other adults who have a range of vulnerabilities are supported through a multi-agency risk management approach.
- Decrease in known non-fatal overdoses reported by the Scottish Ambulance Service and Police Scotland, reflecting the implementation of a multi-agency pathway to respond to individuals who have experienced a non-fatal overdose in a rapid and coordinated manner.

Governance Arrangements

As well as supporting the continued deliver of essential protection services and responding to the potential for hidden harm, the COG also led wider adaptions to our governance, leadership and strategic planning functions during the pandemic response period. Adjusting the frequency and focus of COG and committee/partnership meetings has ensured more regular opportunities for the escalation of risk from operational services and identification of mitigating actions and supports required from senior leaders. Enhanced joint working, supported through the identification of cross-cutting risks within the risk register, particularly between the Child Protection Committee, Alcohol and Drugs Partnership and Violence Against Women Partnership has also been developed. This has included joint work between the Independent Chairs, at committee level and between supporting officers to take forward risk mitigation actions.

During the second wave where COVID Infections rose, there was also an ongoing focus on the wellbeing of the multi-agency protecting people workforce. The impact of working through the pandemic on the workforce has been significant; as well as rapidly adapting to new ways of working and dealing with changes in the nature and complexity of risk, the workforce has also managed the ongoing context of increased potential for hidden harm. Throughout the pandemic response attention has been given to ensuring that staff have access to appropriate PPE and COVID testing, and in recent months have been prioritized for vaccination in line with national guidance and JCVI guidance. This has included the vaccination of all social workers and a range of staff in other roles that provide direct health and social care services to the population. Working with Dundee City Council the staff Wellbeing Support Service has been promoted to the workforce and individual agencies have reviewed their approach to support and supervision, including access to clinical supervision where appropriate. The COG and public protection committees are currently working with Dundee City Council Communications Service to take forward specific actions to acknowledge the invaluable contribution the workforce has made over the pandemic period and to thank them for their continued flexibility and dedication. Further work in this area will also be informed by wider activity to implement a trauma informed approach to leadership.

As the COG and protecting people committees/partnerships move forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provide a foundation for consolidation and for further development and improvement. An initial review of learning has also highlighted some key themes regarding the potential legacy of the COVID-19 response:

- A genuine and effective focus on underlying trauma and vulnerability rather than on 'behaviour symptoms' such as substance use and offending.
- Collaboration and co-operation that focuses on a whole system, integrated approach to addressing protecting people and providing integrated responses to families where both children and adults are at risk.
- Maintaining a strong focus on a small number of strategically important priorities and tackling them at pace.

A key priority for the COG in the coming year is leadership support to continue the pandemic response whilst also moving forward with learning and recovery. This activity will continue to be focused on the core functions of the COG and public protection committees and be informed by the contents of the strategic risk register. Other priorities for 2020/21 and beyond have included continued implementation of the Transforming Public Protection Programme, with a particular emphasis on leadership aspects of the programme (including the further development of the strategic risk register, structural changes and trauma informed leadership referred to above) and service redesign workstreams. In addition, work will be undertaken to support the investment of additional funding available both at a local level and from national sources to develop responses to substance use, mental health and to support pandemic recovery. The COG also plans to further consider the implications of the Independent Review of Adult Social Care in Scotland for strategic and operational public protection arrangements and their contribution to local plans for the implementation of The Promise.

9 Challenges for the Year Ahead

At the time of publication of this annual report social work and social care services, alongside other public, third and private sector services, are continuing to balance ongoing pandemic response, recovery planning and the maintenance of essential services. The first half of 2021/22 has seen significant surges in the pandemic and associated demand for response; learning from early stages has been invaluable in supporting social work and social care services to manage this response alongside wider work to consolidate significant changes to services and supports that have occurred over the last 18-months. The cumulative impact of the pandemic on workforce wellbeing remains an important priority, as does addressing the compounding impact that the pandemic has had on existing health and social inequalities across our population. At this time, I have identified a small number of improvement priorities that I will seek to support the social work and social care workforce and our partners to implemented over the next 12 months alongside our COVID-19 recovery work.

PARTICIPATE
In the consultation/engagement regarding the National Care Service, reflecting local knowledge and experience, and in subsequent activity to reform Scotland's health and social care system.

LEARN
From national and local research about the short- and long-term impact of COVID-19 and use this to plan supports and services which address the needs of the population.

LISTEN
To people who use social work and social care services and their carers and ensure that the voice of lived experience more consistently informs strategic planning and commissioning activity.

SUPPORT
Our social work and social care workforce to recover from the impact of the pandemic on their health and wellbeing and listen to the information they share about frontline experiences.

MAINTAIN
Our COVID recovery, working with partners across the community planning partnership to consolidate our learning and embed and develop new ways of working.

CONTINUE
To develop our approach to locality working, learn from people in communities and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

RESPOND
To the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience and carers to fully implement existing action plans and consider any emerging challenges.

DEVELOP
Enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.

ENSURE
Our services and supports make a positive difference to people who are at the greatest risk of negative impacts as a result of deprivation, health inequality or equality Protected Characteristics.

Head of Health and Community Care/
Chief Social Work Officer
Dundee Health & Social Care Partnership
Claverhouse
Jack Martin Way
Claverhouse East
Dundee DD4 9FF

t: 01382 438302

Dundee Health & Social Care Partnership

Dundee City Council
www.dundeecity.gov.uk
CHANGING FOR THE FUTURE

Design by Communications, DCC SM/11/21

Integrated Impact Assessment Report.

Committee Report No: DIJB58-2021

Document Title: Chief Social Work Officer Annual Report 2020/21

Document Type: Other

New/Existing: New

Period Covered: 01/04/2020 - 31/03/2021

Document Description:
National guidance requires that the Chief Social Work Officer (CSWO) produces and publishes an annual summary report for local authorities and Integration Joint Boards (IJB) on the functions of the CSWO. The annual report provides an overview of how Social Work and Social Care services have continued to deliver quality support, whilst also responding to challenges across the wider public sector and social work specific landscape. As well as detailing highlights from throughout the year the report is also forward looking and identifies the key challenges and opportunities for 2021/22.

Intended Outcome:
To provide assurance to the local authority and IJB regarding the fulfilment of the functions of the CSWO and of developments and performance in Social Work and Social Care services.

How will the proposal be monitored?:
The CSWO produces and publishes a report on an annual basis, which is submitted to Committee for approval.

Author Responsible:

Name: kathryn sharp

Title: Service Manager, Strategy and Performance

Department: Health and Social Care Partnership

E-Mail: kathryn.sharp@dundeecity.gov.uk

Telephone: 01382 433410

Address: Friarfield House, Barrack Street, Dundee

Director Responsible:

Name: Diane McCulloch

Title: Chief Social work Officer

Department: Health and Social Care Partnership

E-Mail: diane.mcculloch@dundeecity.gov.uk

Telephone: 01382 438302

Address: Claverhouse, Jack Martin Way, Dundee

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	Not Known
Marriage and Civil Partnership:	Not Known
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Not Known
Religion or Belief:	Not Known
Sex:	Positive
Sexual Orientation:	Not Known

Equality and diversity Implications:
The report evidences a range of ways in which social care and social work services have supported improved outcomes for the most vulnerable people in Dundee. This includes performance in public protection services.

Proposed Mitigating Actions:
None required.

Is the proposal subject to a full EQIA? : No

The report evidences a range of ways in which social care and social work services have supported improved outcomes for the most vulnerable people in Dundee. This includes performance in public protection services.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive

Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The report demonstrates how social care and social work services are delivered across Dundee to groups within the population who experience poverty, exclusion and inequalities. The services delivered support improved outcomes for services users, carers and their wider communities.

Proposed Mitigating Actions:
None required.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Not Known
Adapting to the effects of climate change:	Not Known

Resource Use

Energy efficiency and consumption:	Not Known
Prevention, reduction, re-use, recovery or recycling waste:	Not Known
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	Not Known
Sustainable modes of transport:	Not Known

Natural Environment

Air, land and water quality:	Not Known
Biodiversity:	Not Known
Open and green spaces:	Not Known

Built Environment

Built Heritage:	Not Known
Housing:	Not Known

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required.

Environmental Implications:

No identifiable implications.

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **MULTI-AGENCY PROTECTING PEOPLE GOVERNANCE ARRANGEMENTS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB60-2021**

1.0 PURPOSE OF REPORT

This report provides an overview of multi-agency governance and strategic arrangements for protecting people activities across the Dundee Partnership, including the contribution of the Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the arrangements that are in place for the representation of the Health and Social Care Partnership at the Chief Officers Group and protecting people committees (section 4.2 and 4.4).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and recognises the importance of excellent collaborative working between all community planning partners, which is crucial if services for people at risk of harm are to be effective. The multi-agency protecting people governance and strategic structure that supports this collaborative working is summarised in appendix 1.

Dundee Chief Officers Group

4.2 Public protection is led by the Chief Officers Group (COG), supported by the multi-agency protecting people committees which correspond to each of the different at-risk groups. Shared protecting people priorities reflect the lived experience of children, young people and adults in Dundee and the need for collaborative working to effectively and consistently address inter-related risks. The Dundee COG is chaired by the Chief Executive, Dundee City Council and vice-chaired by the Detective Chief Superintendent, Police Scotland. Wider membership is drawn from Dundee City Council (CSWO, Neighbourhood Services and Children and Families Services), Dundee Health and Social Care Partnership, Police Scotland, NHS Tayside, the Scottish Prison Service, the Scottish Fire and Rescue Service and the Third Sector Interface. All of the independent chairs for the five public protection committees are also members of the COG. The Health and Social Care Partnership is represented by the Chief Officer, with the Chief Social Work Officer / Head of Service, Health and Community Care and the Service Manager, Strategy and Performance also being members of the group.

4.3 The core functions of the COG are: mutual accountability; scrutiny; assurance; oversight of risk; and, leadership. The COG vision is:

Dundee's future lies with our people and communities; they deserve sector leading support and protection. We will work together with communities to prevent harm, keep people safe and protect them when they can't protect themselves.

The group has adopted the following core principles:

- The protection of people in Dundee is everyone's business and is part of our work to create a community which is healthy, safe, confident, educated and empowered.

- Protecting people is an important part of our commitment to tackle the root causes of social and economic exclusion and inequality. People will be able to access the support and protection they need when they need it, regardless of their characteristics, background or circumstances.

- We will work with communities and people with lived experience to understand public protection problems and to design, test and implement solutions.

- We will deliver our vision by working in partnership across the public, voluntary, community and private sectors. We value the unique knowledge, skills and contributions that each partner has to make to deliver our vision for protecting people.

- The workforce delivering protection supports and services will have the right knowledge, skills, support and experience to ensure people are safe and protected.

- We are committed to being a learning and continuously improving partnership. We will build on our strengths, learn from our mistakes and work towards a sector leading approach.

On a six-monthly basis the Chair of the COG provides an update report on protecting people leadership activities to Dundee City Council, Community Safety and Public Protection Committee and to the Integration Joint Board.

4.3 As well as overseeing the work of the protecting people committees, the COG is supported by the Transforming Public Protection (TPP) Oversight Group and the Tayside Learning Review Working Group. The TPP Oversight Group is chaired by the Chief Social Work Officer (Head of Service, Health and Community Care) provides ongoing multi-agency leadership for the implementation of the TPP Programme. NHS Tayside chairs the Tayside Learning Review Working Group that provides leadership and direction to ongoing work to map and review existing case review mechanisms and to identify areas for improvement and for strengthened collaborative working.

Protecting People Committees

4.4 Each individual protecting people committee is the lead multi-agency partnership responsible for delivering the core functions of continuous improvement, public engagement and communication, strategic planning, assurance, oversight of strategic risk and leadership. There are five core protecting people committees: Dundee Adult Support and Protection Committee, Dundee Alcohol and Drugs Partnership, Dundee Child Protection Committee, Dundee Violence Against Women Partnership and the Tayside MAPPA Strategic Oversight Group. Close strategic links are also maintained with strategic partnerships for humanitarian protection and suicide prevention. As well as working in collaboration with the other protecting people committees, each group contributes to local, regional and national planning and strategic fora. The Health and Social Care Partnership is represented at the Adult Support and Protection Committee, Alcohol and Drugs Partnership and Child Protection Committee by senior operational and strategic managers. Membership of the Violence Against Women Partnership is currently being reviewed.

4.5 The appointment of independent chairs for each of the protecting people committees provides strong strategic leadership, direction and scrutiny in delivering cross-cutting priorities and individual committee delivery plans. Independent chairs are appointed as independent contractors through a formal procurement process with input from multi-agency partners. Appointments are normally reviewed every two years, although this has not been possible during the pandemic period. As part of leadership development activity undertaken by the COG in 2019 a role descriptor was developed in relation to the position of Independent Chair outlining the overall purpose of the role, main accountabilities and summarising the personal qualities, values, behaviours, skills and knowledge, understanding and experience required. A copy of the role descriptor is attached as appendix 2.

4.6 As well as providing regular assurance reports to the COG (bimonthly) and ongoing monitoring of key risks through the protecting people strategic risk register, the protecting people committees provide a range of reports to a variety of governance groups / bodies. Reporting to the Dundee Partnership is described at section 4.8. The Adult Support and Protection Committee, Child Protection Committee and Tayside MAPPA Strategic Oversight Group produce and publish annual reports as required either by statute or national guidance. The Alcohol and Drugs Partnership and Violence Against Women Partnership make annual returns to the Scottish Government; this year they are also producing summary, public facing versions to enhance public accountability in relation to their areas of work. These annual reports are submitted to both Dundee City Council committees and to the Integration Joint Board for scrutiny. The statutory Chief Social Work Officer (CSWO) Annual Report, submitted to Dundee City Council committee for scrutiny and to the Integration Joint Board for information, also contains extensive content about protecting people activities, performance and impact. In addition to annual reporting, a variety of subject specific reports are provided to the Integration Joint Board on protecting people matters including reports on delegated functions relating to adult support and protection and drug and alcohol services. For these delegated functions Clinical, Care and Professional Governance Groups consider matters such as inspection gradings, adverse incidents and case reviews on an ongoing basis.

Dundee Partnership

4.7 Whilst the COG is the primary governance and strategic group overseeing protecting people matters on behalf of the Dundee Partnership, Executive Boards for Children and Families, Community Safety and Justice and Health, Care and Wellbeing oversee priorities relating to children, young people and adults at risk. These include: increasing the safety and protection of young people; reducing substance use; improving mental health and wellbeing; reducing levels of domestic abuse; and, reducing levels of re-offending. Each of the three executive boards has representation from the Health and Social Care Partnership; the Chief Officer co-chairs the Health, Care and Wellbeing Executive Board and the Head of Service, Health and Community Care and other senior operational and strategic managers are members of all three executive boards.

4.8 There is significant overlap between the membership of the COG, the executive boards and the Dundee Partnership; the chair of the COG is also the co-Chair of the Dundee Partnership. Through the executive boards formal reports are submitted on progress in implementing protecting people priorities on a 6-monthly basis (although reporting cycles have been disrupted over the last 18 months by the COVID pandemic). In addition, separate reports have been provided about specific protecting people priorities; most recently progress in relation to the Action Plan for Change to tackle drugs deaths. The interface between the protecting people governance and strategic structure and Dundee Partnership has developed significantly over the lifetime of the current City Plan (2017-2026), with increased clarity of interface and responsibility between the executive boards, the Dundee Partnership and the COG. The Dundee Partnership intends to review the City Plan during 2022/23. Through this process it is intended to formalise and further strengthen the arrangements that have developed since 2017.

Protecting People Strategic Support Team

4.9 The protecting people committees in Dundee have been provided with strategic support by a co-located team of staff since 2011. Since then, working arrangements and practices have gradually moved from being committee specific (for example, Lead Officers for each committee) to take a more integrated approach. Cross-cutting working groups have been established to address some common priorities / areas of business and a number of officers within the team have taken a lead for specific functions / tasks across all committees.

4.10 The Protecting People Strategic Support Team is a multi-agency resource who work at the direction of the COG and the protecting people committees. The core role of the Protecting People Strategic Support Team is to support the COG and the committees to discharge their core functions. They are hosted by the Health and Social Care Partnership on behalf of the COG; whilst they are included in the resource delegated to the IJB the team remain accountable to the committees, and through them to the COG. The Service Manager, Strategy and Performance provides line management and day-to-day support to the team.

Governance and Strategic Structure Review

4.11 Following a programme of organisational development activity undertaken by the COG as part of the Transforming Public Protection Programme in 2019 a decision was made to undertake a substantive review of the multi-agency protecting people governance and strategic structure. The COG identified that the current protecting people governance and strategic structure in Dundee is expansive, has evolved incrementally over the last 10 years and would benefit from a 'whole systems' review. This review made significant progress over the early months of 2020; with 2 potential future options developed for consultation. This consultation was able to progress between the first and second waves of the pandemic at the end of 2020. A preferred option has now been identified and a short-life working group has been convened to develop a full business case for further consultation; this work has again been impacted by the second wave of the pandemic and pressures associated with the joint inspection of services for children at risk of harm in Dundee. However, the COG remains committed to identifying a structure that is focused on delivering core functions; that supports genuine and effective participation from all stakeholders; supports a whole system protecting people approach; supports a strategic commissioning approach; and that is sustainable and has clear and effective interfaces with other planning arrangements, particularly the Dundee Partnership.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 Members of the Chief Officers (Public Protection) Strategic Group, including the Independent Chairs of the Adult Support and Protection Committee, Child Protection Committee, Tayside MAPPA Strategic Oversight Group and Violence Against Women Partnership, Dundee City Council Management Team, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

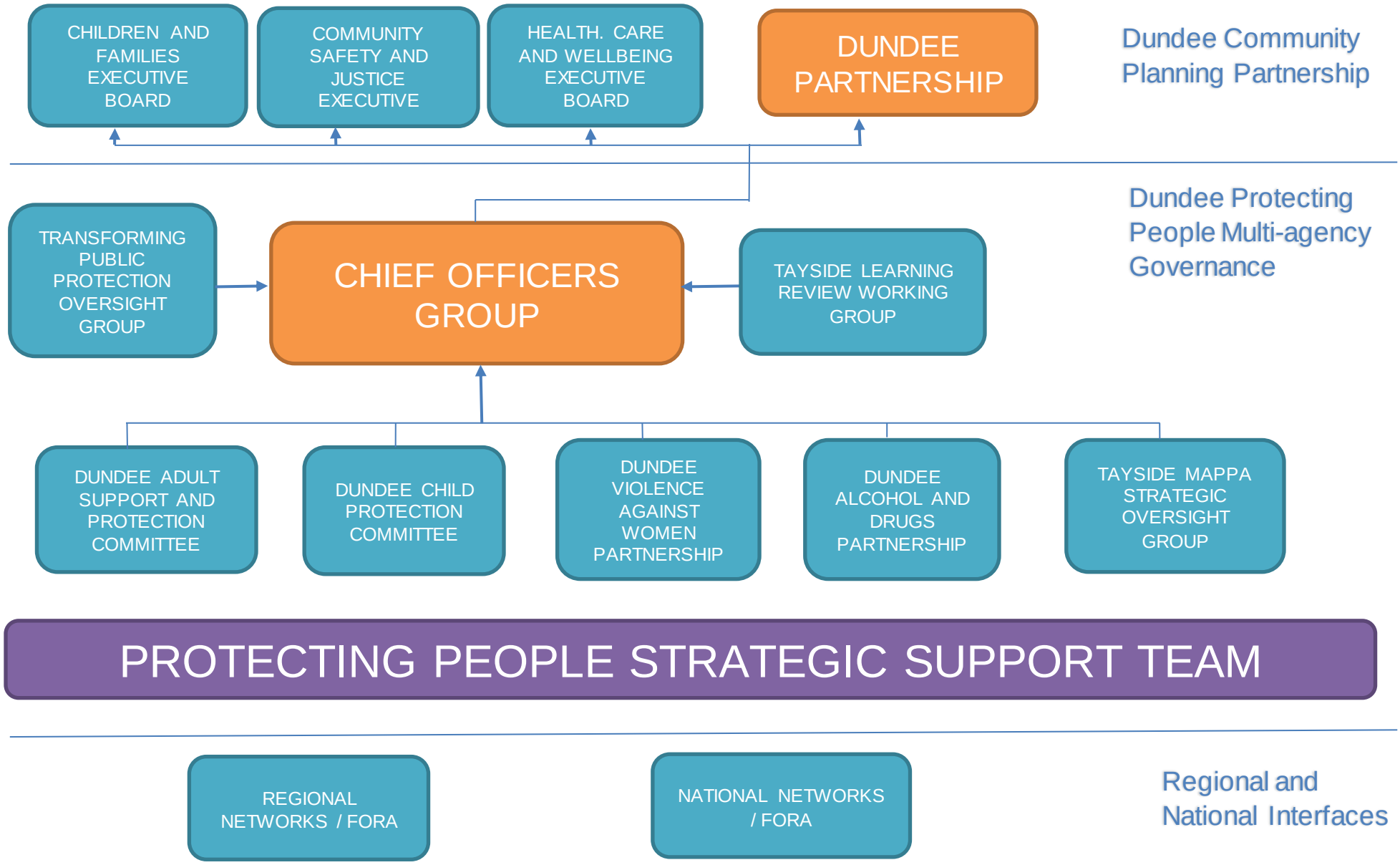
Vicky Irons
Chief Officer

DATE: 16 November 2021

Kathryn Sharp
Service Manager, Strategy and Performance

APPENDIX 1

Protecting People Multi-agency Governance and Strategic Structure



APPENDIX 2

Protecting People Independent Chair / Convenor Role Descriptor

Overall Purpose of the Role
To work collaboratively as part of the COG Team to provide a whole systems approach to the leadership of public protection responses. To support the Committee to fulfil its core functions of continuous improvement, public engagement and communications, strategic commissioning, assurance, oversight of strategic risk and leadership. To facilitate mutual accountability for delivery of improvement priorities and performance targets and provide independent advice and assessment of performance and risk to the COG and other stakeholders.

Main Accountabilities

1	To provide effective leadership of the Committee, ensuring that all functions are discharged to a high standard, in a timely and proportionate manner and in accordance with relevant legislative requirements (including sections 42 – 47 of the Adult Support and Protection (Scotland) Act 2007[1]). Including by: • Facilitating Committee meetings, setting the agenda, approving minutes and overseeing systems of accountability for the completion of agreed actions. • Overseeing the production, review and publication/submission of the Committee's strategic commissioning plan and annual report. • Overseeing arrangements for communication of the work of the Committee to relevant stakeholders. • Overseeing the inclusion of the expertise of People with Lived Experience in arrangements for discharging Committee functions. • Participating in regular meetings with the COG and senior officers from component organisations where required. • Contributing to the agreement of priorities and workplans for the Protecting People Strategic Support Team.
2	To demonstrate integrated leadership for public protection, including through representation at agreed Community Planning and other strategic groups (local, regional and national). This might include acting as a spokesperson for the Committee in the media and at public events where appropriate.
3	To facilitate mutual support and accountability for the delivery and quality of public protection responses in-line with the COG vision and agreed strategic priorities. This includes seeking appropriate assurances from partner organisations, as well as provision of assurance to the COG.
4	To oversee the identification and management of strategic risks to the delivery of the COG vision and priorities and Committee strategic commissioning plan.
5	To promote a culture of continuous improvement and reflective learning for public protection at a strategic level.
6	To facilitate the joint strategic commissioning of public protection responses for Dundee.
7	To oversee the initial and significant case review process, including overseeing the commissioning of SCRs and integration of learning into practice. This might include chairing the SCR Panel as required.

[1] Sections 42 – 47 of the Adult Support and Protection (Scotland) Act set out statutory duties in relation to Adult Protection Committees, membership, Committee procedure, duty to provide information to the Committee, biennial reports and guidance. Section 42 (1) describes the statutory functions of the Committee which the Convenor, through their leadership, must ensure are fulfilled.

8	To provide independent advice and support to the COG, Strategic Support Team, senior officers from partner organisations and other relevant strategic groups.
9	To facilitate resolution of any conflicts arising with the Committee, supporting members to reach positive solutions.

Personal Qualities

Personal Qualities	Description
Selflessness	Act solely in terms of the public interest. (Principle of Public Life)
Integrity	Avoid placing yourself under any obligation to people or organisations that might try inappropriately to influence you in your work. Do not act or take decisions in order to gain financial or other material benefit for yourself, your family or your friends. Must declare and resolve any interests and relationships. (Principle of Public Life) Please refer to Protecting People Committee / COG Code of Conduct (currently being drafted).
Objectivity	Act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias. (Principle of Public Life)
Accountability	Be accountable to the public for your decisions and actions and submit yourself to scrutiny necessary to ensure this. (Principle of Public Life). Be open to challenge and accept question as seeking to understand (rather than as criticism).
Openness	Act and take decisions in an open and transparent manner. Do not withhold information from the public unless there are clear and lawful reasons for so doing. (Principle of Public Life)
Honesty	Be truthful, honest and open. Be brave.
Resilient	Accept feedback as an opportunity for reflection and learning.

Values

Value	Description
Commitment to shared vision	Maintain a focus on the agreed vision for public protection and make decisions / take actions directed to achieve this. Recognise that each agency / person is part of a whole system and work within a wider Protecting People approach.
Trust	Show trust in members of the COG and Committees.
Respect	Respect the different views, opinions, constraints and expertise held by different members and organisations. Respect the confidentiality of discussions.
Inclusive	Include all those with a role in protecting people in recognising and discharging a shared responsibility for public protection. Think beyond organisational boundaries.
Passion	Demonstrate an interest, commitment and ambition for protecting people at risk.

Behaviours	
Behaviour	**Description**
Learning	Be open to doing things differently and learning new approaches / ways of doing things from others.
Contribute	Contribute your transferrable skill set as well as your subject expertise.
Consistency	Be consistent in your actions and communications – align these to the agreed vision for Protecting People.
Transparency	Provide / share all of the relevant information with those who need to know and understand it.
Delegate	Delegate leadership of risks and actions throughout the Protecting People structure. Support and empower the Committee members and Strategic Support Team to lead and make decisions.
Mutual Support	Share responsibility and ownership when there are challenges to be overcome.
Personal responsibility	Take personal responsibility for being informed and prepared. If you do not know something pro-actively seek out the required information.

Skills	
Skill	**Description**
Advocacy	Advocate on behalf of the people you are seeking to protect.
Influence	Influence others to change, take action and recognise their responsibility for protecting people.
Analytical	Ask questions of information to establish an understanding of its potential meaning.
Strategic	Focus on strategic leadership and on agreed priorities. Take a whole systems approach. Seek assurance regarding relevant operational matters and empower Committee members to address concerns in appropriate operational forums.
Constructive challenge	Challenge others in a way that is constructive, respectful and helpful.
Communicative	Listen to understand, communicate views pro-actively and use common / understandable language.
Judgement	Ability to make reach considered conclusions and decisions.

Knowledge, Understanding and Experience	
Area of knowledge, understanding and experience	**Description**

Public Protection	Knowledge, understanding and experience of protecting people issues, including relevant legislative and policy provisions and best practice.
Role of different organisations / posts	Knowledge and understanding of local, regional and national arrangements for protecting people, including the distinct roles of Chief Officers, the Chief Social Work Officer and other professional leads.
Political systems	Knowledge, understanding and experience of local political systems, including the governance and scrutiny role of Elected Members of the Council, NHS Board members and Integration Joint Board members.
Strategic commissioning	Knowledge and understanding of the strategic commissioning cycle and experience of applying this in practice across multi-agency environments.
Strategic risk management	Knowledge and understanding of systems and processes for strategic risk identification and management.
Organisational development and leadership	Knowledge, understanding and experience of whole systems and participative leadership, change management, conflict resolution and organisational culture and behaviour.
Performance and quality assurance	Knowledge, understanding and experience of performance management and quality assurance systems in complex environments, including outcome measurement and reporting.

Addendum – Key provisions of sections 42 – 47 of the Adult Support and Protection (Scotland) Act 2007

42 Adult Protection Committees

(1) Each council must establish a committee (an "Adult Protection Committee") with the following functions—

(a) to keep under review the procedures and practices of the public bodies and office-holders to which this section applies which relate to the safeguarding of adults at risk present in the council's area (including, in particular, any such procedures and practices which involve co-operation between the council and other public bodies or office-holders to which this section applies),

(b) to give information or advice, or make proposals, to any public body and office-holder to which this section applies on the exercise of functions which relate to the safeguarding of adults at risk present in the council's area,

(c) to make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders to which this section applies who have responsibilities relating to the safeguarding of adults at risk present in the council's area,

(d) any other function relating to the safeguarding of adults at risk as the Scottish Ministers may by order specify.

(2) In performing its functions, an Adult Protection Committee must have regard to the desirability of improving co-operation between each of the public bodies and office-holders to which this section applies for the purpose of assisting those bodies and office-holders to perform functions in order to safeguard adults at risk present in the council's area.

46 Biennial Report

The convener of an Adult Protection Committee must, as soon as practical after such date as the council may direct biennially—

(a) prepare a general report on the exercise of the Committee's functions during the 2 years ending on that date, and

(b)after securing the Committee's approval of the report, send a copy of it to—

(i)each of the public bodies and office-holders represented on the Adult Protection Committee by virtue of section 43(4),

(ii)the Scottish Ministers,

(iii)the Mental Welfare Commission for Scotland,

(iv)the Public Guardian,

(v)**[F1**SCSWIS**]** (where it not represented on the Committee), and

(vi)any other public body or office-holder as the Scottish Ministers may by order specify.

47 Guidance

Adult Protection Committees, and councils, must have regard to any guidance issued by the Scottish Ministers about their functions under sections 42 to 46.

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB59-2021**

1.0 PURPOSE OF REPORT

To update the Integration Joint Board regarding arrangements for leadership of the strategic public protection agenda by the Chief Officers (Public Protection) Strategic Group, including key developments over the last nine months and future strategic ambitions.

2.0 RECOMMENDATIONS

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

2.1 Note the role of the Chief Officers (Public Protection) Strategic Group in providing leadership for the protection of children and adults at risk (section 4.2).

2.2 Note the work undertaken by the Chief Officers (Public Protection) Strategic Group over the last nine months to enhance arrangements for public protection, including supporting the joint inspection of services for children at risk of harm and the ongoing pandemic response (section 4.3, section 4.4, Appendix 1 and Appendix 2).

2.3 Note the priorities for the Chief Officers (Public Protection) Strategic Group for the next six months (section 4.6).

2.4 Direct the Chief Officer to provide further updates regarding the work of the Chief Officers (Public Protection) Strategic Group and key developments in public protection to Committee on a six-monthly basis.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Public Protection Overview

4.1.1 The Health and Social Care Partnership, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people which are discharged through operational and strategic arrangements for adult support and protection, alcohol and drugs, child protection, humanitarian protection, the management of high risk of harm offenders, suicide prevention and violence against women.

4.1.2 Dundee has a number of challenges around public protection given the socio-demographic characteristics of the city alongside high prevalence rates of domestic abuse, drug and alcohol use, drug related deaths and mental health needs. Over the last 12 months these challenges have been further compounded by the impact of the COVID-19 pandemic on some of the most vulnerable citizens in the city and related changes to the nature and complexity of risk for individuals and families in need of support and protection.

4.1.3 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and also recognises the importance of excellent collaborative working between the Council, NHS Tayside, Police Scotland, the third sector and local communities if services are to be effective. This necessity for strong partnership working across the public protection agenda has never been greater than during the pandemic period when a range of statutory and third sector organisations have worked together to rapidly adapt and respond to the COVID-19 pandemic.

4.2 Chief Officers (Public Protection) Strategic Group

4.2.1 Public Protection is led by the Chief Officers (Public Protection) Strategic Group (COG), supported by the multi-agency committees/partnerships which correspond to each of the areas of public protection. Following the retirement of the previous Chief Superintendent for D Division, Police Scotland the COG is now chaired by the Chief Executive, Dundee City Council and vice-chaired by the new Chief Superintendent for D Division. The COG has continued to meet more frequently over the last 9 months, with the full COG convening every second month and an Executive Group convening in the intervening months.

4.2.2 The work of the COG is supported by the appointment of Independent Chairs for each of the public protection committees (with the exception of the Suicide Prevention Partnership and Humanitarian Protection Partnership). Each Chair provides strong strategic leadership, direction and scrutiny in delivering the priorities and associated workplan of the committee they lead. Annual reports summarising the work of the Child Protection Committee, Adult Support and Protection Committee and Tayside MAPPA Strategic Oversight Group over 2020/21 are currently being progressed to Council Committee and to the Integration Joint Board (IJB). These supplement briefings provided to Elected Members and IJB members earlier in 2021 focused on child protection and on protecting people priorities. In addition, both Council Committee and the IJB have continued to receive update reports regarding the work of the ADP to oversee the implementation of the Action Plan for Change and support the work of the Dundee Drug Commission.

4.3 COVID-19 Pandemic Response

4.3.1 The impact of the COVID-19 pandemic on the welfare and protection needs of the population, how we deliver single and multi-agency protection responses, on inequalities and on the health and wellbeing of our protecting people workforce has been substantial and wide ranging. It has also necessitated rapid change to the way in which governance, leadership and strategic planning functions operate to support operational service delivery. The last update report to the Integration Joint Board (article VII of the minute of the meeting of the Dundee Integration Joint Board held on 23 June 2021 refers) provided a detailed update regarding the multi-agency public protection response to the second wave of the pandemic. This included: significant activity to enhance the focus on and response to 'hidden harm', domestic abuse and substance use; continued use of a protecting people COVID risk register to direct response activity and investment; more frequent meetings of governance groups; enhanced public communication activity; and, enhanced arrangements for data reporting and monitoring.

4.3.2 Throughout the last nine months operational services have continued to deliver a pandemic response alongside an incremental return to business as usual activity in some service areas. Statutory services have continued to provide high levels of face-to-face contact with children and adults at risk, with prioritisation of contact based on assessment of risks and needs. Many third sector services have also now recommenced or increased provision of face-to-face services. In most areas blended models of service provision, utilising digital systems, continue to be used to maintain services and support multi-agency working and information sharing.

4.3.3 Through COVID remobilisation funds both Dundee City Council and Dundee Health and Social Care Partnership have provided additional investment in third sector violence against women services in order to mitigate the impact of domestic abuse and sexual violence on women, children and young people. This investment has supported additional frontline capacity within Dundee Women's Aid (3 FTE) and the Women's Rape and Sexual Abuse Centre (1.7 FTE) targeted to reduce waiting times for access to support. As a direct consequence of this investment there has been a significant reduction in waiting times:

- At Dundee Women's Aid the average wait for:

- refuge accommodation has decreased from 49 days (1 March 2021 to 30 June 2021) to 0 days (1 July 2021 to 31 October 2021).

- outreach has decreased from 102 days (1 March 2021 to 30 June 2021) to 39 days (1 July 2021 to 31 October 2021). Since additional capacity was added in July the monthly average waiting time for outreach services has fallen consistently from 64 days in July 2021 to 8 days in October 2021.

- At WRASAC:
  - the average wait for therapeutic and counselling support has reduced from a high of an average of 162 days at the end of June 2021 to an average of 42 days at the end of October 2021. As at 25 November 2021 the average waiting time had reduced further to 28 days.

  - there has been more than a 50% reduction in the number of individual women waiting for support since the new posts commenced in August 2021.

  - the service has successfully secured matched funding for the COVID remobilisation monies to allow the increased capacity within the service to continue to 31 March 2023.

COVID remobilisation monies have also been utilised by third sector support services to respond to urgent requests for mobile phones, fuel, food and travel costs targeted to enhance safety and reduce risk. In addition, this funding is supporting the Children and Families Service to temporarily enhance operational manager capacity with a focus on leadership and professional support to social work services, including child protection, to ensure effective responses to increased prevalence of domestic abuse.

4.3.4 During the COVID-19 pandemic SOLACE has provided a national leadership role in relation to public protection matters, with Dundee actively participating in activities, including the implementation of a national public protection dataset reported on a weekly basis. An overview of key data and trends is provided in appendix 1. This overview demonstrates that:

- Following an increase in numbers of children on the Child Protection Register during wave one, mainly due to a decrease in the level of de-registrations, numbers have declined and are currently below the historical average. There has been a sustained increase in the proportion of children on the Child Protection Register where domestic abuse and parental mental health are a contributing factor;

- Since June 2021 there has been a sustained increase in adult protection concerns, the majority of which were not assessed as meeting adult support and protection thresholds/criteria and therefore investigations, initial case conferences and protection plans in 2021 were broadly similar in number to 2020. Further analysis did not identify any specific reasons for this increase and the Adult Support and Protection Committee is continuing to monitor this trend;

- Increased demand for third sector violence against women services and supports has continued during 2021 when compared with the pre-pandemic period. Services have also continued to highlight increasing complexity of need and levels of risk amongst women, children and young people accessing support; and,

- Homeless applications have stabilised during 2021 and the number of households in temporary accommodation has been slowly decreasing since March 2021.

4.4 <u>Joint Inspection of Services for Children at Risk of Harm in Dundee City</u>

4.4.1 In June 2021 the Dundee Partnership was notified by the Care Inspectorate of their intention to undertake a joint inspection of services for children at risk of harm in Dundee City under section 115 of part 8 of the Public Services Reform (Scotland) Act 2021. This is the first joint inspection to take place in Scotland following temporary suspension of joint inspection activity due to the pandemic in March 2020. The joint inspection has been carried out by the Care Inspectorate alongside Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland.

4.4.2 The joint inspection has focused on 4 main inspection statements:

- Children and young people are safer because risks have been identified early and responded to effectively.
- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
- Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The Care Inspectorate and their scrutiny partners have reviewed the inspection methodology used pre-pandemic with the aim of minimising demands on partnerships, including a move to remote case file reading, a restricted field work period and shortened pre-inspection submission. The inspection process commenced at the end of July 2021, with the evidence gathering / field work phases finishing in early November 2021. The inspection report for the Dundee Partnership will be published in early January 2021 and findings, as well as planned improvement activity, will be reported through Dundee City Council Children and Families Committee.

4.4.3 As part of the inspection process the Chief Officers Group and Child Protection Committee oversaw the production and submission of a position statement for the Dundee Partnership. The position statement is a short document setting out the partnerships self-assessed strengths and priorities for improvement in relation to: our COVID response; impact on children, young people and families; engagement with children, young people and families; quality assurance; and collaborative working and leadership. A summary of the key achievements and improvement priorities identified is provided below, with a further detail provided in appendix 2:

Key Achievements	**Improvement Priorities**
Providing the right support at the right time	Enhancing the voice of children and young people in strategic developments
Relationships and engagement with children, young people and families	Workforce engagement
Pandemic response	Supports to young people, including transitions
Shifting culture in relation to quality assurance	Co-ordination of quality assurance activities
Collaborative leadership	

The position statement is one of a range of processes through which the inspection team gather and evaluate evidence against the main inspection statements. Other methods utilised during the inspection process are: a workforce survey, case file reading (records for 60 children and young people), survey of children, young people, parents and carers and engagement meetings (with the workforce and with children, young people, parents and carers).

4.5 Other Public Protection Leadership Developments

4.5.1 As well as leading the public protection response to the COVID-19 pandemic and supporting the joint inspection of services for children at risk of harm the COG has undertaken a programme of work over the last nine months that has included:

- A range of activity associated with the review of specific cases under agreed multi-agency case review protocols:

- Developing a joint project with Angus Chief Officers Group to commission temporary additional capacity to revise local case review protocols and supporting processes in order to fully implement revised national guidance, which direct a move from initial and significant case reviews to learning reviews. The project will also explore opportunities for joint working between the Dundee and Angus protecting people governance groups and strategic support teams in the implementation of learning review protocols and processes. The project will be delivered by the end of 2021/22 financial year.

- Agreeing a consistent framework for reporting case review activity, findings and learning implementation and impact to the COG. Case Review Groups have been established for both the Adult Support and Protection Committee and Child Protection Committee to implement this framework and an integrated learning tracker is being developed to be the primary document through which agencies, working individually and collectively, will be accountable to the committees for the implementation of actions and evidencing their impact. Onward reporting to the COG will consist of exception reporting via the Independent Chair's Assurance Report.

- Considering the findings of a Significant Case Review for a young person and a thematic review of fire deaths involving vulnerable adults. In both instances the COG received presentations regarding the review process and findings, including the involvement of family members and the workforce, and considered plans for improvement. The implementation of improvement actions will be monitored through the Child Protection Committee and Adult Support and Protection Committee; with specific scrutiny sessions being held to assess evidence of progress and impact on practice, risks and outcomes.

- Participating in a development session in May 2021 focused on arrangements for multi-agency screening of and response to concerns about the safety and wellbeing of children and adults at risk. The session supported COG members to reflect on and develop their shared leadership vision and principles for multi-agency screening arrangements. Collectively the COG identified a number of key principles, including: rights-based and relationship focused, trauma-informed, integrated, proportionate, timeous and accessible. This work will be utilised as part of the Transforming Public Protection Programme, alongside other sources of information and evidence, to inform future improvement activities.

- Supporting the Alcohol and Drugs Partnership to undertake their self-assessment to inform the work of the Dundee Drugs Commission. The findings of the self-assessment have previously been reported to the Policy and Resources Committee and to the Integration Joint Board.

- Noting the potential direct implications of proposals contained within the 'A National Care Service for Scotland' consultation for protecting people governance, strategic and operational functions.

- Supported a seminar on Contextual Safeguarding, which is an approach to understanding and responding to young people's experiences of significant harm beyond their families (for example, child sexual exploitation, child criminal exploitation, teenage relationship abuse, gang-affiliation, and peer-on-peer sexual and serious youth violence). Further work is planned across the protecting people committees to consider how the approach can be implemented in Dundee as part of wider improvement activity to strengthen our protection responses to young people.

- Considering findings from an audit of the use of the Violent and Sex Offender Register (ViSOR) which evidenced 100% compliance with Minimum Standards for usage of ViSOR (originally agreed through Social Work Scotland). The COG has also considered common standard proposals on ViSOR access arrangements. This includes access being restricted only to staff who have achieved NPPV 2 or 3 level vetting; with assurance provided to COG that Dundee has sufficient vetted staff to continue data inputting to ViSOR.

4.5.2 Through the last nine months the COG has supported activity that has significantly enhanced investment in key protecting people priorities, specifically in relation to violence against women and drug and alcohol use. This has been achieved through a combination of enhanced internal

investment and support to partners to secure and invest significant additional funding from external funders, primarily the Scottish Government. Key elements of this investment are:

- In violence against women services, in addition to COVID remobilization monies detailed in section 4.3.3:
    - The Scottish Government Justice Department has awarded multi-agency partners in Dundee £487K over a 12-month period to develop an integrated Specialist Domestic Abuse Court Advocacy and Support Service focused on reducing risk and improving safety of victims of domestic abuse. This is a significant expansion of the existing MIA (MARAC Independent Advocacy) Service and will be delivered by Dundee Women's Aid and Barnardo's Scotland.
    - Three local projects have been successful in securing additional funds until March 2023 from the Scottish Government's Equally Safe Fund: £103K has been secured by the Women's Rape and Sexual Abuse Centre (WRASAC) and the Council's Learning and Organisational Development Service for training and capacity building activity focused on embedding the protecting people approach, trauma-informed practice and the Safe and Together model; Dundee Women's Aid and the Council's Children and Families Service have been awarded £228K to develop CEDAR, a groupwork recovery programme for women, children and young people impacted by domestic abuse; and, the Women's Aid Groups across Tayside and Deaflinks have partnered in a project to enhance support for deaf women experiencing domestic abuse.
    - A bid led by WRASAC has been submitted to the CORRA Improvement Fund to support the development of a women's hub that will provide services to women who use drugs and / or alcohol or have other complexities of need over a 5-year period. Tayside Council on Alcohol (TCA) has also applied to the same fund to develop a trauma-informed, gender-based mentoring services for women (also over a 5-year period).
    - Through funding made available by the Health and Social Care Partnership and the Scottish Government Community Mental Health and Wellbeing Fund there have been enhancements to Clinical Psychology services for women, children and young people experiencing gender-based violence. This includes mainstreaming of the Consultant Clinical Psychologist position within the ASPEN Project and additional Clinical Psychology capacity to address complex developmental trauma amongst children and young people.
    - Police Scotland have enhanced capacity within their Domestic Abuse Investigation Team by a further 3 officers in response to risks identified during the pandemic relating to the prevalence of domestic abuse and profile and complexity of risk to women, children and young people.
- In drug and alcohol services:
    - Dundee City Council allocated £900K to support the implementation of the Action Plan for Change, including integrated approaches to substance use and mental health. These funds are being utilised to: support the community hubs; extend assertive outreach services; further develop gendered approaches; develop community recovery in all LCPPs; enhance response in Children and Families teams; improve support for people released from prison; and, to contribute to the implementation of the new Mental Health Hub.
    - The Scottish Government allocated £391K to support the implementation of the National Drugs Mission at a local level under three main funding streams: supporting individuals to access residential rehabilitation; progressing whole family approaches; and, implementing the main principles from the National Mission, including implementation of Medically Assisted Treatment (MAT).

- An additional allocation of funding to support a MAT Implementation Co-ordinator post in Dundee for a 5-year period has also been received through the Scottish Government MAT Implementation Support Team.

- Eleven applications have been submitted by third and statutory sector organisations in Dundee to the CORRA Improvement Plan Fund and the CORRA Children and Families Fund. Applications were submitted with support from the ADP and cover a range of strategic priorities including residential rehabilitation, community support, independent advocacy, trauma-informed practice, gendered services, transitions support or young people, bereavement support and naloxone.

- Dundee City Council has also prioritised investment of an additional £100k to enhance capacity within the Protecting People Strategic Support Team. As well as supporting the commissioned project on learning reviews described at 4.6.1, this investment will support the establishment of a temporary additional post to focus on accelerating implementation of practice improvements across the Children and Families Service and Dundee Health and Social Care Partnership that form part of the Transforming Public Protection Programme. Remaining monies are being considered alongside other funds for trauma-informed practice and lived experience work to consider how these can be pooled and utilised to support the development of a safe, trauma-informed strategic approach to the involvement of people with lived experience (workforce and public) in policy and planning for protecting people.

- Dundee City Council has agreed to fund a one-year graduate trainee project between their own Communications Team and the Protecting People Strategic Support Team. The graduate project will have a focus on both workforce and public facing aspects of digital communication work.

4.6 Future Priorities

4.6.1 The start of 2022 will see the publication of the joint inspection report on services for children at risk of harm, as well as submission of the report from the Dundee Drugs Commission to the Dundee Partnership. The COG and public protection committees will have a focus on the findings contained within these reports and subsequent improvement activity required. This will build on the programmes of improvement already set out in the Transforming Public Protection Programme, Child Protection Committee Delivery Plan and Action Plan for Change. Findings will also be considered in the context of the protecting people strategic risk resgister, which has become an embedded feature of the strategic and governance arrangements across the whole protecting people landscape during the pandemic period.

4.6.2 The conclusion of the joint inspection and recent investments in key areas of protecting people activity outlined within this report will release resource across strategic and operational teams to accelerate work in a number of key areas, including: practice improvement workstreams within the Transforming Public Protection Programme; workforce communications activity; further roll-out of our approach to trauma informed practice and leadership; strengthening of our approach to undertaking learning reviews; further activity across the protecting people committees and operational services to enhance whole family approaches; and, enhancing the involvement of people with lived experience in policy and planning activity for protecting people. In addition, the COG and protecting people committees will continue their consideration of the Contextual Safeguarding approach and how this can be aligned to wider programmes of work focused on trauma.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 Members of the Chief Officers (Public Protection) Strategic Group, including the Independent Chairs of the Adult Support and Protection Committee, Child Protection Committee, Tayside MAPPA Strategic Oversight Group and Violence Against Women Partnership, Dundee City Council Management Team, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 8 November 2021

Gregory Colgan
Chair, Dundee Chief Officers Group

Chief Superintendent Phil Davison
Vice-Chair, Dundee Chief Officers Group

Kathryn Sharp
Service Manager, Strategy and Performance

APPENDIX 1

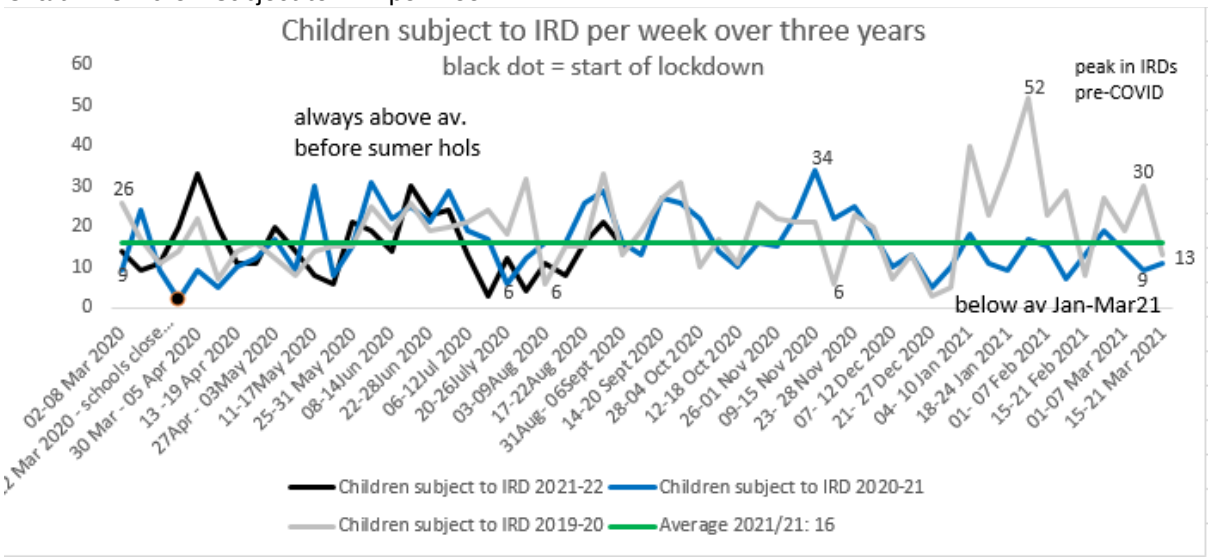
SUMMARY OF SOLACE DATASET AND OTHER KEY MEASURES

1. Child Protection

Overall child protection figures have fluctuated significantly week-by-week and over annual reporting periods. The following charts and narrative summarise key issues.

In the early stages of child protection processes figures show a normal strong variation (Chart 1). Two complete years of weekly data lead to a slightly higher average per week in 2019/20 (19 children) than in 2020/21 (16 children) but the graph clearly shows that this due to a pronounced peak in IRDs (initial referrals discussions) before lockdown in January and February 2020 compared to relatively low figures in January and February 2021.

Chart 1: Children subject to IRD per week



There is currently a lower number of children on the Child Protection Register than this time last year. Chart 2 shows that there were peaks each summer following a high number of registrations leading up to the summer holidays but that figures reduce each autumn and winter; the average number of children on the child protection register (by academic year) has reduced from 81 (2018/19) and 83 (2019/20) to 67 (2020/21).

Chart 2: Children on the Child Protection Register

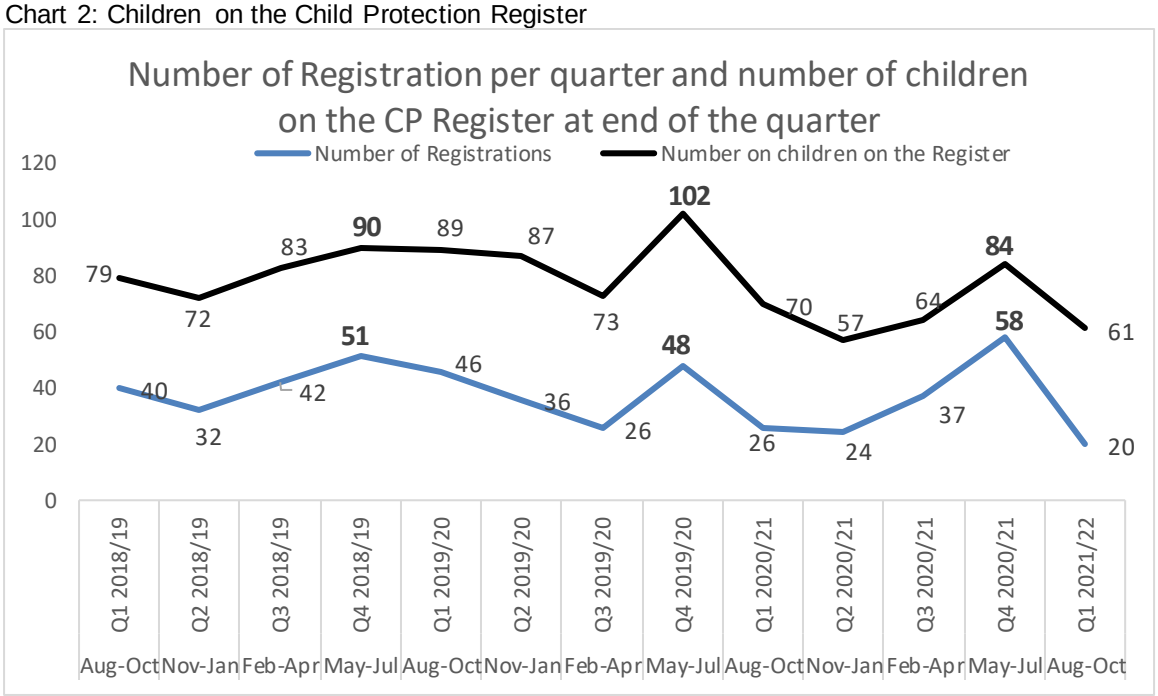
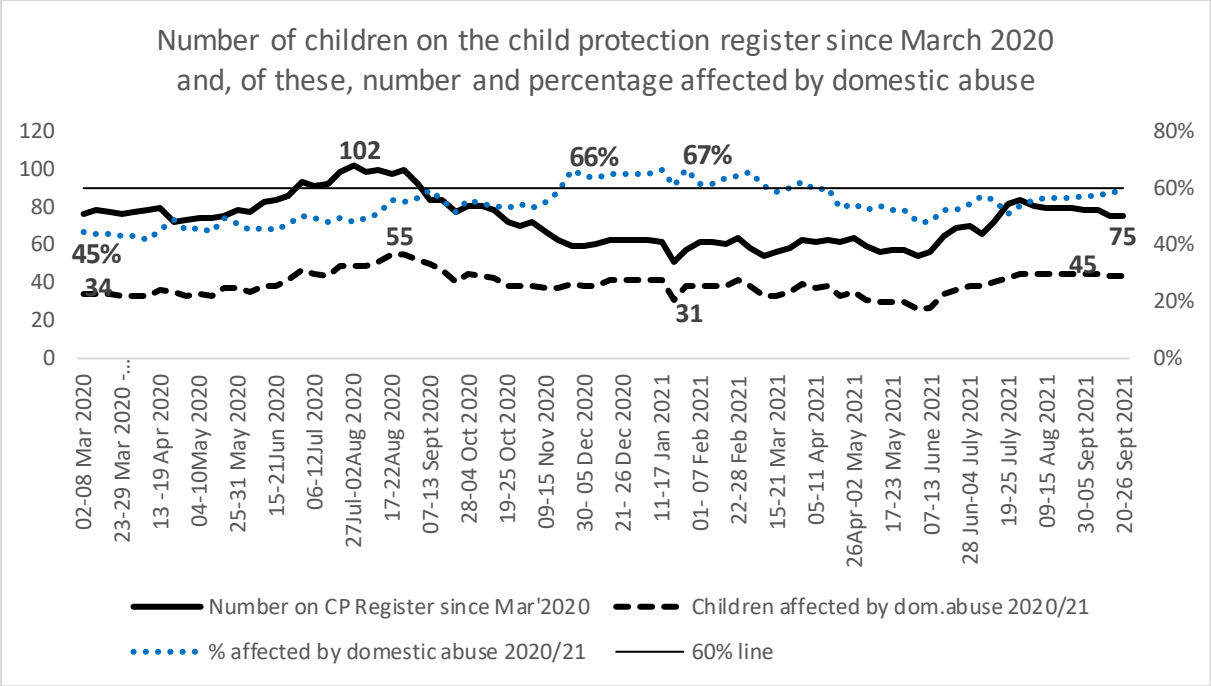


Chart 3 shows that while the overall number of children on the child protection register has fluctuated significantly, the number and percentage of these children who were / are affected by domestic abuse

has increased form around 34 (45%) to 45 (60%) and at times, during winter 2020/21 lockdown, was at 66-67%. Since figures had been overall low at that time it suggests that children affected by domestic abuse are more likely to be protected through registration while other reasons for registrations decreased.

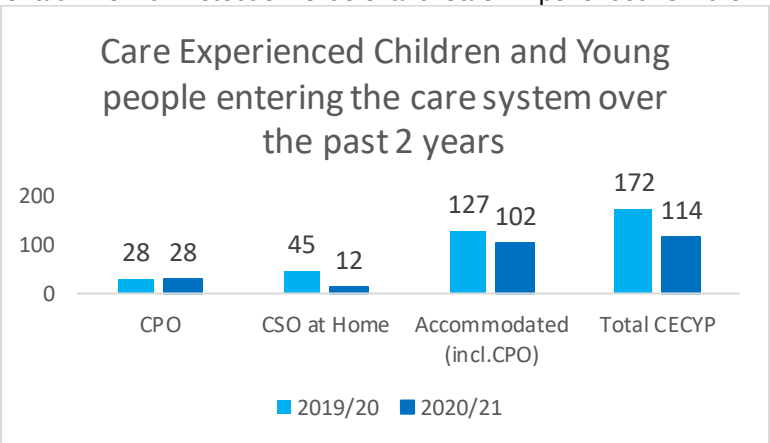
Chart 3: Children on the Child Protection Register (including affected by domestic abuse)



For over 18 months now, the Children and Families Service has been tracking contact with children. Despite lockdowns and social distancing requirements, 99% of children on the Child Protection Register were seen face to face every fortnight as well as having other contacts as required. Similarly, young people eligible for aftercare received a high level of contact, with an average of 95% of young people having had weekly contact with services (face to face, telephone, email or via social media) during the first year of the pandemic and 85% since the beginning of the summer holidays 2021, when it was agreed to further prioritise service delivery according to risk and need – still an excellent achievement compared to the national average of 65-70% per week.

The number of care experienced children and young people newly entering the care system has been gradually reducing over the past three years, largely due to a reduction of statutory orders at home. Overall, counting full academic years, numbers have reduced from 172 in 2019/20 to 127 in 2020/21, with only 12 new orders at home (previously 45).

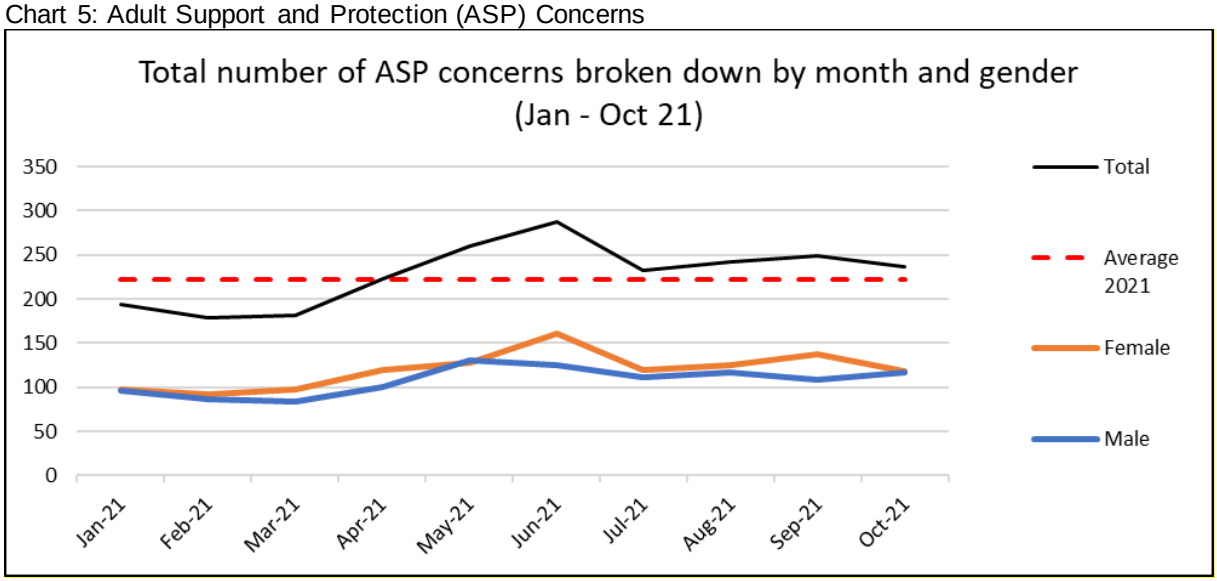
Chart 4: Child Protection Orders and Care Experienced Children and Young People



2. *Adult Support and Protection*

Both the number of total concerns, including those originating from Police Scotland, has remained fairly steady since September 2020 (Chart 5). There was a peak in early June 2020 which the Health and Social Care Partnership has established was due to different personnel assessing initial concerns during the lockdown period.

Chart 5: Adult Support and Protection (ASP) Concerns



At the start of 2021 numbers of adult protection concerns remained at levels broadly inline with those experienced over the last 2 years, however in June 2021 concerns increased in number and this increased level has continued throughout the latter half of the year. Further analysis did not identify any specific reasons for this increase. The majority of these additional concerns were assessed as not meeting adult support and protection thresholds/criteria and therefore investigations, initial case conferences and protection plans in 2021 were broadly similar in number to 2020 (see Charts 6 and 7).

Chart 6: Adult Support and Protection (ASP) Investigations

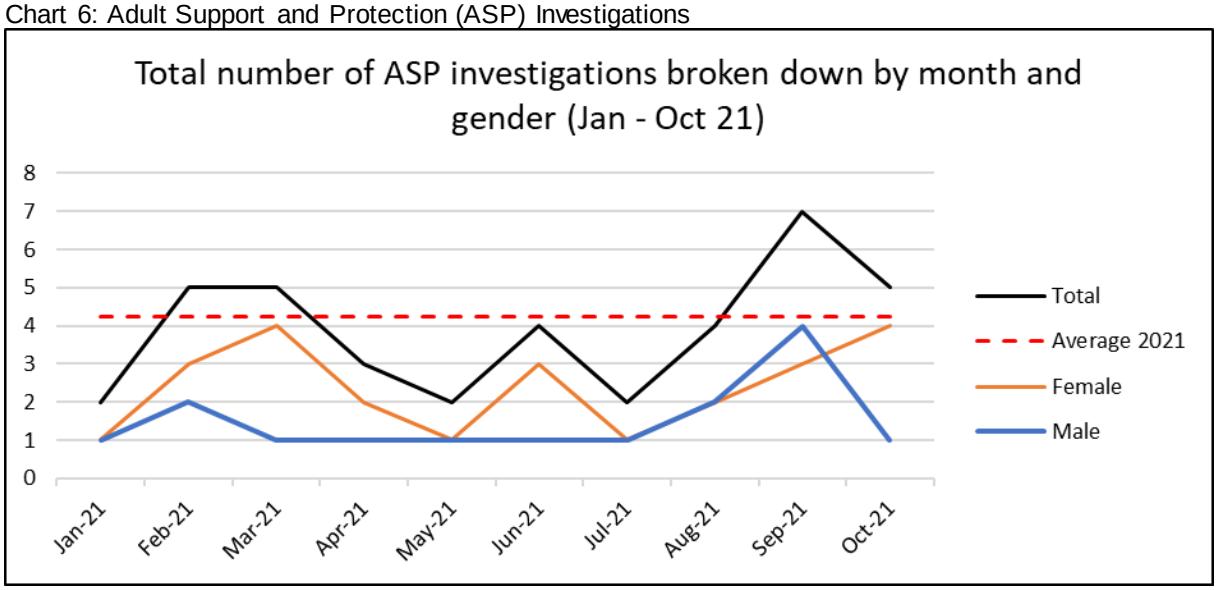
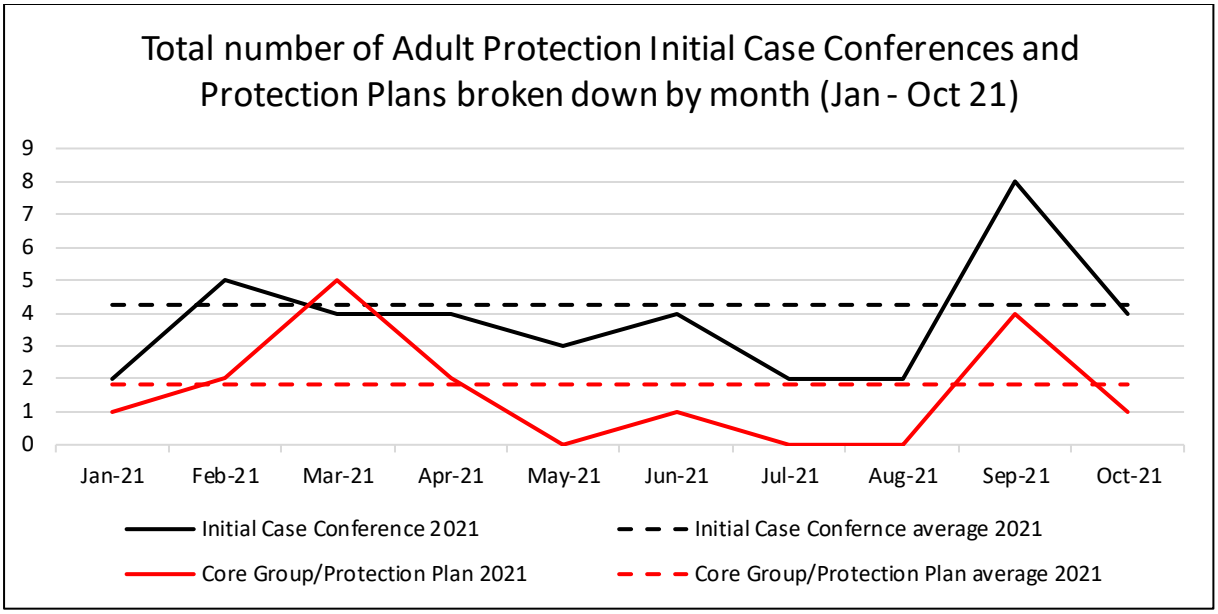


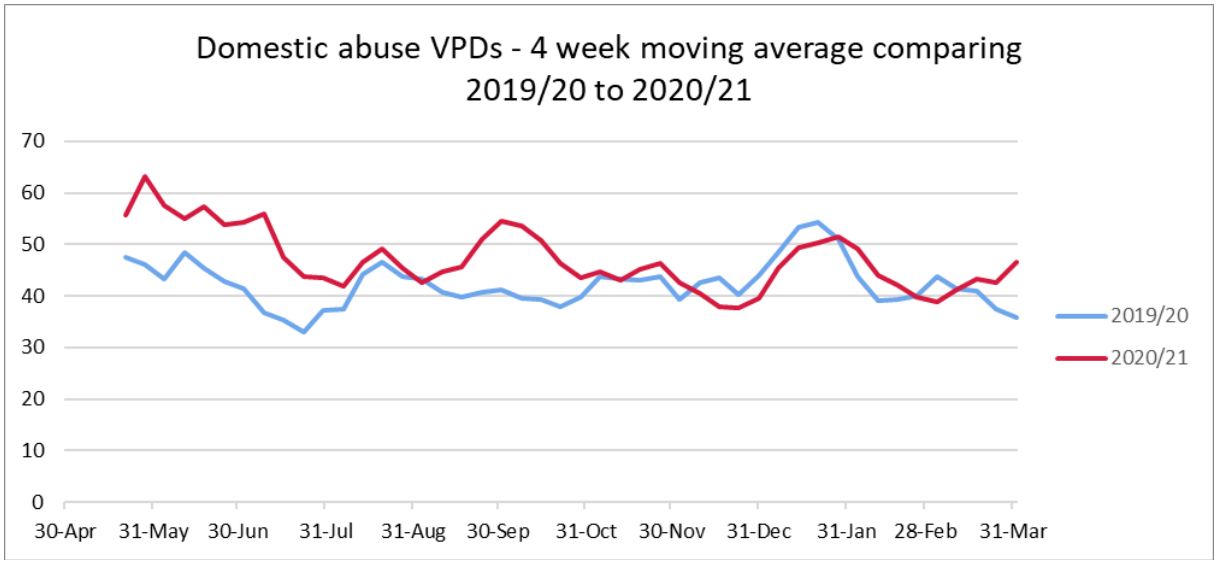
Chart 7: Adult Protection Case Conferences and Protection Plans



3. Domestic Abuse

The number of concern reports arising from domestic abuse incidents that have been recorded by Police Scotland has been higher than during the last 12 months than in 2019/20 (Chart 8), however, this appears to be mostly due to two periods in the spring/early summer of 2020 and over mid-autumn 2020.

Chart 8: Vulnerable Person Database Concerns (VPDs) recorded by Police Scotland for Domestic Abuse

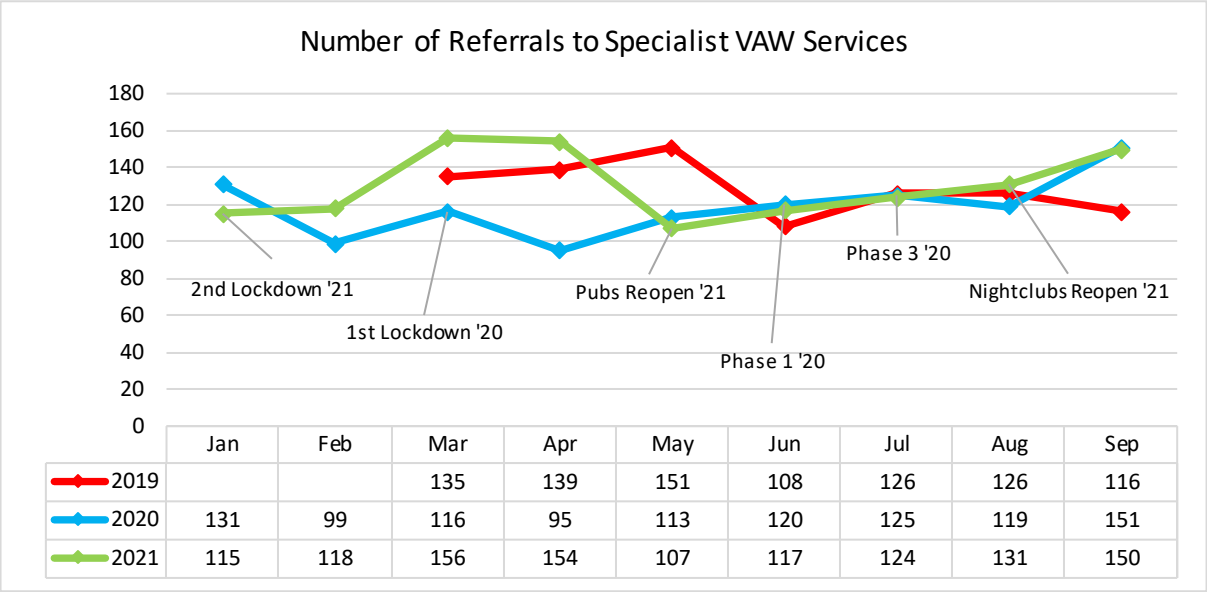


In addition to the data in Chart 7 reported through the SOLACE dataset the Violence against Women Partnership has been monitoring key data throughout the pandemic period. Key trends identified include:

- Total referrals to specialist, third sector violence against women services[1] from March to September were 4% higher during 2021 than in the comparable 2019 period and 12% higher than 2020 (Chart 9). A sharp increase in March 2021 occurred as lockdown restrictions began to ease. Following a sharp decline in May, referral numbers gradually increased for the remainder of the reporting period. From June onwards all three years followed a similar trend, with the exception of September 2019, when referrals were considerably lower than both 2020 and 2021.

[1] Dundee Women's Aid, the Women's Rape and Sexual Abuse Centre, Barnardo's Tayside Domestic Abuse Initiative, MARAC, MIA and Shakti Women's Aid.

Chart 9: Referrals to Specialist Violence Against Women Services



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2019			135	139	151	108	126	126	116
2020	131	99	116	95	113	120	125	119	151
2021	115	118	156	154	107	117	124	131	150

- Between March and September 2021, requests for refuge accommodation to Dundee Women's Aid were 40% higher than 2019 for the same reporting period. However, there was a 21% reduction in requests compared to the same reporting period in 2020.

- Total MARAC (multi-agency risk assessment conferences for the highest risk victims of domestic abuse) referrals experienced a 5% increase from 2019 to 2021. When comparing 2021 referrals to 2020, the increase was considerably higher (45%).

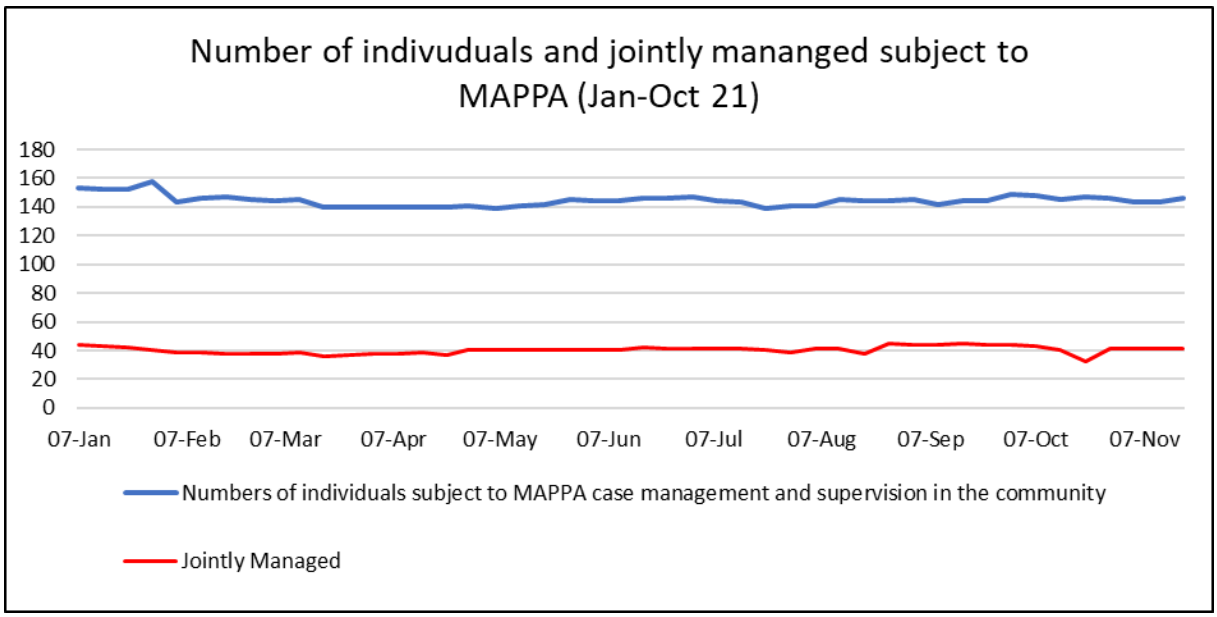
- All services have reported a continuation of increased complex cases presenting. This has resulted in longer periods of support being required for women to support and sustain positive changes. Women presenting to VAW services from March to September of 2021 also continued to report poor mental health and wellbeing and financial impacts as a consequence of the pandemic. Other complexities women presented with were substance use and homelessness.

- Services increased face-to-face support delivery as restrictions eased and continued to offer support via telephone/video call with women expressing this allowed them flexibility when accessing services. Many services also expressed this blended model approach continues to be much more efficient in terms of maximising staff capacity and is a model some plan to continue operating after the pandemic. Some services voiced their continued concerns surrounding the negative impact of the pandemic on staff's mental health due to increased workload, complex cases and continued client safety risk.

4. Individuals subject to MAPPA

The number of individuals subject to MAPPA case management has dropped shallowly over the year and now averages 144 compared to the average of 156 over the last financial year. The number of individuals managed jointly by Police Scotland and the Community Justice Service has also continued the shallow decreasing pattern, now averaging 40 compared to the average of 50 in the last financial year. (Chart 10). This is associated with the impact of public health restrictions on the criminal justice system, particularly reduced throughput within the courts.

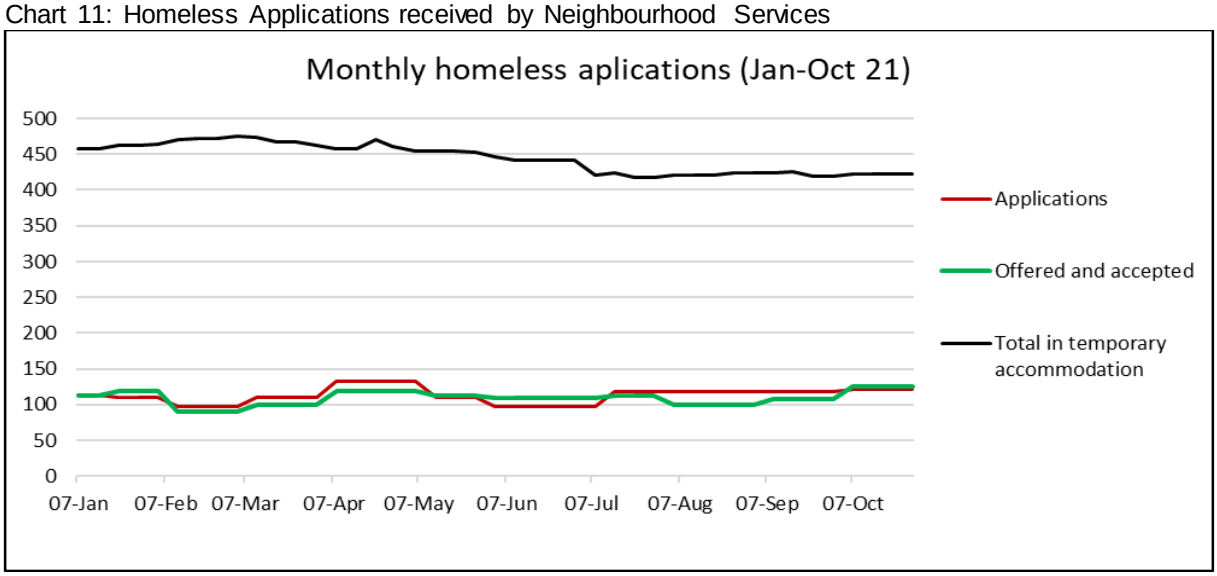
Chart 10: MAPPA Case Management and Supervision



5. Homelessness

The number of homelessness applications per month has been broadly steady this year however the total numbers in temporary accommodation is slowly dropping from the high of 476 experienced in March 2021 (Chart 11). It should be noted that there has been a continued increase in demand for temporary accommodation since March 2020. All applicants have been offered accommodation, and the number of accepted offers broadly matches the numbers of applications received.

Chart 11: Homeless Applications received by Neighbourhood Services



APPENDIX 2

JOINT INSPECTION, POSITION STATEMENT – KEY ACHIEVEMENTS AND IMPROVEMENT PRIORITIES

Our self-evaluation and quality assurance activity, engagement with our workforce and collaborative approach to scrutiny and risk management within the Chief Officers Group (COG) and Child Protection Committee (CPC) has identified the following key strengths emerging from our work over the last two years:

1. **Providing the right support at the right time:** through our Team Around the Child, MASH (Multi-agency Screening Hub) and initial investigation processes we have worked effectively together to ensure a high quality, timeous and effective response to initial concerns. This approach has included a focus on preventing children and young people from requiring formal child protection measures (for example, through Addressing Neglect and Enhancing Wellbeing (ANEW) and Fast On-line Referral Tracking (FORT)), as well as strengthening parental supports and engagement.

2. **Relationships and engagement with children, young people and families**: our workforce have developed the skills and competences required to form trusting and meaningful relationships with children, young people and families. At an operational level a wide range of different approaches have been developed to effectively engage children and young people in their assessment and support plans and to increasingly involve children and young people in the co-production of service developments and improvements.

3. **Pandemic response**: our pandemic response reflects the excellent collaborative working that happens across our partnership. Our strategic risk register and data have guided a response that prioritised those most at risk, including of hidden harm, and that achieved continuity in terms of the quality of service offered and level of face-to-face contact available to children, young people and families.

4. **Shifting culture in relation to quality assurance**: we have made significant progress in embedding a culture of continuous improvement with routine auditing, data scrutiny and self-evaluation taking place across single agencies. The CPC data set has been firmly embedded and is informing priorities and improvement plans. Most importantly, workforce engagement in quality assurance and improvement activity has been significantly enhanced.

5. **Collaborative leadership**: our inclusive approach to leadership has enabled us to develop a robust approach to scrutiny and challenge both within and between the CPC and the COG. A consistent focus on a shared vision and key cross-cutting priorities for protecting people has been supported by significant investment of resource to enhance services for children at risk of harm and for their parents/carers.

We are confident that we have capacity to support further improvement across our services for children at risk of harm. Both NHS Tayside and Dundee City Council Children and Families Services have enhanced their improvement support capacity through recent restructures. The Council has also made additional funds available to the Protecting People Strategic Support Team to enhance capacity to accelerate work on key improvement priorities (including implementation of the national guidance for learning reviews and ongoing work to improve the quality of chronologies).

Our collective priorities for improvement are:

1. **Enhancing the voice of children and young people in strategic developments**: building on progress made in terms of engagement at operational level and learning from experience gained through the Your Voice Our Promise Team, we are committed to working with children and young people to develop meaningful approaches to engagement in the work of the Child Protection Committee (CPC) and Chief Officers Group (COG), including influencing decision-making.

2. **Workforce engagement**: we recognise the need to develop clear two-way communications that ensure the workforce can influence the work of the CPC and COG. We want to consolidate the progress we have made in implementing a distributed leadership approach, consistently involving all sections of the workforce in leading quality assurance and improvement activity.

3. **Supports to young people, including transitions**: findings from recent initial and significant case review activity, as well as other self-evaluation activities have highlighted the need to focus on improving our responses to young people, including transitions. We are committed to working across the protecting people committees to explore the contextual safeguarding approach, further develop our trauma informed practice and to build on existing developments that have responded to the needs of young people who go missing and are at risk of child sexual exploitation.

4. **Co-ordination of quality assurance activities**: as the next step in our ongoing work to enhance our approach to continuous improvement we recognise the need to ensure that we are effectively co-ordinating single and multi-agency activities and ensuring key themes are collated, analysed and reported to the CPC. In addition, we are committed to joint work to implement the national learning review guidance and to enhance our approach to capturing outcomes and impact data in a quantifiable and reportable way.

ITEM No …9……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC NEEDS ASSESSMENT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB61-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the revised Dundee Health and Social Care Partnership Strategic Needs Assessment, a companion document to the Strategic and Commissioning Plan, and the Carers Needs Assessment, required under section 31 (2) of the Carers (Scotland) Act 2016, to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

2.1 Note the need to have in place a strategic needs assessment and carers needs assessment to support strategic planning and commissioning for health and social care services (sections 4.1 and 4.7).

2.2 Approve the revised Dundee Health and Social Care Partnership Strategic Needs Assessment, full and summary versions (attached as appendices 1 and 3).

2.3 Approve the Carers Needs Assessment, full and summary versions (attached as appendices 2 and 4).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Although the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations do not include a requirement to produce a Strategic Needs Assessment, the Scottish Government's 'Strategic commissioning plans: guidance' (published December 2015; https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/1/) recommends that Integration Authorities oversee the production of a Joint Strategic Needs Assessment to analyse the needs of the local populations and to inform and guide the commissioning of health, wellbeing and social care services within their area.

4.2 The Strategic Needs Assessment is a companion document of the Strategic and Commissioning Plan and was last fully refreshed in 2018. Since then available resources have been focused on the production of supporting locality needs assessments. The current version of the Strategic Needs Assessment can be viewed at: https://www.dundeehscp.com/sites/default/files/publications/strategic_needs_assessment_version_2_final.pdf. The locality profiles are available at: https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=20

4.3 During 2021 the Strategic Needs Assessment has once again been fully refreshed in order to ensure that an assessment of the needs of the population informs the ongoing statutory review

of the Strategic and Commissioning Plan. The fully refreshed Strategic Needs Assessment is attached as appendix 1. More broadly, as a companion document to the Strategic and Commissioning Plan, the understanding gained from Strategic Needs Assessment is used to support decisions about how to prioritise allocation of resources to meet needs on an ongoing basis, informing both service and improvement planning.

4.4 The Strategy and Performance Team of the Health and Social Care Partnership has led activity to revise the Strategic Needs Assessment. This has included close joint working with relevant colleagues from Public Health Scotland, Dundee City Council and NHS Tayside in relation to the gathering and analysis of relevant data and information. The revised Strategic Needs Assessment contains the most current data available at the time of preparation. In addition to providing Partnership level information, there has been a continued focus on locality and neighbourhood level data (where available), as well as benchmarking against Scotland and other Partnerships. Attention has also been given to the Integration Joint Board's statutory duties under the Equality Act 2010 and information has been included in relation to protected groups where this is available.

4.5 Since the publication of the Strategic and Commissioning Plan 2019-22 and the 2018 refresh of the Strategic Needs Assessment the COVID-19 pandemic has created additional health and care needs within the population. An investigation of available data has been completed and included in the Strategic Needs Assessment. However, it should be noted that medium to long-term consequences of the pandemic and associated response on the local population will continue to emerge in the coming years.

4.6 In addition to the overarching Strategic Needs Assessment, a focused Carers Strategic Needs Assessment has also been developed during 2021 to inform the revision of Dundee's Carers Strategy 'A Caring Dundee'. Section 31 (2) of the Carers (Scotland) Act 2016 includes the requirement that a local carer strategy must include an assessment of demand for support, analysis of support available and the extent of any gap between the two. The Dundee Carers Partnership commissioned the Carers Needs Assessment from the Strategy and Performance Service to meet these requirements, with the Carers Needs Assessment becoming a companion document to 'A Caring Dundee 2' which was approved by the Integration Joint Board in October 2021 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board of the 27 October 2021 refers). The Carers Strategic Needs Assessment is attached as appendix 2.

4.7 Strategic needs assessments contain detailed and wide-ranging information relevant to the planning, improvement and commissioning of health and social care services. They are informed by a wide range of data sources and national best practice guidance. This means that they can be long and technical documents that are not easily accessible for all sections of the workforce or to the public. Whilst it is essential that detailed data and analysis is available to services and commissioners it is also important that they key information, trends and findings within strategic needs assessments are shared in a way that is accessible to a wider audience of stakeholders. For that reason, the Strategy and Performance Team has produced a summary version of the full Strategic Needs Assessment and Carers Needs Assessment that will be the primary public facing versions of the needs assessment documents. These summary versions will be published on the Health and Social Care Partnership website alongside the full versions and will be utilised in public engagement activities. The summary versions are attached as appendices 3 and 4.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Strategic planning and commissioning is not fully informed by an up-to-date assessment of need and therefore has limited impact on health and social care outcomes for the population of Dundee.
Risk Category	Operational, 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 undertake a full refresh of the strategic needs assessment to inform 3-year statutory planning cycles for the Integration Joint Board. - Continue to undertake bespoke locality or care group focused strategic needs assessment where required by legislation or best practice to inform strategic planning and commissioning activity. - Continue to produce summary versions of strategic needs assessment to enhance accessibility and use across all stakeholder groups. - Further investigate options for enhancing accessibility through the use of digital dashboards to display needs assessment information. - Continue to explore options for automated updating of key strategic needs assessment information inline with data publication schedules.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 8 November 2021

Lynsey Webster
Senior Officer, Strategy and Performance

Lisa Traynor
Information Assistant, Strategy and Performance

Strategic Needs Assessment

DATE September 2021

Dundee Health and Social Care Partnership
Strategy and Performance Team

Dundee Health & Social Care Partnership

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1.0 CONTEXT

1.1 Who We Are

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors.

The Dundee City Health and Social Care Integration Joint Board ('IJB') is the body responsible for the planning, oversight and delivery of the Partnership's services. The IJB consists of voting members from Dundee City Council and NHS Tayside, as well as representative members from the third and independent sector, employees, people using services and their carers. The IJB is advised by senior staff including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Advisors for Nursing, Primary Care and non-Primary Care.

In accordance with the **Public Bodies (Joint Working) (Scotland) Act 2014** ('Public Bodies Act'), an Integrated Strategic Planning Group ('ISPG') established by the IJB, has developed this Health and Social Care Strategic and Commissioning Plan ('Plan'), which is effective from 1 April 2019.

1.2 Strategic and Commissioning Plan

The Strategic and Commissioning Plan 2019-2022 ("the Plan") describes our strategic priorities for the next three years and the key actions required to deliver on our ambitious vision for the city. The Plan represents the knowledge we have gained through our ongoing engagement with communities, people who use health and social care services, their families and with carers.
The Plan describes what has been achieved so far. It also outlines what still needs to be done to arrange services in a way that helps Dundee citizens receive the right information and support at the right time, to live a healthy and fulfilled life in the way they want.

Our Vision

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

The Strategic Needs Assessment is a companion document to the Plan and provides intelligence and evidence to identify health and social care needs of the citizens of Dundee.
The Strategic Needs Assessment assesses a wide range of factors that impact on the health and social care needs of the population, this includes factors that directly relate to delegated health and social care functions as well as those that relate to services delivered by other community planning partners.

1.3 Strategic and Commissioning Process

A Strategic Commissioning Approach has been adopted in the development of the Plan. This approach is defined as follows:

Strategic Commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.
(Joint Improvement Team Advice Note, February 2014)

1.4 Strategic Needs Assessment (SNA)

The purpose of SNA as a process is to gather information to assist understanding of the type and distribution of services required for a population to achieve positive outcomes.

In the context of health and social care an understanding of the health and wellbeing needs of the population is required in order to determine the outcomes that are being sought and the changes and improvements that require to be made in the planning and delivery of services.

The approach adopted in this SNA involves three stages:

1. assessing the level of need for health and social care services
2. describing the current pattern and level of supply of these services
3. identifying the extent of the gap between need and supply

Population needs assessment is therefore an essential component of the commissioning process, and the understanding gained can be used to help make decisions about how to prioritise and allocate resources to meet identified needs.

The findings from the SNA undertaken in Dundee have informed the strategic priorities, shifts and actions that are included in the Plan.

1.5 Strategic Needs Assessment at Care Group Level

There are a number of Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services. These groups require a detailed level of data and intelligence at care group level to identify needs across the city and this data has been summarised in this overarching Strategic Needs Assessment.

The Partnership currently has the following Strategic Planning Groups:

** The Strategic Planning Groups for Alcohol and Drugs and for Suicide Prevention also form part of wider strategic planning arrangements for Public Protection.*

1.6 Delivering Services in Localities

The Partnership is organised into four service delivery areas. The concept of dividing the city into service delivery areas supports community engagement and planning across universal, preventative and specialist services for people with all levels of need.
Dundee has a strong ethos of working in partnership with its communities and the people it supports.
There are eight Local Community Planning Partnership (LCPP) areas with established communication and development plans and regular meetings between community representatives and statutory services.
The Partnership is an active partner in Local Community Planning Partnerships.
The four Partnership service delivery areas map across to the LCPPs, with two LCPP areas forming a single Partnership service delivery area:

- Strathmartine and Lochee
- West End and Coldside
- Maryfield and East End
- The Ferry and North East

The eight LCPPs are made up of 54 natural neighbourhoods. Unlike rural areas, where a sense of community can be linked to a whole village or small town, the nature of Dundee's communities can mean that the natural neighbourhoods that sit within the LCPP areas often have differing demographic, health and socio-economic profiles. We recognise that as well as identifying as a member of a neighbourhood or locality many people will also identify as a member of a non-geographical community based on personal characteristics or experiences, such as people from the same ethnic background or people who are carers.

1.8 Outcomes and Performance Monitoring

As a Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement. Our commitment to continuously improve services, in order to promote good outcomes for individuals, carers and families underpins everything that we do.
During 2020-21 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to scrutinise the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. Throughout the year the PAC has received quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland. Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire. You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications.

The PAC has requested additional analytical reports in areas where performance has been poor, such as readmissions, complex delayed discharges and falls, to support an improved understanding of underlying challenges and the development of more detailed improvement plans. The PAC has also received an in-depth report analysing variations in performance across the eight Local Community Planning Partnerships (LCPPs) in Dundee; this report is the first stage in a longer process to help the Partnership better understand variations in performance by locality. The PAC also received a Performance Report from Dundee Carers Partnership.

Over the last 12 months individual teams and services have adapted their approach to performance management and self-evaluation to reflect the pandemic context. Significant focus has been given to aspects of service delivery such as infection control and workforce sustainability and additional information has been captured across internal and external services to monitor the impact of changing models of service delivery. In some areas, such as the care home sector, additional requirements have been put in place on a national basis by Scottish Government, including data collection and reporting.

Clinical Care and Professional Governance (CCPG) is an important aspect of our work to improve the wellbeing of people and communities by ensuring the safety and quality of Health and Social Care services. The Framework for CCPG within integrated services is set out in the agreed framework – Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person-centred, safe and effective patient care.

The Partnership has been part of and has contributed to the statutory Best Value Self Evaluation which was conducted during 2019. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value.

1.9 Commissioning of Services

In addition to supporting outcomes and performance monitoring the ongoing SNA process will also inform the Partnership's future commissioning of services.

The SNA work undertaken to date has provided an understanding of the needs of geographical communities and communities of interest across Dundee and contributed towards the identification of the strategic priorities, shifts and actions outlined in the Plan. It has also helped to shape the thinking regarding the commissioning of in-house service provision and the wider health and social care market, to ensure that services are developed and delivered in line with the identified strategic priorities and shifts.

The Strategic and Commissioning Statements produced by each of the Care Group SPGs were informed by the accompanying care group SNAs. These SNAs supported the identification and allocation of resources for those in need of health and social care services across communities of interest in Dundee. The SNAs have also assisted with the targeting and organisation of resources towards geographical communities and the development of locality planning in Dundee.

A Market Facilitation Strategy has been produced which articulates the future shape of the social care market in Dundee. The ongoing SNA work will ensure that the evolving needs of communities across the city are appropriately identified and that the Partnership is equipped with the best information possible to support the planning and commissioning of services for the people of Dundee.

COVID-19

Coronavirus is an infectious disease caused by severe acute respiratory syndrome coronavirus 2. It was first identified in December 2019 in Wuhan, China and has since spread globally. The World Health Organisation declared the outbreak a pandemic on 11 March 2020. The first confirmed case of COVID 19 in the UK was on 29 January and the first confirmed case in Scotland was 2 March 2020 in the Tayside area.

The first wave of infection endured until June 2020 and the second wave of infection began mid-October 2020 and marked the second significant peak, however the infection is still highly prevalent within our communities. The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes.

At 31 March 2021 there had been 203,555 confirmed cases of COVID-19 in Scotland; 13,358 of which were in Tayside and 6,407 of which were in Dundee. There were over 300 deaths of Dundee residents. (based on deaths where COVID-19 was mentioned on the death certificate) (https://www.nrscotland.gov.uk/covid19stats).

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. However, data and modelling information about the impact of the pandemic beyond acute hospital settings is limited and a full understanding of the short, medium and long-term impact of the pandemic on health and social care needs will not be ascertained for some time to come.

Services delegated to the Partnership form a critical part of our overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the

availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

Essential services have been maintained, including face to face contact with service users and patients, and intensive work was undertaken to upskill and train to support redeployment of colleagues from other sectors. A range of services and supports have been rapidly redesigned to enable continued operation in the context of social distancing regulations and public health advice.

The Partnership's contribution to staff and public COVID-19 vaccination programmes, as well as additional activity required to respond to annual winter pressures (including Flu Vaccination and disruption due to poor weather), represent significant additional elements of the second wave response. In addition, the Partnership has made a significant contribution to wider partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

At the time of writing this Strategic Needs Assessment, Covid-19 remained prevalent in the population, with numbers beginning to rise following the easing of lockdown restrictions. The vaccination programme is continuing and demands on acute and community services are being closely monitored.

2.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE

2.1 Profile of Dundee

Dundee is Scotland's fourth largest city and is situated on the north coast of the mouth of the Tay Estuary. Edinburgh lies 60 miles to the south and Aberdeen 67 miles to the north. The city of Dundee covers 24 square miles, making Dundee the smallest local authority area in Scotland. Dundee is home to the University of Dundee, the University of Abertay and Dundee & Angus College, and has a sizeable student population.

The population and landscape of Dundee can be separated into various geographical areas – HSCP Localities, Local Community Planning Partnerships (LCPPs) and Neighbourhoods.

The planning and delivery of services within the Health and Social Care Partnership is considered across 4 localities. These localities are groupings of Local Community Planning Partnership (LCPP) areas which are described below.

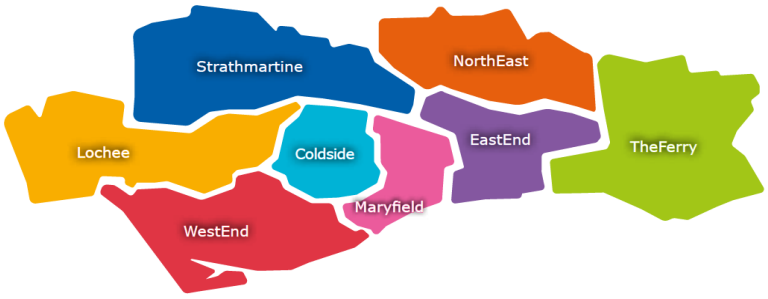
Strathmartine and Coldside
West End and Lochee
Maryfield and East End
Broughty Ferry and North East

There are 8 LCPPs in Dundee, all of which have differing demographic, socio-economic and health profiles. The map below shows the eight LCPP areas in Dundee. The information included in this SNA provides a profile at LCPP level of much of the information and data collated.

There are also 54 'natural neighbourhoods' in Dundee. Where the data is available at neighbourhood level, this is presented in the sections to which it relates throughout this SNA.

2.2 Key Findings from Strategic Needs Assessment

Figure 1: Map of Local Community Planning Partnership Areas in Dundee



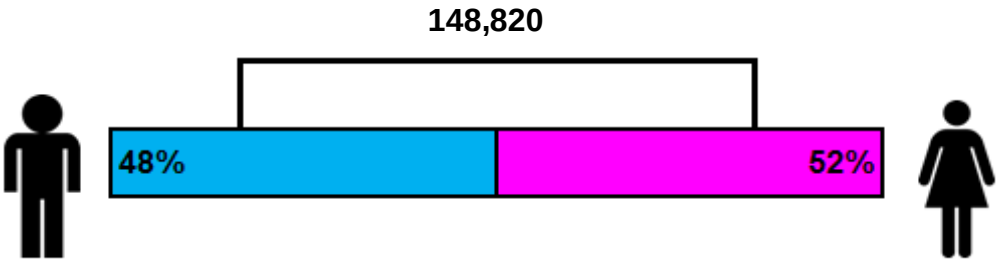
Within this SNA there is strong evidence presented of the levels of deprivation, health and social inequalities, and associated lifestyle factors presenting in Dundee. There is also detailed information presented about the ageing population and the impact of deprivation on life expectancy and the prevalence of health conditions and multi-morbidities. The combined effects of these are evidenced by the increased demand and usage of health and social care services in Dundee. 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 reported the most common difficulties reported by respondents during the pandemic were regarding mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).

3.0 DEMOGRAPHICS

3.1 Population of Dundee

2020 Mid-Year Population estimate figures show Dundee as having a current population of 148,820[1], which represents a decrease by 500 people or -0.3% from 149,320 in 2019. There were more women 77,003 (52%) than men 71,817 (48%).

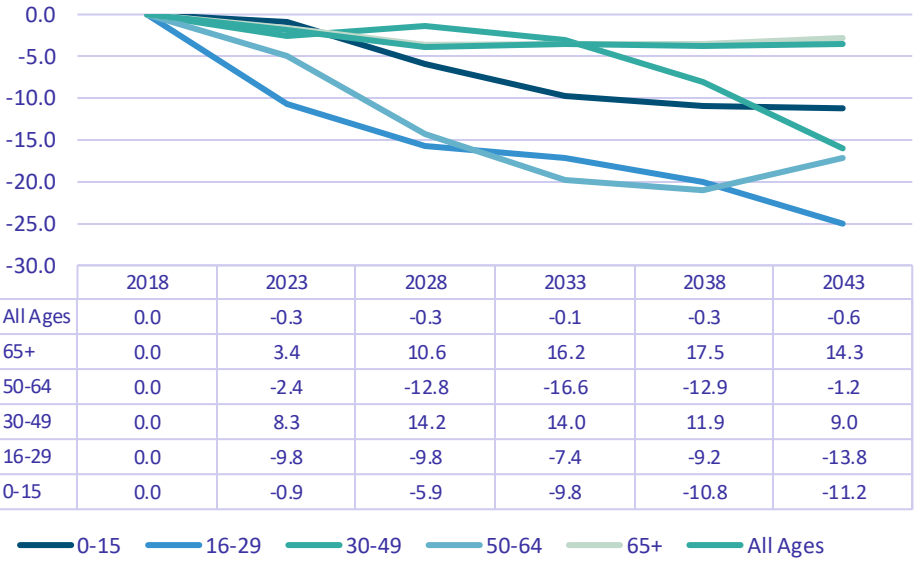
Figure 2: Gender split of Dundee's population in 2020



In Dundee in 2020, 13.8% of the population were aged 16 to 24 years. This is more than Scotland as a whole where 10.4% were aged 16 to 24 years. It is relevant to note that Dundee has a high population of students, which inflated the number of young people in the 16 to 24 age group, however many students do not remain in the city beyond the end of their course of study.

People aged 65 an over make up 17% of Dundee City's population which is slightly less than Scotland as a whole which stands at 19%.

Figure 3: Dundee City, projected population by age groups, 2018 to 2043



	2018	2023	2028	2033	2038	2043
All Ages	0.0	-0.3	-0.3	-0.1	-0.3	-0.6
65+	0.0	3.4	10.6	16.2	17.5	14.3
50-64	0.0	-2.4	-12.8	-16.6	-12.9	-1.2
30-49	0.0	8.3	14.2	14.0	11.9	9.0
16-29	0.0	-9.8	-9.8	-7.4	-9.2	-13.8
0-15	0.0	-0.9	-5.9	-9.8	-10.8	-11.2

Source: National Records of Scotland, Population Projections for Scottish Areas (2018 based)

[1] Estimated population by sex, single year of age and administrative area, mid-2020

By 2043 the total population of Dundee is projected to be 147,897. This is a decrease of 0.6% when compared to the estimated population in 2018.

This net growth is a result of projected growth in the 65+ due partly to increased life expectancy and 30-49 age groups. All other age groups are projected to decrease.

The 16-29 and the 50-64 age groups are projected to fall during the next 10 years. This may have some impact on the size of the working population and the economy of the city in the medium term.

Figure 3 shows the projected increase in the number of older people in Dundee. While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 38% in the population aged over 75 by 2043. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.

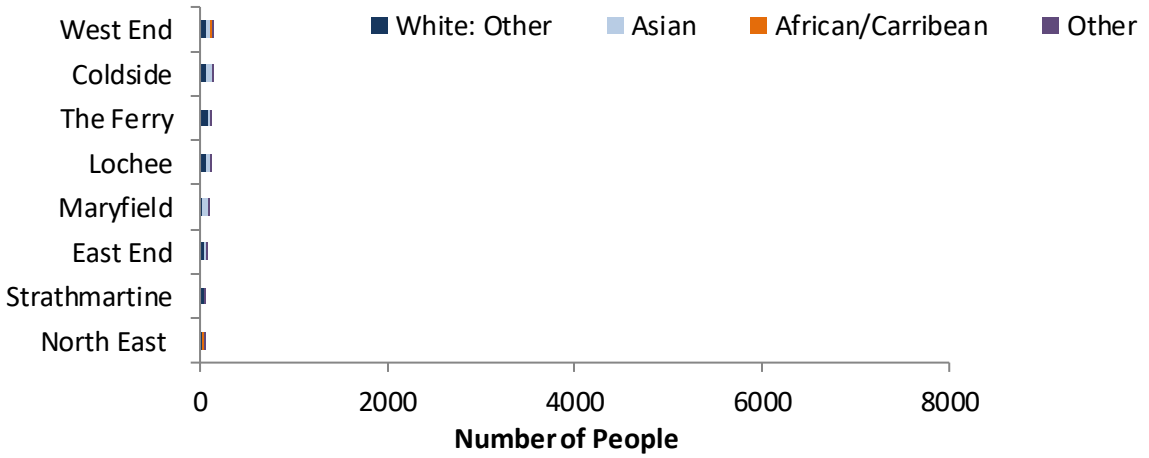
3.2 Ethnicity

Recent population decreases can be attributed to both natural change and in-migration. During 2020, the estimated net civilian migration was -80 people as published by NRS Scotland, Local Area Migration. This includes movements within Scotland, the rest of the UK and overseas. (includes asylum seekers and refugees and excludes moves relating to the British Armed Forces).

On the whole, Dundee's population is predominately White British (89.4%) and 4.7% of people class themselves as 'White Other'. This includes people who were originally from Eastern Europe or from Ireland. 4% are from Asian backgrounds and 1% are African or Caribbean. Each of the LCPP areas has varying ethnic diversities.

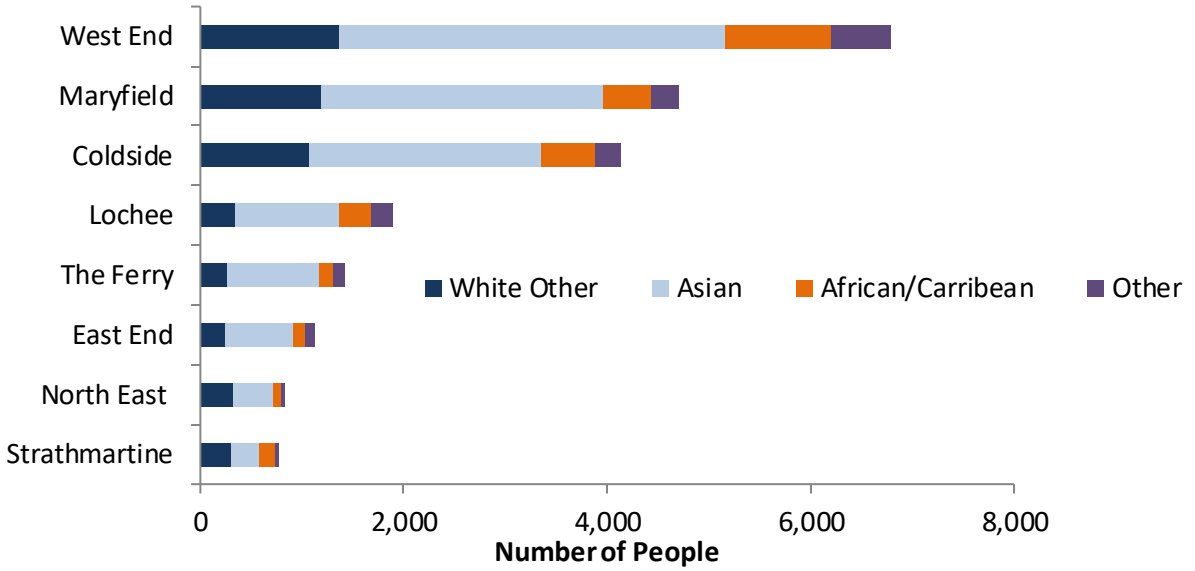
Figure 4 shows the very low numbers of people aged 65+ in Dundee who are not 'White British'. However, the much larger ethnic minority rate in the under 65 age group (figure 5) means that if there is no outward migration by this group, there will be a much larger, older ethnic minority population in the future.

Figure 4: Ethnic minority group breakdown by LCPP Area – Aged 65+



Source: Scotland's Census, 2011
Note that the scales are the same in Figures 4 and 5 intentionally, to allow for comparison. This makes it difficult to read exact numbers in Figure 4, however is intended as a guide to illustrate the low numbers of people age 65+ compared with the much higher numbers of people aged under 65 who may require support in the future.

Figure 5: Ethnic minority group breakdown by LCPP Area - Aged under 65



Source: Scotland's Census, 2011

3.3 Life Expectancy

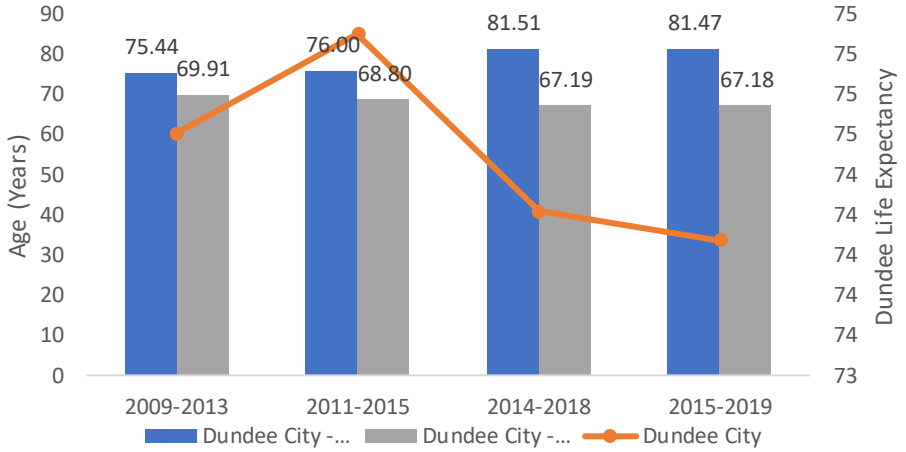
Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability.

Figures 6 and 7 show variation in life expectancy by both gender and deprivation. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas.

Over a ten year period (2009 – 2019) life expectancy for males who live in the most deprived areas of Dundee has decreased from 69.91 years to 67.18 years and females from 75.31 years to 75.18 years.

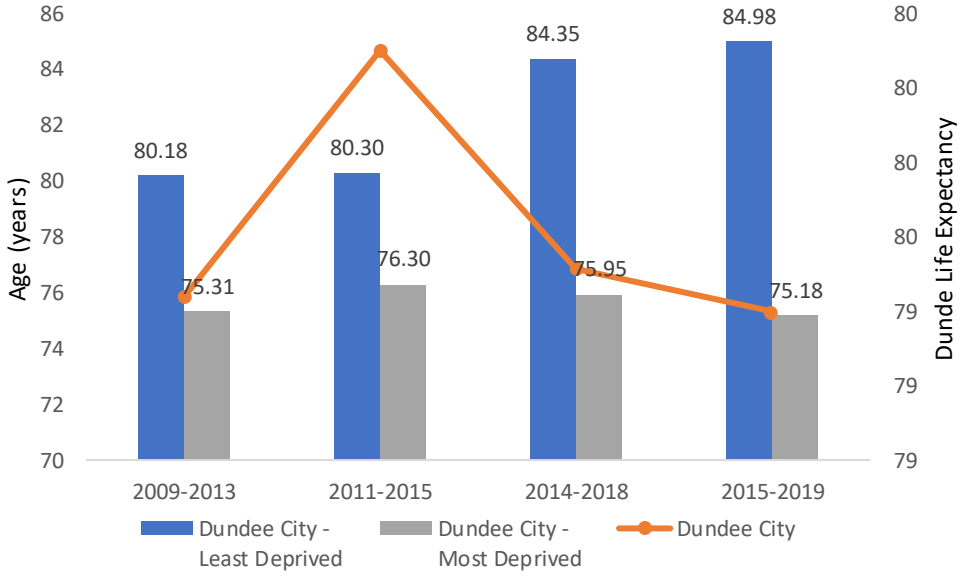
However when we compare males and females over the same ten year period, living in the least deprived areas of Dundee, life exepectancy has increased. Males life expectancy has increased from 75.44 years to 81.47 years and for females increased from 80.18 years to 84.98 years.

Figure 6: Male life expectancy at birth in Dundee, 2009 - 2019



Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

Figure 7: Female life expectancy at birth in Dundee, 2009 - 2019



Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

A significant proportion of the difference in life expectancy between Scotland and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol, violence and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic violence and child neglect and abuse. Substance use is recognised both at a national and local level as a major public health and health equity issue.

While life expectancy is increasing across the least deprived areas of Dundee, there is still a cohort of people who die prematurely. There is a strong link between premature mortality rates and deprivation.

Figure 8 (below) shows that in 2019, females who lived in the most deprived areas died prematurely at a rate of 552 per 100,000 population. The rate for females was just over half that of males, who died prematurely at a rate of 853 per 100,000 people and lived in the most deprived areas of Dundee.

For females who lived in the least deprived areas of Dundee the premature mortality rate was significantly low at 146 per 100,000 population whereas for males living in the least deprived areas of Dundee the rate was just over double the rate of females at a rate of 303 per 100,000 population, in 2019.

Figure 8: Premature Mortality Crude Rate per 100,000 population in 2019

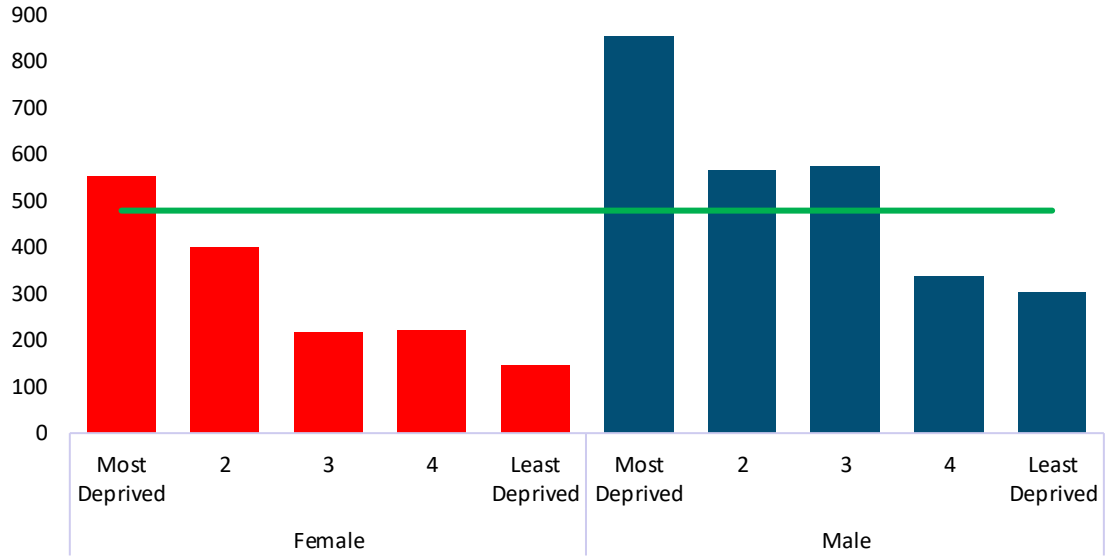


Figure 9 (below) shows Coldside and East End, two of the most deprived Local Community Planning Partnership (LCPP) areas, also having high premature mortality rates, 748 per 100,00 and 664 per 100,000 respectively. The least deprived LCPP area, The Ferry, has the lowest premature mortality rate, 260 per 100,000. The rate for The Ferry is less than half the rate for Coldside and East End.

Coldside is highlighted throughout this needs assessment as a LCPP area which is not one of the most deprived in the city overall; however, the population of Coldside has high care and support needs. This will be further examined later in this report, when unscheduled care trends by neighbourhood are considered.

Figure 9: Premature mortality age standardised rate for people aged under 75 per 100,000 population

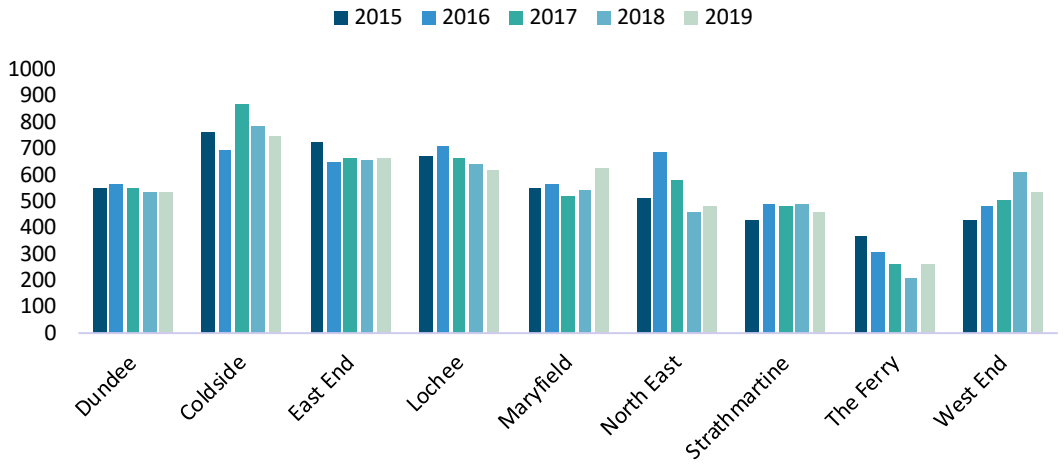
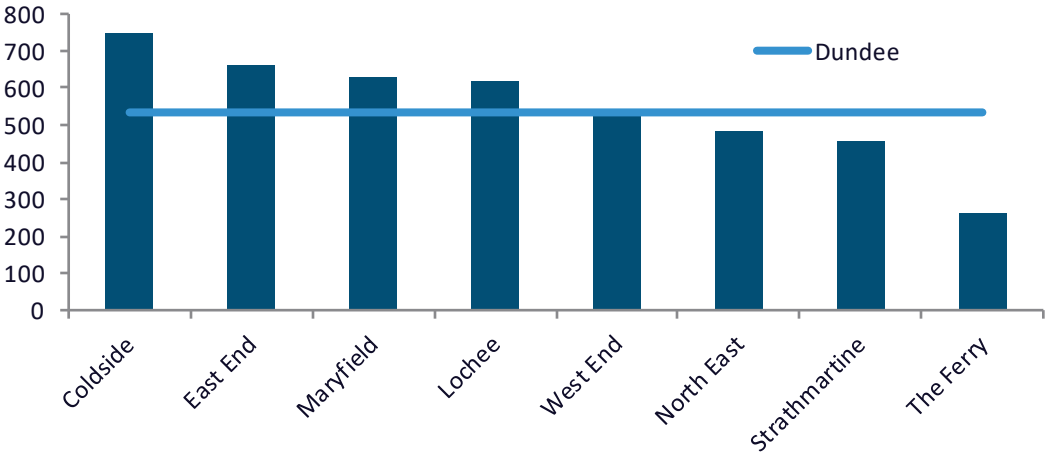


Figure 10: Premature Mortality Age Standardised Rates per 1,000 Population <75 in 2019



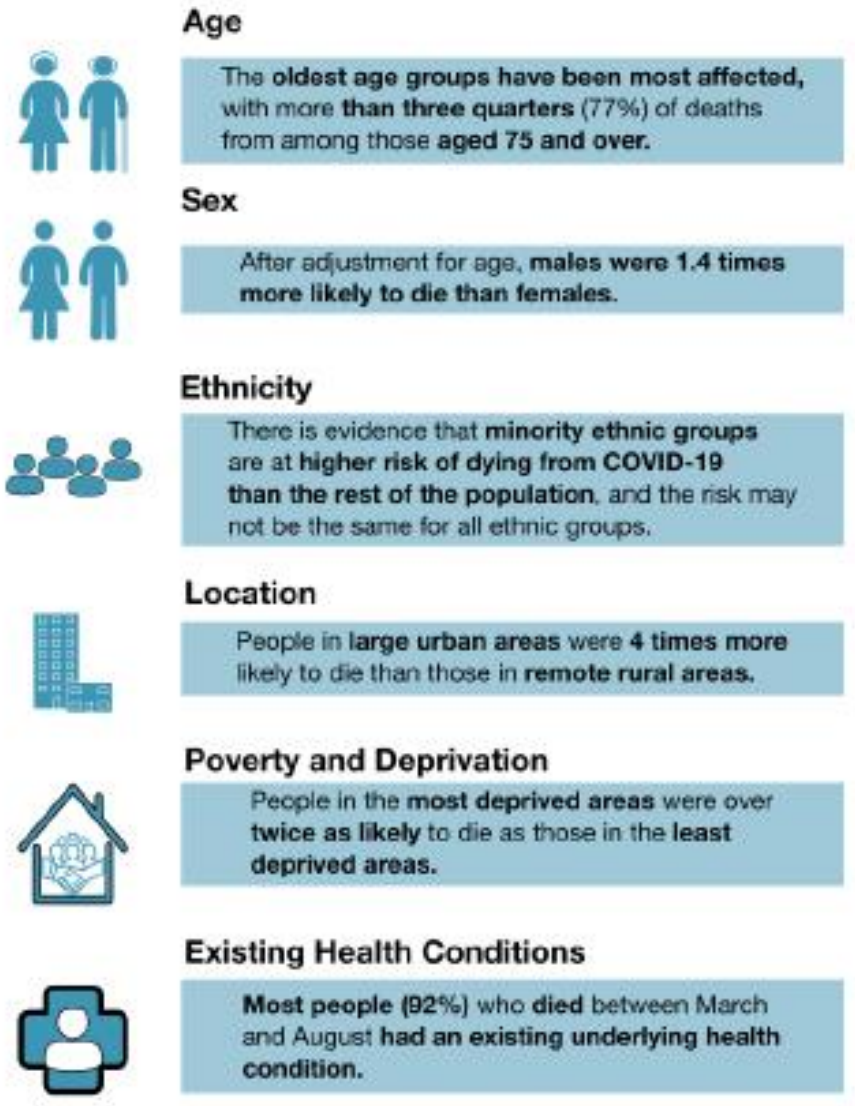
Source: Public Health Scotland LIST (not official Statistics)

COVID-19

The National Performance Framework reported that the coronavirus pandemic has hit some parts of society harder than others. When looking at social, economic and environmental factors there are differences, particularly for Black and South Asian ethnic groups.

Black and Asian men are more likely to have a job associated with higher COVID-19 death rates. People of minority ethnic groups make up just over a quarter of dental practitioners, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and assistants and technicians.

COVID-19 mortality for people of Black African or Black Caribbean ethnicity in the first half of this year was two to two and a half times higher than for people of White ethnicity. After accounting for where people live and social and economic factors (including people's jobs, education and housing conditions), the gap lessens but is still significant. (ONS 2021)



Source: National Performance Framework 2020

Key Findings: Demographics

- By 2043 Dundee's population is projected to decrease by 0.6%.
- Dundee has an ageing population – we still expect to see an increase of 38% in the population aged over 75 by 2043.
- The 75+ and 90+ age groups, which will see the largest increase in numbers, are those who increasingly rely on unpaid family care, and health and social care services, as they become frailer.
- There is a projected increase in people from ethnic minority backgrounds living in Dundee, with the largest increase in people who classify themselves as Asian or White – Other. This includes people who are Eastern European or Irish.
- Dundee has the 2nd lowest life expectancy in Scotland. In Dundee, life expectancy for a female who lives in one of the least deprived LCPP areas is 17 years more than a man who lives in one of the most deprived LCPP area.
- There is a strong link between premature mortality and deprivation. The mortality rate in the most deprived LCPP area is almost twice as high as the premature mortality rate in the least deprived LCPP area.
- Black and Asian men are more likely to have a job associated with higher COVID-19 death rates. COVID-19 mortality for people of Black African or Black Caribbean ethnicity in the first half of this year was two to two and a half times higher than for people of White ethnicity. People of minority ethnic groups make up just over a quarter of dental practitioners, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and assistants and technicians.

4.0 Inequalities

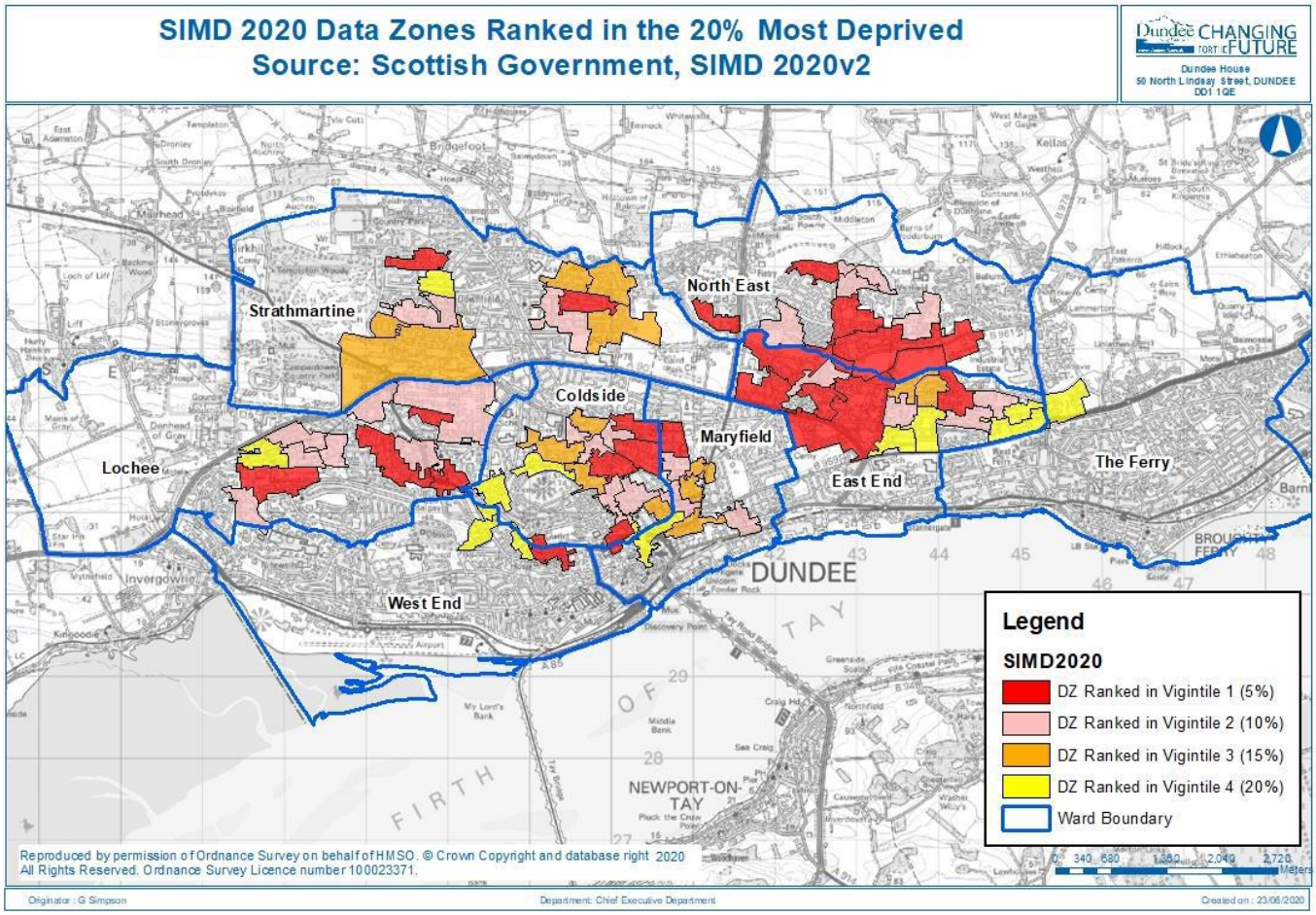
4.1 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Governments standard approach to identify data zones (small areas) of multiple deprivation in Scotland. There are 34 indicators the Government use to measure deprivation and these are grouped into 7 types (domains); income, employment, health, education/skills, housing, geographical access to services and crime rank.

Across Scotland there are 6,976 data zones, in Dundee there are 188 and of these 70 are ranked within the 20% most deprived in Scotland, this is an increase of 1 data zone when compared with the 2016 SIMD. Deprivation in Dundee is high, the SIMD 2020 reported that 36.6% of the population lives in the 20% most deprived data zones (SIMD quintile 1). Overall Dundee is the fifth most deprived local authority area in Scotland, with only Inverclyde, Glasgow, North Ayrshire, West Dunbartonshire and having higher population living in SIMD quintile 1.

Figure 11 shows the location of the 70 data zones in Dundee which are within the 20% most deprived areas in Scotland.

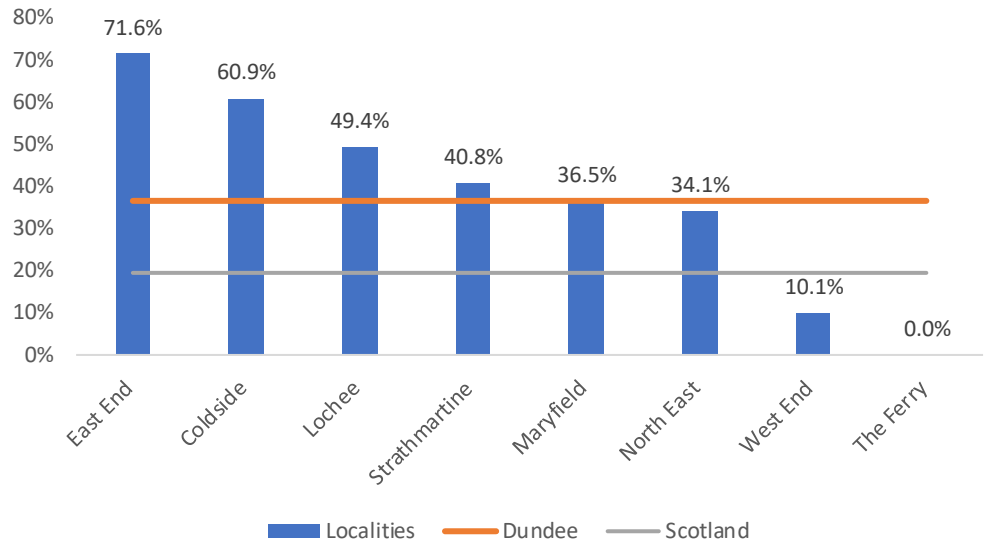
Figure 11: 20% most deprived datazones in Dundee 2020



Source: Map produced by Dundee City Council using data from Scottish Index of Multiple Deprivation 2020, Scottish Government

Figure 12 shows the percentage of people living in each LCPP ranked in the 20% most deprived datazones in Scotland.

Figure 12: % of LCPP populations in 20% most deprived datazones in Scotland 2020



Source: Scottish Index of Multiple Deprivation 2020, Scottish Governments

Figure 12 also shows that four out of the eight locality areas are above the Dundee average of 36.6%. East End and Coldside are the localities within Dundee which have the highest percentage of their population living in data zones ranked the 20% most deprived. The Ferry does not have any data zones ranked within the 20% most deprived.

The percentage of the population in 20% most deprived datazone has reduced in Lochee and Strathmartine from 2016, Lochee from 53.8% to 49.4% and Strathmartine, significantly, from 49% to 40.8%.

Six out of the eight locality areas are above the Scotland average (19.5%) of whose population live in a datazone ranked in the 20% most deprived.

4.2 Benefit Claims and Income Deprivation

Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. As reported by the ONS Annual Population Survey for the period October 2019 to September 2020 and for those aged 16-64 years, there were 24,000 (25.5%) people in Dundee recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%.

Universal Credit was first introduced in November 2013 and is a benefit which has been rolled out in stages and planned to be completed by 2023, as per Scottish Government[2] . It replaces six existing benefits and tax credits ("legacy benefits"):

- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Income Support
- Working Tax Credit
- Child Tax Credit
- Housing Benefit

Universal Credit was introduced with the aim of simplifying and streamlining the benefits system, improving work incentives, tackling poverty among low income families, and reducing the scope for error and fraud.

Figure 13 shows the number of people in receipt of Universal Credit in Dundee each month and throughout April 2020 to March 2021 there was an overall increase (over the year) of people in receipt of Universal Credit for those who were both in employment and unemployed.

For those not in employment there was a month on month increase with the exception of October to December 2020 where there was a dip of around 200 people in receipt of Universal Credit. Over the course of the year there was an overall increase by 20%, of people in receipt of Universal Credit (9,175 in April 2020 to 10,997 in March 2021).

For those in employment there was a month on month increase also, with the exception of January 2021, where there was a slight dip of around 130 people in receipt of Universal Credit. From April 2020 to March 2021 there was an overall increase by 32%, of people in receipt of Universal Credit.

[2] https://www.gov.scot/policies/social-security/universal-credit/#:~:text=The%20roll%2Dout%20of%20Universal,by%20the%20end%20of%202023.

Figure 13: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21

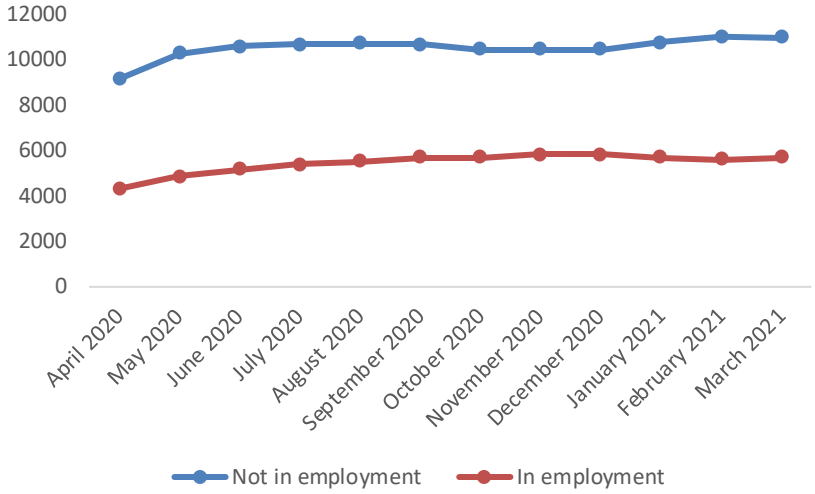
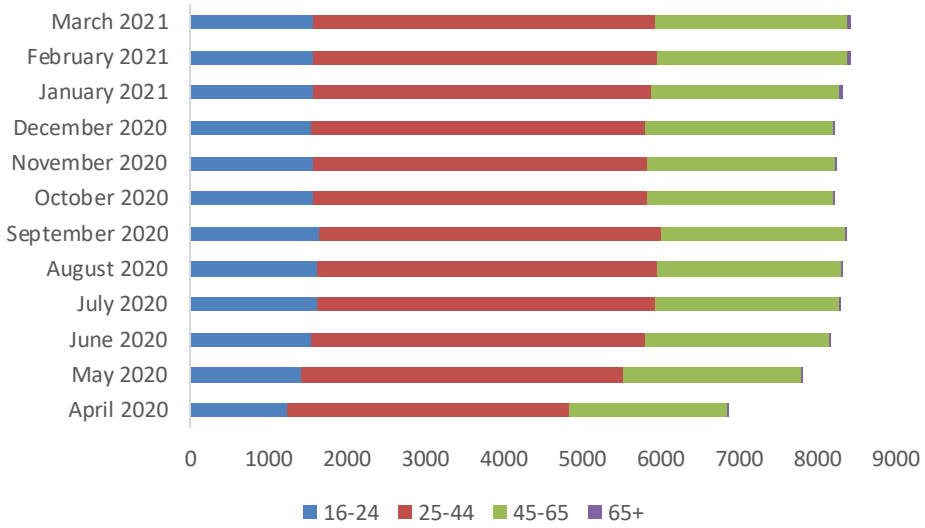
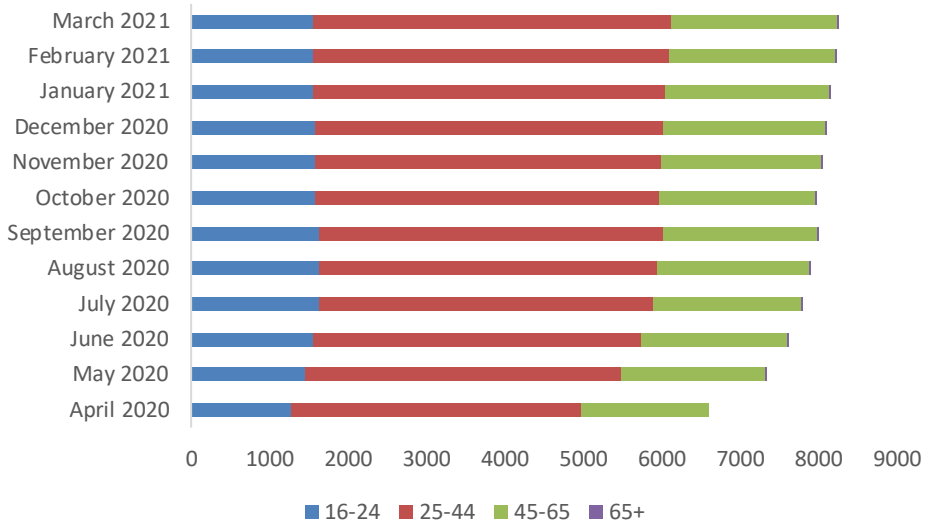


Figure 14: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, males and by age group



When we look at the age split for the number of men in receipt of Universal Credit between April 2020 and March 2021 (Figure 13) the majority were aged between 25 and 44 years, numbers have increased each month from 3617 in April 2020 to 4379 in March 2021. There are high numbers of men aged between 45 to 65 years in receipt of Universal Credit and the numbers have increased month on month from 2007 in April 2020 to 2444 in March 2021.

Figure 15: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, females and by age group



When we look at the age split for the number of women in receipt of Universal Credits between April 2020 and March 2021 (Figure 15) the majority were aged between 25 and 44 years, numbers have increased each month from 3686 people in April 2020 to 4587 in March 2021.

Comparing the total number of males to females in receipt of Universal Credit each month aged between 25 and 44 years, we can see the figures are comparable and show a similar increase throughout the year. Initially the total number of males in receipt of Universal Credit was higher than females, however, this changed from September 2020.

Figure 16: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, by gender

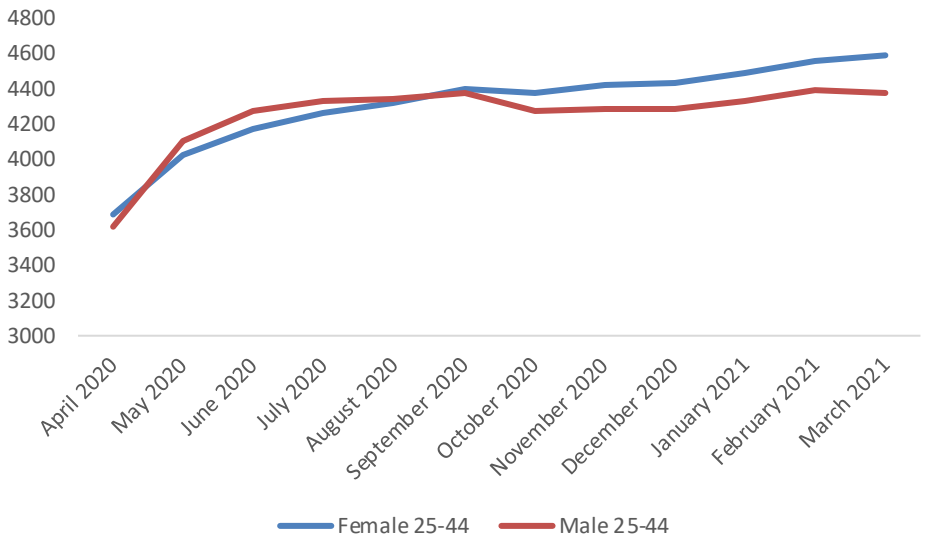


Figure 17: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, by locality

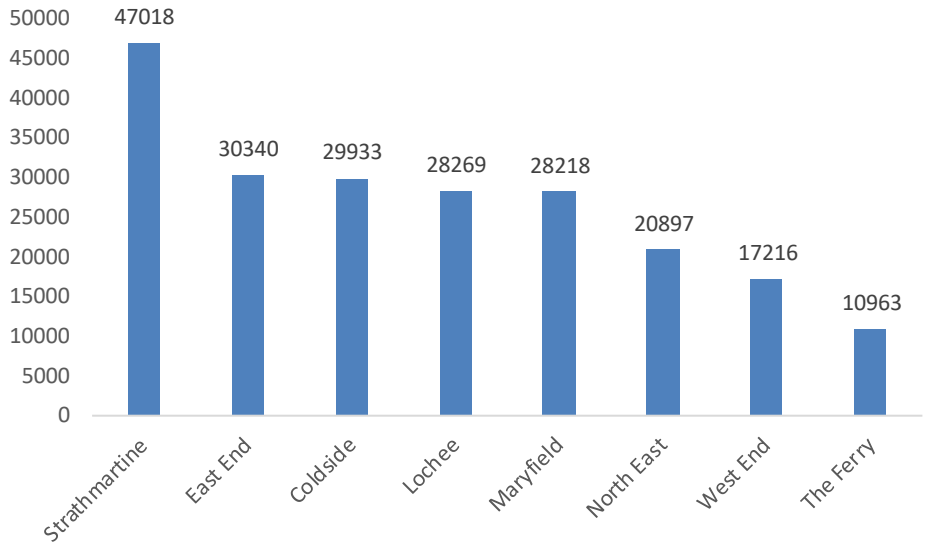


Figure 17 shows that Strathmartine had the highest number of people in receipt of Universal Credit. People in receipt of Universal Credit in Strathmartine resided in the following neighbourhoods; Ardler and St Marys (696), Kirkton (480), Downfield, Caird Park and Western Edge. The Ferry had the lowest number of people in receipt of Universal Credit throughout the year with 10,963 people.

Department for Work & Pensions states that Employment and Support Allowance (ESA) offers financial support and personalised support to those who are unable to work as a result of a health condition or disability. You may be eligible for ESA if you are under State Pension age, not getting Statutory Sick Pay or Maternity Pay, or are not getting Jobseeker's Allowance.

Figure 18 shows the number of people who were receiving ESA by locality in Dundee over the period of a year. Coldside has consistently had the majority of ESA receivers with around 1300 cases per quarter, East End and Lochee also had a high number of users of the benefit and The Ferry had the least.

Figure 18: Number of Employment Support Allowance cases active, by Locality and quarters

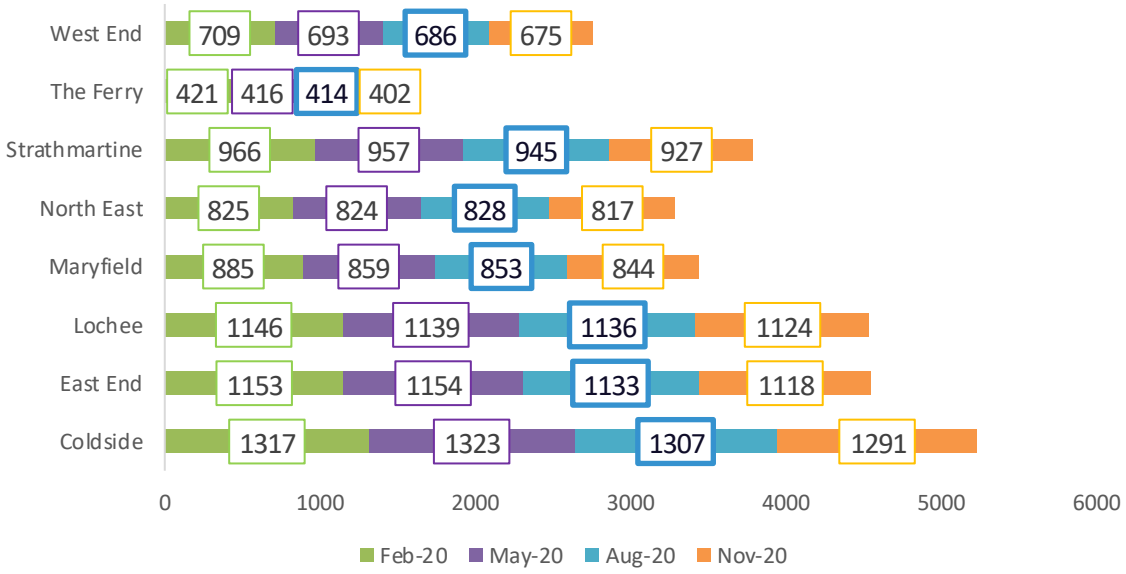
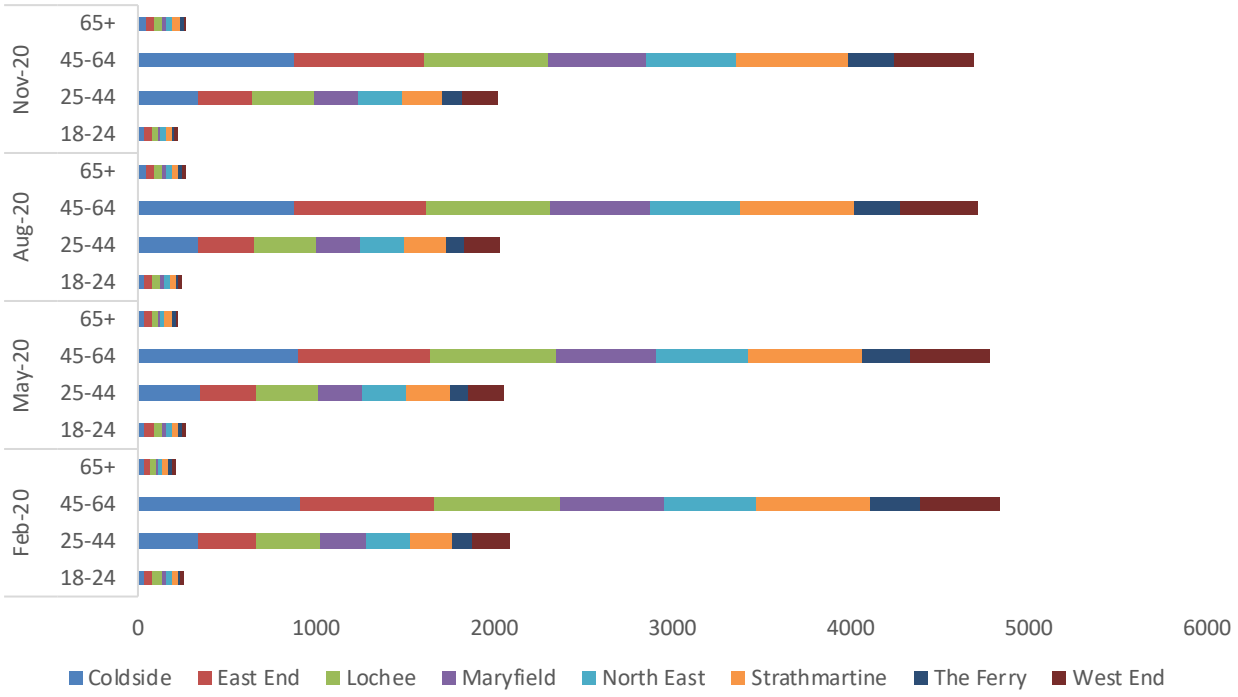


Figure 19 shows the breakdown of ESA cases by locality and age group. The majority of ESA receivers are in the 45-64 year age group.

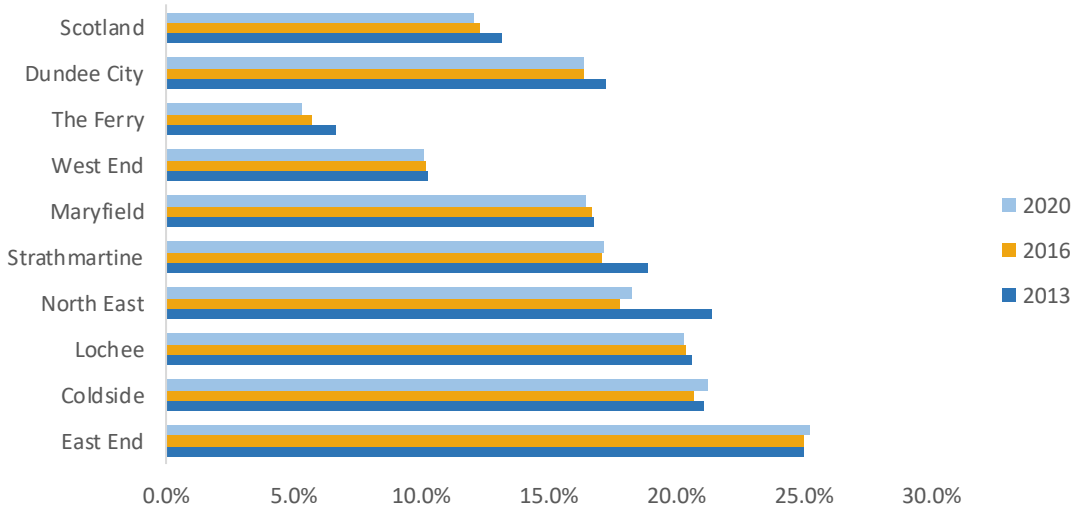
Figure 19: Number of Employment Support Allowance cases active, by Locality and Age Groups



For each data zone, the SIMD produces a count of individuals classed as income and employment deprived. 16.4% of the population in Dundee are classed as income deprived and Figure 20 shows the population percentage of each LCPP who are classed as income deprived; East End, Coldside and Lochee have the highest proportion of the population classed as income deprived in 2020.

There continues to be a significant difference between LCPP area with The Ferry consistently being the least affected and East End being the most affected by income deprivation.

Figure 20: Percentage of population in Dundee and Scotland who are income deprived, including by LCPP



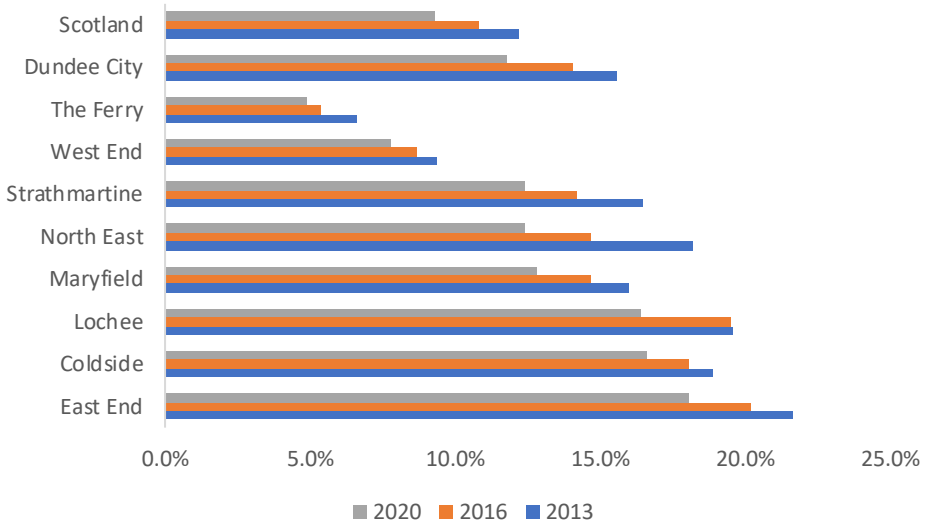
Source: Dundee Poverty Profiles 2020, Scottish Government, SIMD 2020

11.8% of the population in Dundee are classed as employment deprived, figure 21 shows the population percentage of each LCPP who are classed as employment deprived; East End, Coldside and Lochee had the highest proportion of the population classed as employment deprived.

Since 2013, East End, Coldside and Lochee are the localities mostly affected by employment deprivation and again The Ferry was impacted the least, with 4.9% of the population being employment deprived in 2020. Over the past seven years, employment deprivation has decreased across Dundee by 3.8% and as a whole in Scotland by 2.9%, with the biggest reductions taking place in North East by 5.8% and Strathmartine by 4.1%.

The percentage of Dundee's population that are classed as employment deprived in 2020 was 2.5% higher than Scotland, which was 9.3%.

Figure 21: Percentage of population in Dundee and Scotland who are employment deprived, including by LCPP



Source: Dundee Poverty Profile, Scottish Government, SIMD 2020

4.3 Employment Support Service

The Employment Support Service (ESS) provides an employability service to address the unmet employment needs of people in the community with disabilities, health problems and other significant barriers to employment. Many people using the service experience multiple barriers to employment.

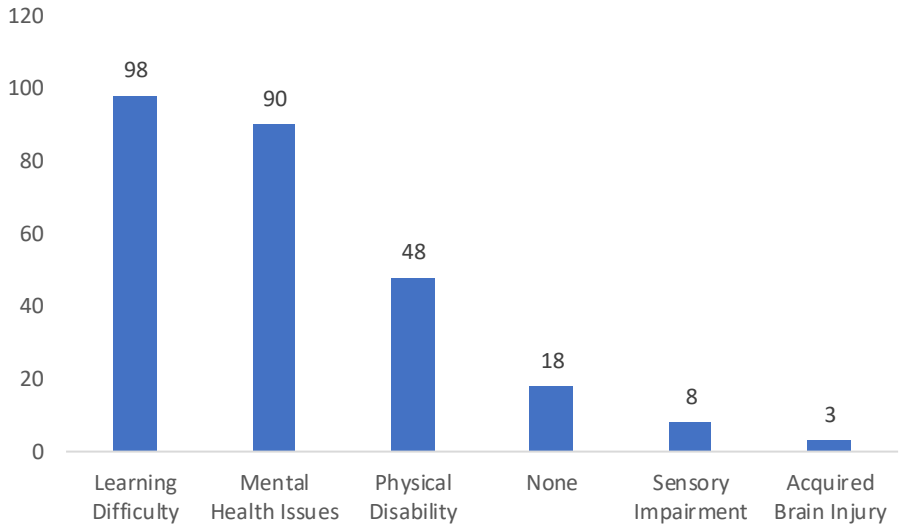
The ESS operates the following key activities to deliver a service that tackles the unmet employment needs of people with disabilities:

- Job Club in Dundee specifically for disabled and disadvantaged;
- Work Experience Placements to enable clients to develop their skills;
- Supported Employment Team providing on-going assistance and support to job seekers resident in Dundee who require support and assistance to settle into and sustain employment;
- Consultancy and Advisory Service to local employers, voluntary organisations and disabled people regarding good employment practice;

The ESS's target group is unemployed people with disabilities and health problems who reside in the Dundee area. People with all types of disability are accepted including physical disabilities, mental illness, sensory impairments, acquired brain injuries, learning difficulties and learning disabilities.

In 2019 the Employment Support Service provided support to 265 people of whom 167 were men and 97 were women, figure 22 below provides a breakdown of the conditions these people had.

Figure 22: Type of disabilities/ health problems people had who received support, 2019



Source: Employment Support Service Report 2019

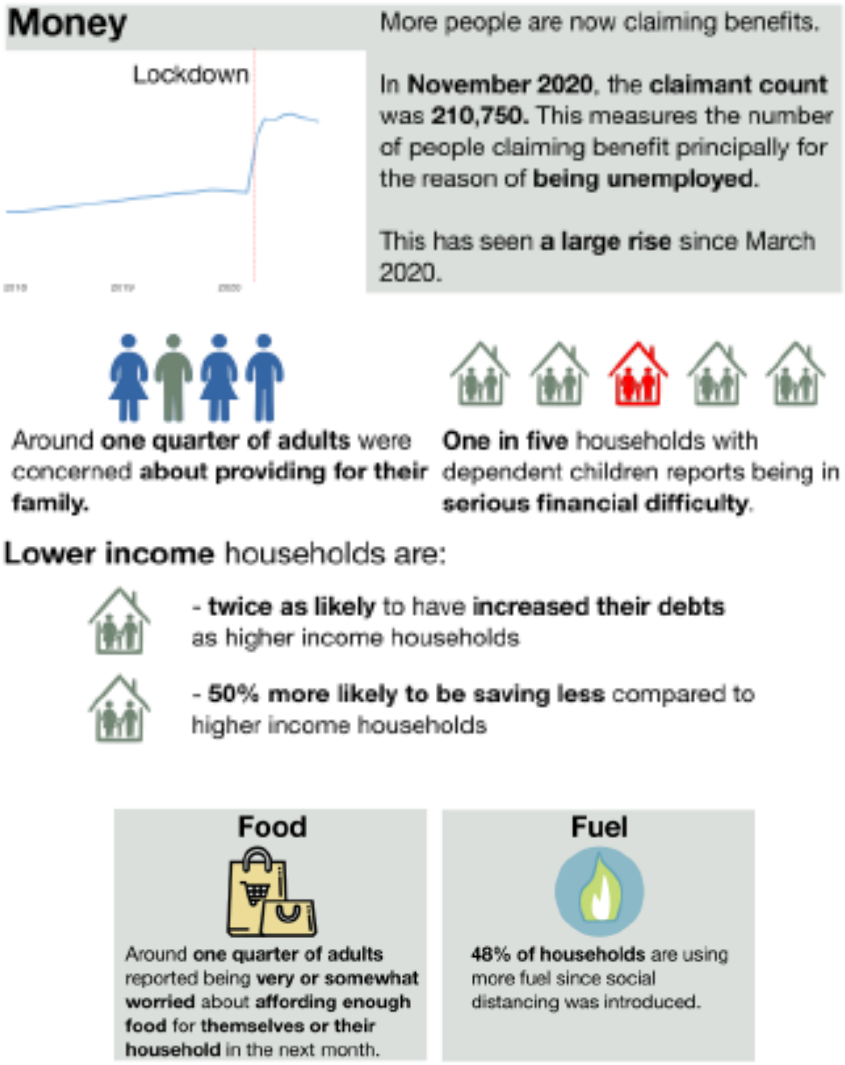
The Employment Support Service organised 68 work experience placements and 44 people secured employment.

COVID-19

People in deprived areas already experience inequalities in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19, the consequences of lockdown measures, and uncertainty about the future (The Fairness Commission, 2020) The National Performance Framework reported that the pandemic has caused widespread concern among lower income households across Scotland about their financial situation. This was driven by reduced income as a result of job loss, reduced working hours and furlough, and with unemployment predicted to rise in the medium term, this insecurity may accelerate. (National Performance Framework, 2020) The Fairness Commission reported that lockdown measures are having a greater impact economically on young workers, low-income families and women and forcing more people into poverty. (The Fairness Commission, 2020). Personal debt has escalated during the crisis, potentially trapping households in unmanageable debt and poverty in the future. (National Performance Framework, 2020).

A review by Glasgow Centre for Population Health highlighted risks of the pandemic for disadvantaged communities by perpetuating poor mental and physical health, social isolation, job insecurity and unemployment and in reduced access to information, advice and health services. A Mental Health Foundation survey reported anxiety related to financial and food insecurity and showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment. (The Fairness Commission, 2020)

Workers from Other White ethnic groups were more likely to report a loss of take-home pay due to the Pandemic than White British or Indian ethnicities (ONS 2021) 38% of Dundee carers reported having to reduce or give up hours in employment due to their caring commitments (Dundee Carers Engagement, 2020) 67% of Dundee Carers reported negative financial impact as a result of higher household expenses. Samaritans reported that mental ill-health was the most common concern since restrictions began, and this concern increased slightly compared to 2019. The mental health of people with pre-existing mental health conditions appears to have been affected most. Finance and work concerns were strongly associated with concerns about the pandemic, with concerns about potential and actual job loss strongly linked to fears about the future. (Samaritans, 2020)



Source: National Performance Framework, 2020

Samaritans reported that finances and unemployment were raised in 6% of all emotional support contacts during the 12 months since restrictions began. This was a total of over 140,000 contacts, a reduction compared to the previous year. However, phone calls concerning *finance and unemployment* were 60% more likely to involve specific concerns about coronavirus, compared to calls where *finances and unemployment* were not raised even after adjusting for other factors.

Engage Dundee found that 20% of respondents felt that income/money was causing difficulties (n=173). Those within the two youngest age group categories were much more likely to be concerned about finances (43.3% and 33.3% respectively) along with the unemployed (51.8%) and

those in the "other" category for employment status (51%). This category included the self-employed, those on maternity leave, bank workers and people on zero hours contracts. 34% of those in receipt of benefits reported being worried about money compared to 13.8% of those not on benefits. There were no notable differences reported by those who lived alone or with others.

Figure 23: Percentage of people who experienced difficulties with money, by age group

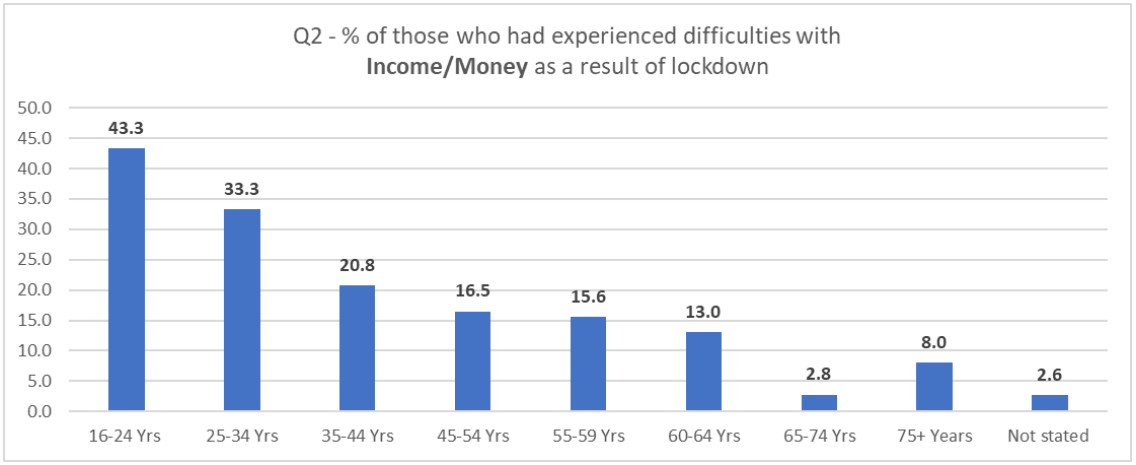


Figure 24: Percentage of people who experienced difficulties with money, by employment status

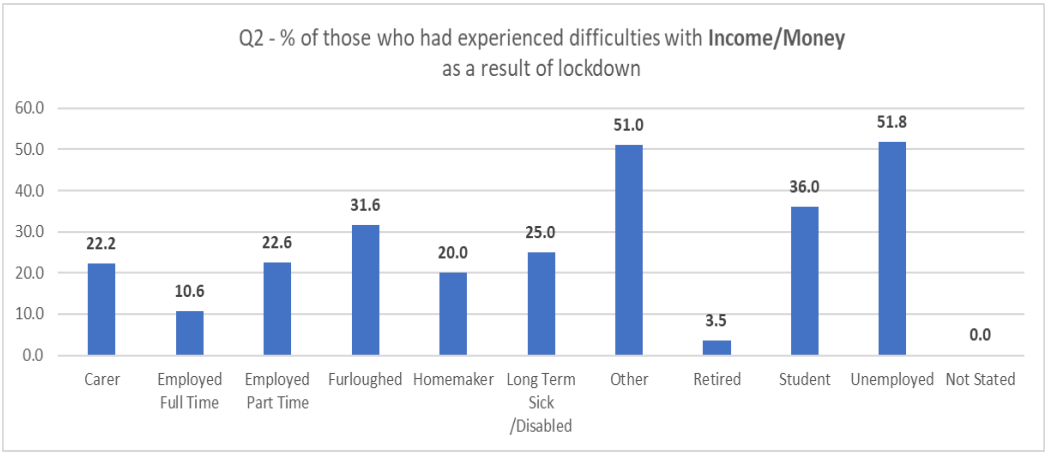
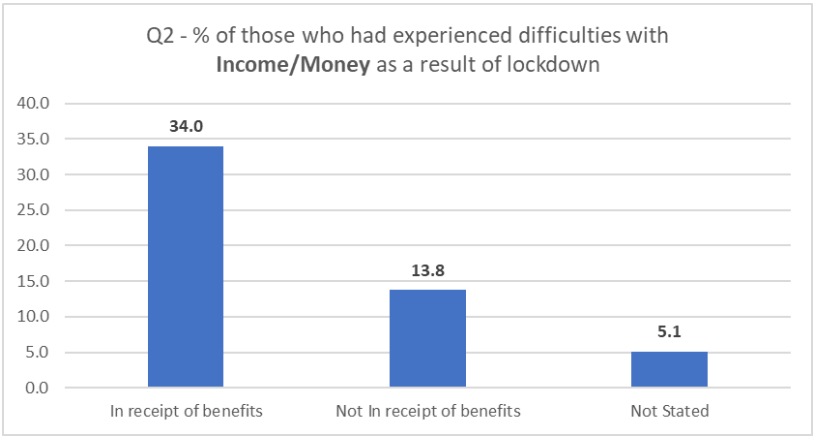


Figure 25: Percentage of people who experienced difficulties with money, by benefit status



The main reasons provided were job insecurity, being furloughed and facing redundancy. One respondent reported benefiting from a welfare grant whilst others had reduced income and

concerns about having enough money to buy food. Money worries for unpaid carers were highlighted and one respondent experienced difficulty accessing cash and visiting a bank.

> *I was employed full time and was furloughed due to COVID. I was then contacted 6 weeks ago and was made redundant, I am however lucky enough to find employment but only on a part time basis. Still looking for full time permanent position.*
>
> *I lost a part-time job, though I've still had no formal paperwork or communication from my ex-employer. He chose not to use the furlough scheme and instead just gave everyone zero hours, meaning those who were full time couldn't even claim universal credit.*

Source: Engage Dundee

The Fairness Commission reported that Dundee has high levels of poverty and disadvantage with associated effects on the health and wellbeing of people in more deprived areas. The likelihood is that without targeted interventions the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with perhaps little resilience or experience to cope. Accelerated effort is required to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. (The Fairness Commission, 2020)

Key Findings: Inequalities

- Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population lives in the 20% most deprived areas of Scotland.
- 4 out of 8 of Dundee's LCPP areas have deprivation levels which are above the Dundee average. There are widespread health and social inequalities across the city as a result of deprivation.
- Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. There are inequalities across the eight LCPP areas.
- 16.4% of the population in Dundee are classed as income deprived and 11.8% of the population in Dundee are classed as employment deprived.
- Strathartine had the highest number of people in receipt of Universal Credit.
- Coldside has consistently had the majority of ESA receivers with around 1300 cases per quarter.
- The percentage of Dundee's population that are classed as employment deprived in 2020 is 2.5% higher than Scotlands, which is currently 9.3%.
- The pandemic has caused widespread concern among lower income households across Scotland about their financial situation. This was driven by reduced income as a result of job loss, reduced working hours and furlough, and with unemployment predicted to rise in the medium term, this insecurity may accelerate.
- Workers from Other White ethnic groups were more likely to report a loss of take-home pay due to the Pandemic than White British or Indian ethnicities.
- 38% of Dundee carers reported having to reduce or give up hours in employment due to their caring commitments.
- 67% of Dundee Carers reported negative financial impact as a result of higher household expenses.

4.4 Health, Wellbeing and Lifestyle Factors

Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.

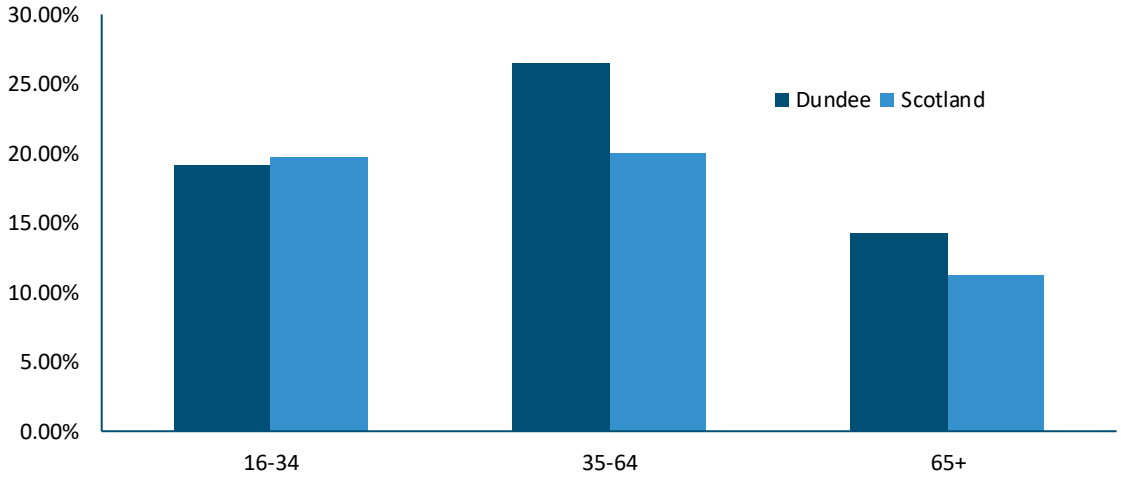
4.5 Smoking

Smoking remains a major cause of poor health in Scotland. It is a Scottish Government priority to support those who want to stop smoking. NHS Scotland smoking cessation services provide support that has been shown to be both effective and cost-effective.

In 2018 Scottish Government released an action plan for raising a tobacco-free generation by 2034, A Tobacco Control Strategy for Scotland. Part of realising this target is discouraging people from starting to smoke, and providing support to quit to existing smokers. A number of factors, including age, gender, and where a person lives, can impact whether they smoke.

Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996. However, smoking rates are still highest in the most deprived areas, with 35% of people living in the most deprived areas of Scotland smoking compared to 10% in the least deprived areas. These inequalities in smoking may be reducing, with smoking prevalence falling fastest in the most deprived groups. Despite this good news, the reductions are currently not rapid enough to achieve the target of making Scotland tobacco-free by 2034.

Figure 26: Percentage of population in Dundee who smoke tobacco, by age group



Source: ScotPHO, Tobacco Control Profile, 2017

Figure 26 shows that a higher percentage of people aged 35+ in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer. Lung cancer and breast cancer were the most common types of cancer, making up close to 40% of all cancers in Dundee. The percentage of people aged 16-34 who smoke tobacco in Dundee is similar to Scotland as a whole.

Smoking Cessation

NSS ISD reported that from April 2019 to March 2020, the number of attempts to stop smoking made with the help of NHS smoking cessation services fell for the eighth consecutive year to 48,749. This is a 4.6% reduction from April 2018 to March 2019 and a 59.8% reduction from when the number of quit attempts were at their peak in April 2011 to March 2012.

There are a number of factors which can influence the use of NHS smoking cessation services; these could include the use of electronic cigarettes and a reduction in smoking prevalence.

There is a clear gradient of service uptake across deprivation categories, with the highest uptake in the most deprived categories and the smallest in the least deprived. These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.

Statistics are based on total 'quit attempts' made during the year, rather than the total number of people with a quit attempt, so may include repeat quit attempts for the same person.

In response to the COVID-19 pandemic, NHS boards in Scotland had to alter their service delivery. This may have affected the delivery of NHS Stop Smoking Services. Scotland's first positive test for COVID-19 was on 1 March 2020, and Scotland entered a period of lockdown from 23 March 2020. The number of quit attempts in March 2020 is lower compared to the same month in the previous year. It is not possible to identify the extent that COVID-19 countermeasures may have contributed to this reduction. As the information in this report is presented for the financial year 2019 to 2020 this should not have a large impact on the figures reported.

4.6 Obesity

In Scotland, two in three (65%) adults aged 16-75 are overweight or have obesity (BMI over 25), which is over 2.9 million adult. Data on overweight adults and obesity are only available at Health Board level and estimates show that for people aged over 16 years, Tayside has an average prevalence across Scotland as a whole at 66%.

Obesity does not affect everyone equally. Obesity rates are some two-fold higher in areas of greater deprivation, particularly among women, children, older age groups, black and minority ethnic groups, and people with disabilities.

The trend in Scotland shows a strong link with inequalities therefore it is reasonable to conclude that the prevalence of overweight and obesity is high in Dundee. In the most deprived areas in Scotland, the disparity in obesity rates is particularly evident for women at 35%, compared to 20% in the least deprived areas.

As well as the harms to individuals, obesity significantly harms communities. Some of these impacts are;

- A less physically active population
- Decreased productivity
- Increased sickness absence

- Increased demand on social care services (severely obese people are three times more likely to need social care than those of a healthy weight)

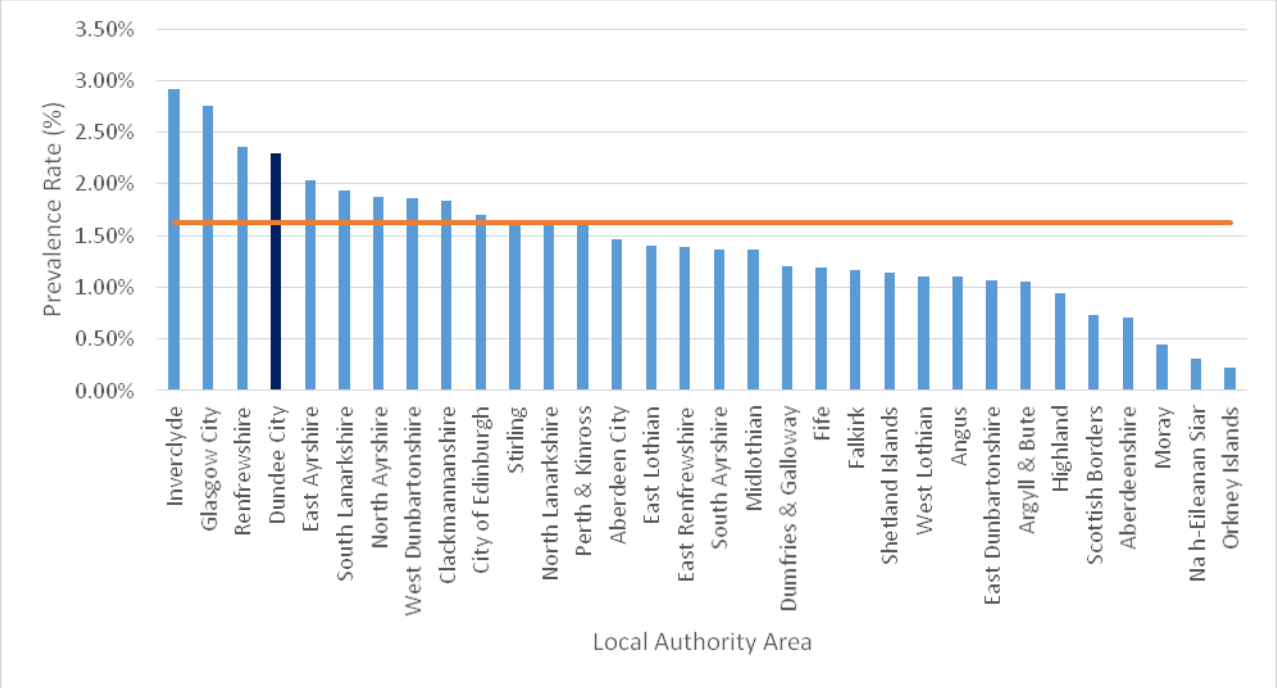
In 2018, 29% (or around 236,000) of children aged 2 to 15 in Scotland were at risk of overweight or obesity; of which 16% (or around 130,000) were at risk of obesity.

In Tayside, approximately 25% of all children in Primary 1 (2019/20) are currently at risk of being overweight or obese, which is average across Scotland. This figure has remained constant for many years.

4.7 Drug Use

Figure 27 shows that Dundee had the 4th highest prevalence of drug use in Scotland at the last estimate. There are an estimated 2,300 problem drugs users in Dundee. 1600 are male and 700 are female. Dundee has a ratio of 70% males and 30% females, whereas Scotland has a ratio of 71% males and 29% females. The information in figure 27 is presented as a percentage of the 16 to 64 population who are problem drug users.

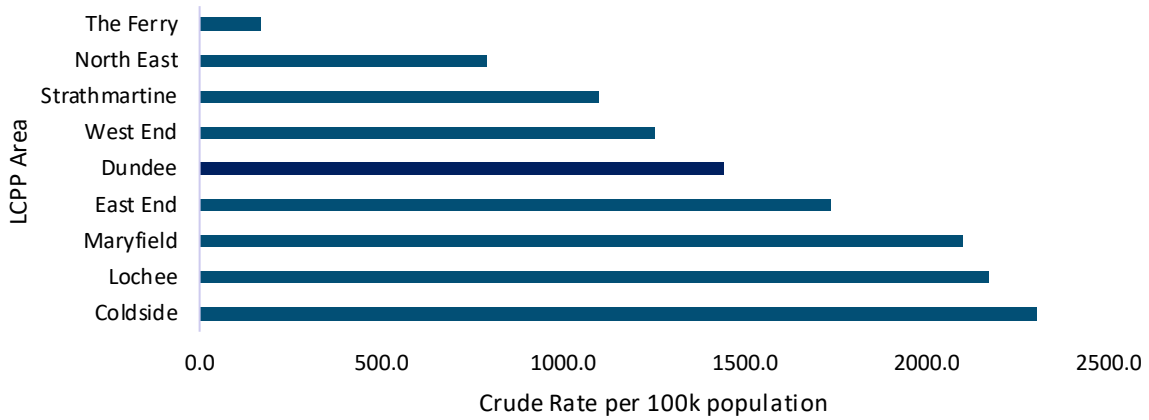
Figure 27: Drug prevalence in Dundee as compared with other local authorities in Scotland



Source: Estimating the Prevalence of Problem Drug Use in Scotland 2015-16, PHS (published 05/03/2019)

Figure 28 shows aggregated drug related hospital discharges from 2015/16-2019/20. The aggregate shows that over the five-year period Coldside and Lochee had the highest rates of drug related discharges. The Ferry and North East had the lowest rates in the time period. The most frequently recorded main reason for drug related discharges during the five-year period was polysubstance use followed by poisoning by benzodiazepines. This is a significant change from previous analysis which found opioids to be the main reason for the episode.

Figure 28: Dundee City drug related hospital discharges by LCPP area of residence, 2015/16-2019/20



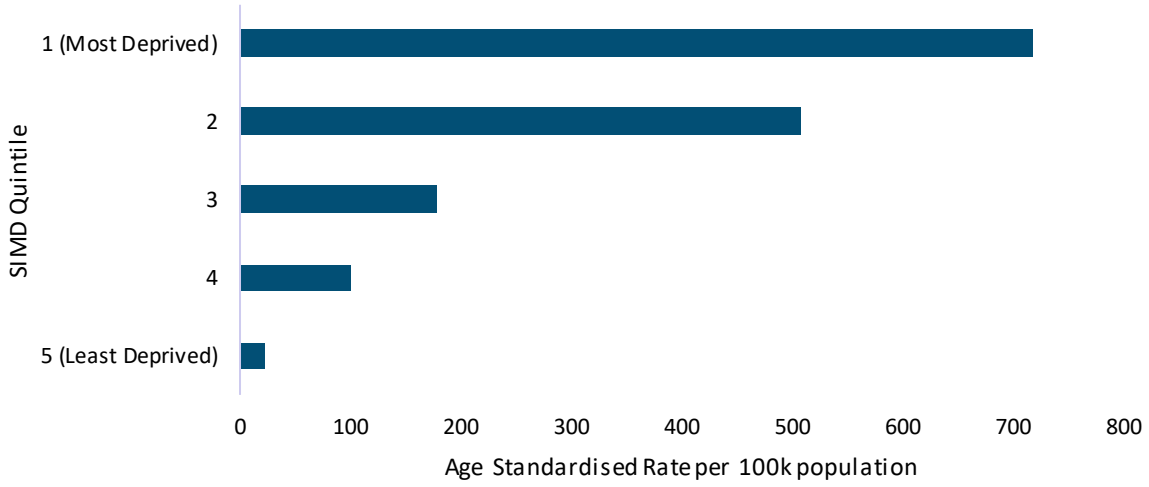
Source: Health Intelligence Team (Extracted from SMR01), NHS Tayside

In Section 2, a description of deprivation was given which explained Dundee's deprivation in relation to the 15% most deprived areas of Scotland.

Deprivation can also be explained and understood by looking at SIMD quintiles. Quintiles split data into 5 groups, each containing 20% of the total data. SIMD Quintile 1 consists of datazones across the city that are the 20% most deprived.

Figure 29 shows that a clear inequality gradient exists in drug related hospital discharges by quintile. The rate of drug related discharges is 20 times higher in the most deprived SIMD quintiles (Quintile 1) than the least deprived (Quintile 5). There should be some caution exercised in interpreting the exact rate of difference however, as the numbers in SIMD Quintiles 4 and 5 are considerably lower.

Figure 29: Age standardised rate of drug related hospital discharges by SIMD quintile for Dundee City, 2019/20



Source: Health Intelligence Team, NHS Tayside

As of March 2021, there were 1,241 people in Dundee in receipt of Opiate Substitution Therapy prescriptions.

Figure 30: Number of people referred to and commencing treatment for drug use within specialist services

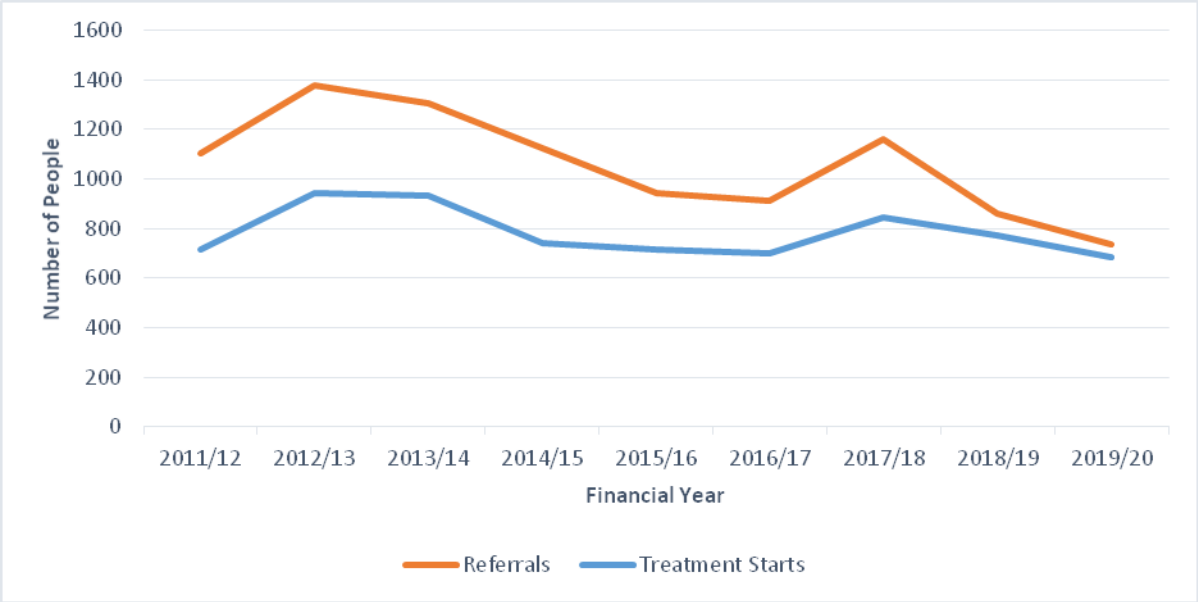
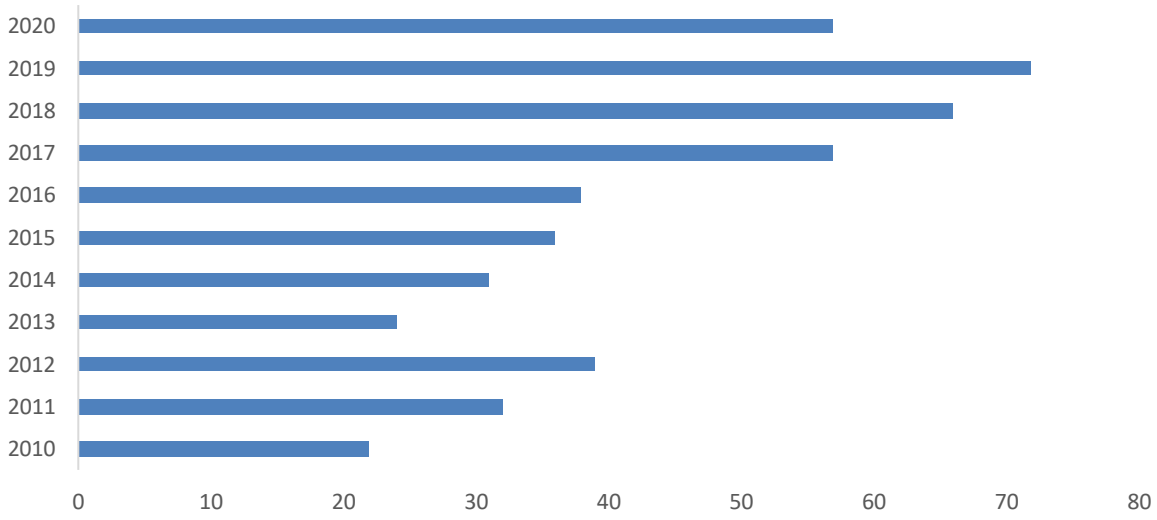


Figure 30 shows that in 2019/20 there were 736 referrals, with 684 people commencing treatment for drug use and specialist services.

Figure 31 shows the number of drug related deaths in Dundee in the years from 2010 to 2020.

Figure 31: Number of drug related deaths from 2010 to 2020, in Dundee



Source: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2020

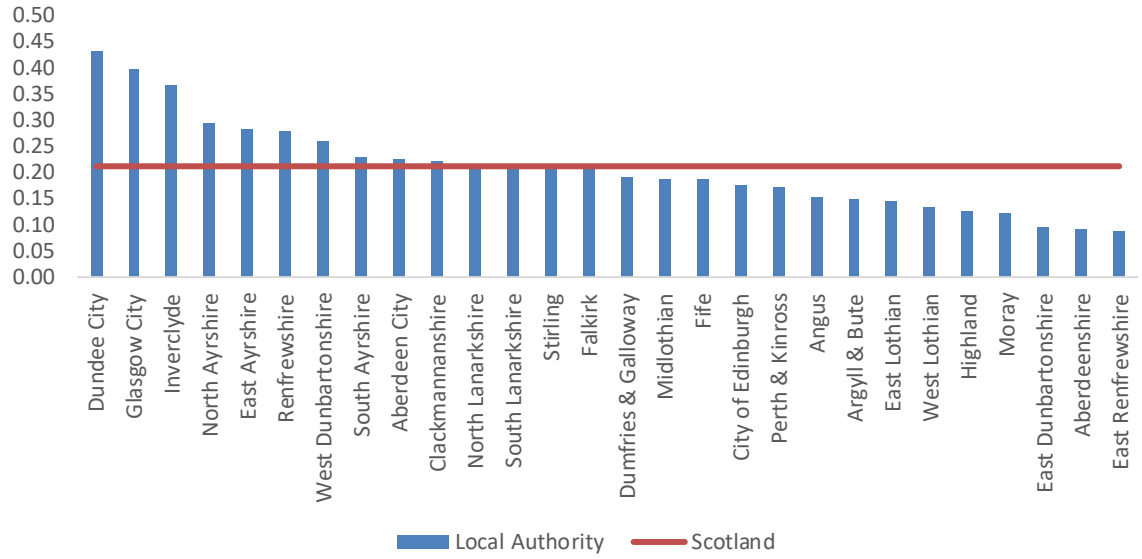
The number of drug related deaths in Dundee has increased since 2010, with 2019 reporting the highest number on record. In 2020, 1,339 drug related deaths were registered in Scotland, of which 57 were in Dundee, showing a decrease of 15 drug related deaths in Dundee compared with 2019.

The data in Figure 31 covers the period 2010-2020. Using a five-year average mitigates any annual fluctuations, and shows that for 2016-2020:

- For Scotland as whole, the average of 1,122 drug related deaths per year represented a death rate of 0.21 per 1,000 of the population.
- Dundee had an average of 58 drug related deaths per year, representing a death rate of 0.39 per 1,000 of the population.

Figure 32 shows the average number of drug related deaths per 1,000 of the population for each local authority area in Scotland.

Figure 32: Average drug related deaths per 1,000 population (2016 to 2020)



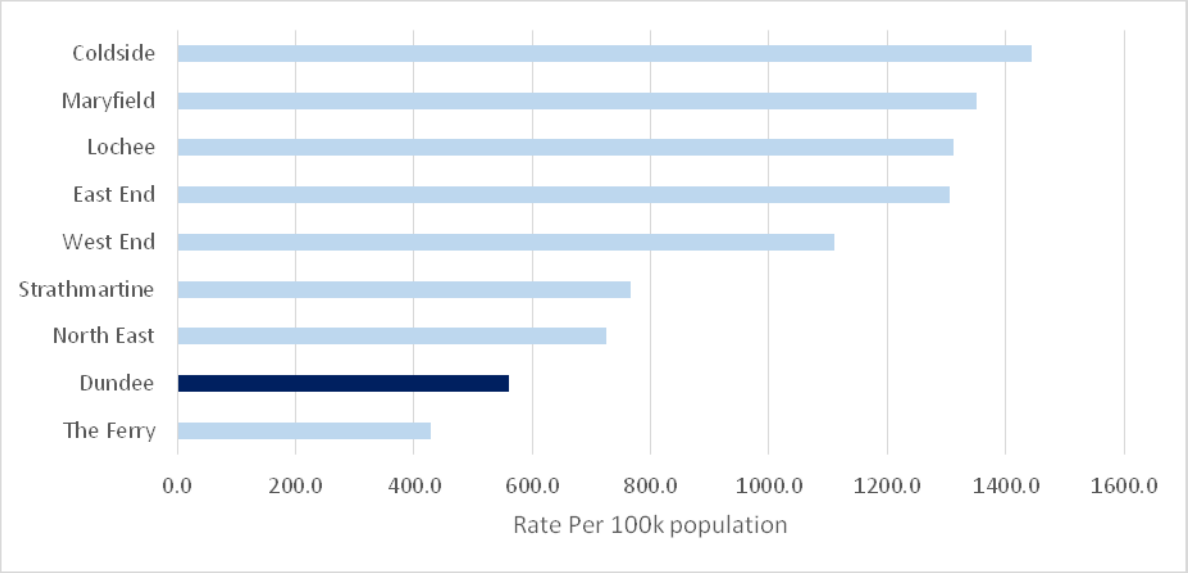
Source: Drug-related Deaths in Scotland in 2020, National Records of Scotland

It is significant to note that Glasgow and Inverclyde (as the only two local authority areas in Scotland with higher levels of deprivation than Dundee) follow Dundee with the next highest rates of drug related deaths. These figures demonstrate the strong link between deprivation and drug use, as well as the impact drug use has on some of our most vulnerable communities in Dundee.

4.8 Alcohol Use

There is a strong link between deprivation and alcohol related harm. The alcohol related Accident and Emergency (A&E) attendance rate across Dundee in 2019 varied from 1,445 per 100,000 in the LCPP area of Coldside to 427 in The Ferry.

Figure 33: Dundee City alcohol related presentation rate to A&E, by LCPP area, 2019



Source: Health Intelligence Team (TrakCare), NHS Tayside

Figure 33 illustrates that LCPP areas with higher deprivation levels account for the highest rates of alcohol related A&E attendances. However, it also shows that alcohol harm has significant impact on all areas.

Figure 34: Dundee City alcohol related presentation rate to A&E, by SIMD quintile, 2019

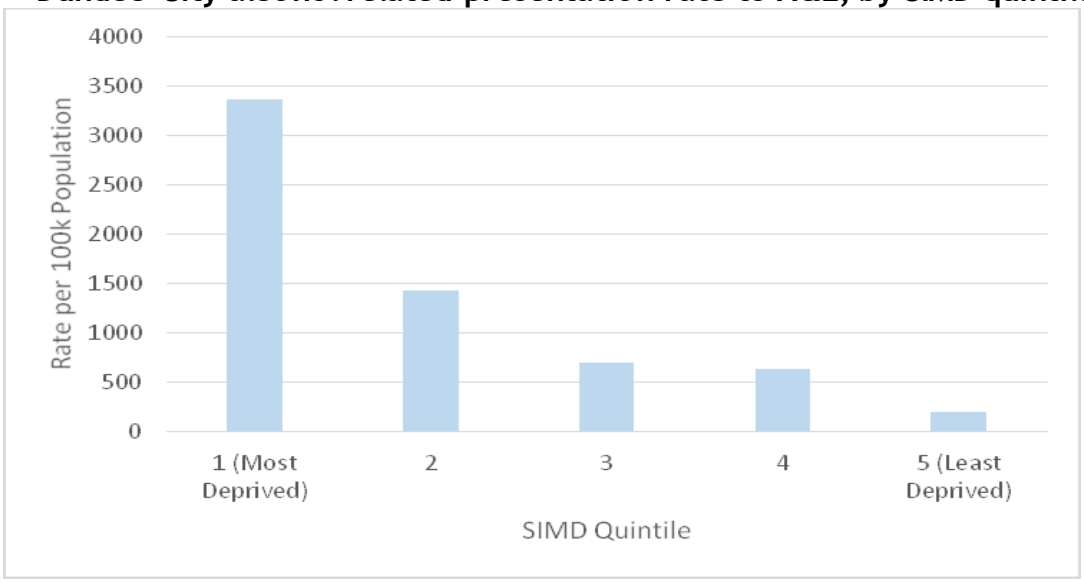
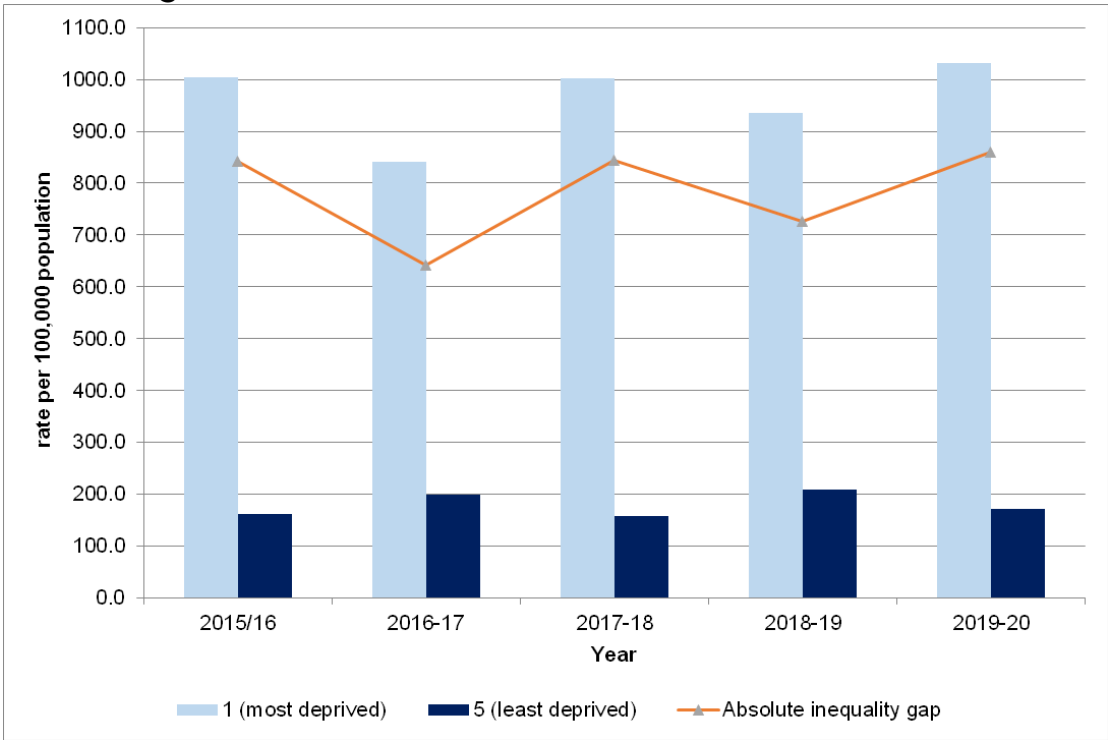


Figure 34 shows there is a clear deprivation gradient for alcohol related attendances at A&E, with individuals from the most deprived areas accounting for 16 times the rate of presentations compared with those from the most affluent areas.

Alcohol related hospital discharges, although smaller in number, display a similar trend to A&E attendances. The rate of discharges for those who live in the most deprived LCPP areas is 6.2 times higher than for those living in the least deprived areas.

Figure 35 demonstrates the large inequalities gap in alcohol related hospital discharges in Dundee between the most and least deprived parts of the city.

Figure 35: Inequalities gap between SIMD Quintiles 1 and 5 in alcohol related hospital discharges in Dundee 2015/16-2019/20



Source: Health Intelligence Team, NHS Tayside

The absolute inequality gap measures the difference between rates in the most and least deprived areas. Figure 35 shows that the gap has fluctuated over the past 5 years but in the latest data is marginally higher than it was in 2015/16.

The rate of alcohol specific deaths has decreased over the past 20 years overall, with a peak average rate in the period from 2004-2008. Figure 35 illustrates changing rates in the rolling average since the year 2000 and although the overall trend is a decrease the past five years show only minor variation in the rates. In the year 2019 (published Dec 2020) there were 30 alcohol specific deaths recorded in Dundee.

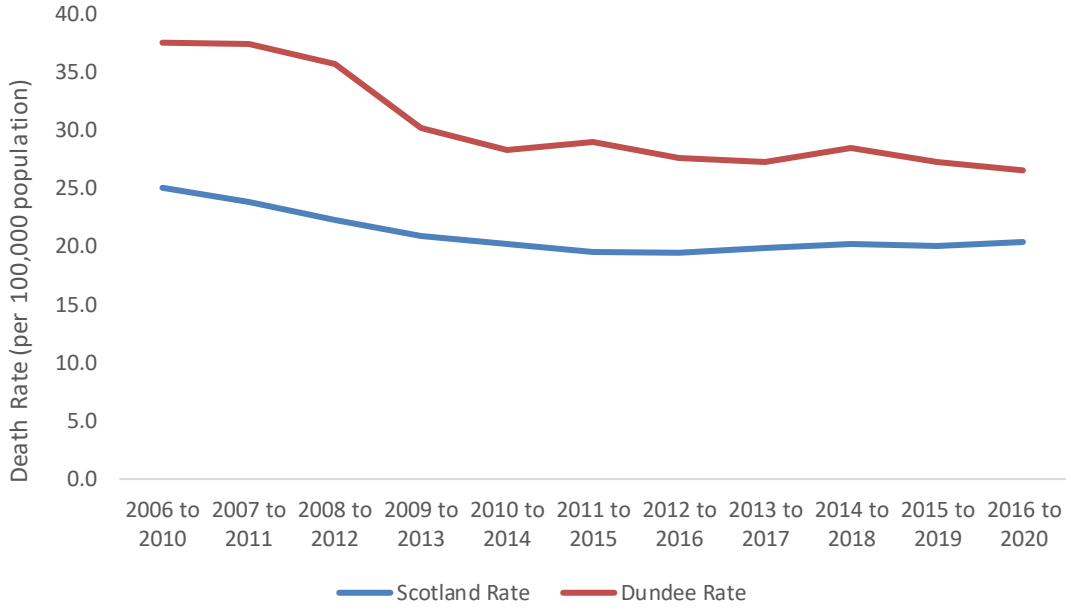
There were 1,190 alcohol specific deaths registered in Scotland in 2020[3], this was an increase of 17% on 1,020 in 2019. This represents a rate of 21.5 deaths per 100,000 population in Scotland. There were 43 alcohol specific deaths registered in Dundee in 2020, which is an increase of 43% on 30 in 2019. This represents a rate of 28.9 deaths per 100,000 population.

The data in Figure 36 covers the period 2006-2010 to 2016-2020. Using a five-year average mitigates any annual fluctuations, and shows that for 2016-2020:

- For Scotland as a whole, the average 5,605 alcohol related deaths registered represented a 20.5 death rate per 100,000 of the population
- Dundee had an average of 176 alcohol related deaths registered which represented a 26.6 death rate per 100,000 of the population

[3] Alcohol-specific deaths 2020 Report, NRS

Figure 36: 5-year average Alcohol Specific Death rate in Dundee City from 2006-2010 to 2016-2020



Source: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths

Figure 37: Number of people referred to and commencing treatment for alcohol use within specialist services

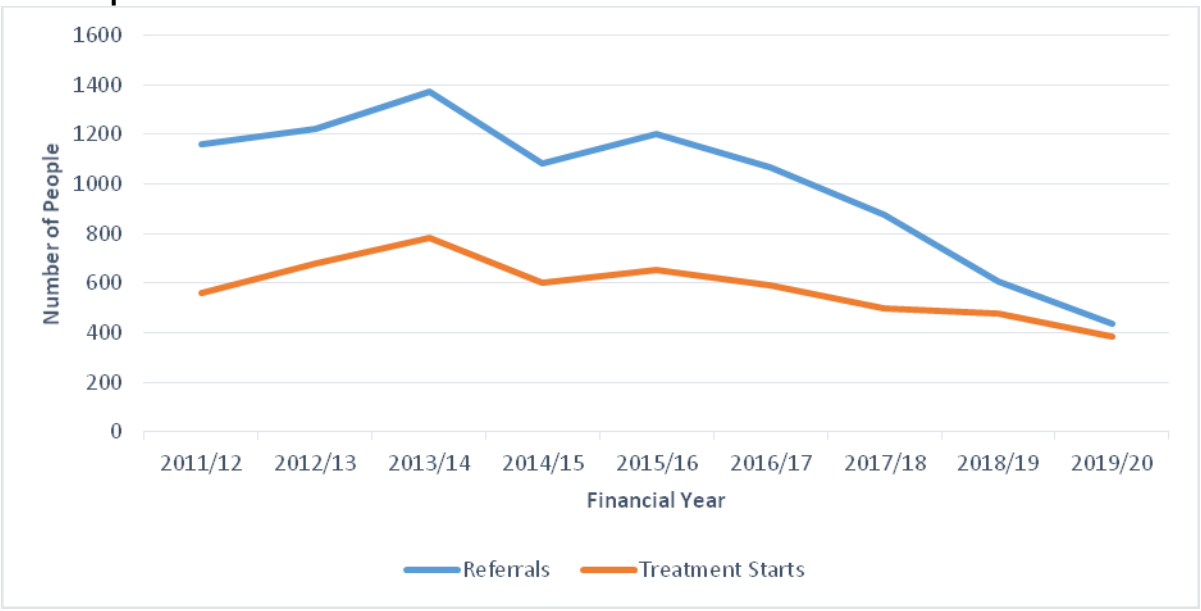


Figure 37 shows that in 2019/20 437 people were referred to alcohol use specialist services, with 383 people commencing treatment.

4.9 Sexual and Reproductive Health and Wellbeing, and Blood Borne Virus

In Scotland there are an estimated 21,000 people living with hepatitis C, which causes progressive damage to the liver. By increasing the number of people treated annually, NHS Scotland will be able to effectively eliminate the condition by 2024.

In 2018, there were 1423 new diagnoses of hepatitis C antibody-positivity. This figure compares with 1814, 1591, and 1511 for calendar years 2015, 2016, and 2017 respectively and represents the lowest number of new hepatitis C antibody diagnoses in Scotland since 1996.

It is estimated that approximately 21,000 individuals were living with chronic hepatitis C infection in Scotland by the end of 2018 and approximately 10,500 of these have been diagnosed.

Hepatitis C testing remains high with 61,376 individuals tested in NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside, and NHS Grampian during 2018. However, the increasing trend observed between 2000 and 2015 has levelled off in the last three years.

In Tayside, a total of 2,609 individuals were initiated onto hepatitis C treatment during financial year 2018/19. This exceeds the government target of 2,000 treatment initiations during that period.

At the time of diagnosis, 13% (185) were aged 20-29 years, 35% (492) were aged 30-39 years, 26% (375) were aged 40-49 years, 17% (236) were aged 50-59 years, and 7% (104) were aged 60+ years.

A new approach to treating people with hepatitis C in Tayside has seen the region become the first in the world to effectively eliminate the virus.

In late 2019, NHS Tayside had diagnosed 90% of patients and treated 80% of eligible infected subjects, meeting the World Health Organisation's (WHO) 2030 target for reducing prevalence of hepatitis C (HCV) 11 years early.

NHS Tayside has now also achieved the Scottish Government's 2024 target of a 90% reduction in prevalence of HCV, making it the first region in the world to effectively eliminate the virus.

HCV is a blood borne virus which affects the liver and can lead to cirrhosis, liver failure or liver cancer. Around 90% of HCV infections occur in people who inject drugs, or have previously done so, through sharing needles. Standard treatments have focused on those who are no longer using drugs or are accessing help services in order to limit the damage done by the virus to their bodies.

The NHS Tayside project, developed in collaboration with the University of Dundee, targets people who inject drugs without waiting until they go on to recovery programmes or stop using drugs. This prevents them passing the virus on to others and helps stop the spread of HCV among the population.

Approximately 1% of the Scottish population live with Hepatitis C (HCV), 80% of whom will go on to develop chronic disease. Prevalence rates are much higher in people who inject drugs of whom an estimated 34% are infected with HCV. It is estimated that there are approximately 2,400 people with HCV living in Dundee. (Health Protection Scotland, 2015).

New therapies have been developed to improve treatment outcomes, and these have increased cure rates to over 95% of cases, even for those with advanced disease. However, despite considerable success in diagnosing those with HCV, there remains a significant undiagnosed

population, posing a risk both to individuals' own health, as well as an ongoing transmission risk to others. It is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10-year period.

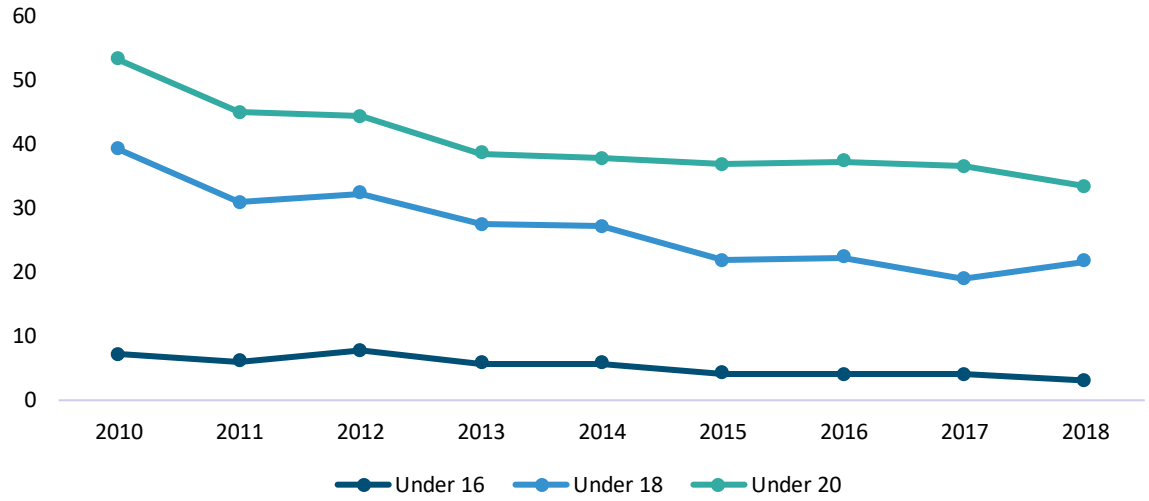
Whilst the prevalence of HIV is relatively low, the burden of disease is unequal, with men who have sex with men being at the greatest risk of transmission. Approximately 24% of people living with HIV are undiagnosed, and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others.

57% of the diagnosed population in Tayside live in Dundee. Sexually transmitted infections are most prevalent in the under 25's and among men who have sex with men.

4.10 Teenage Pregnancies

The latest teenage pregnancy data for 2018 shows that rates of teenage pregnancy continue to reduce year on year in Tayside. Rates have reduced by almost 50% since 2010 and are now at the lowest levels since records began.

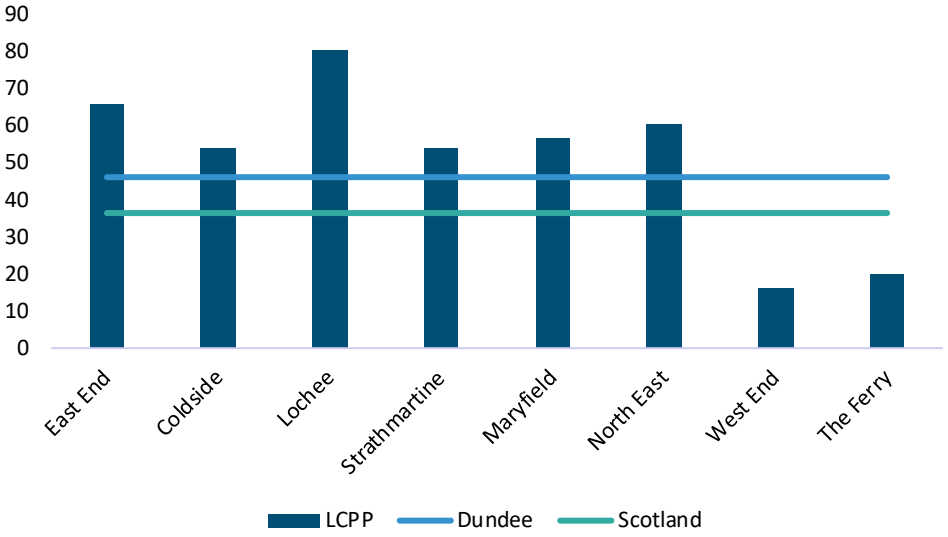
Figure 38: Teenage pregnancies in Dundee: rate per 1,000 females (3 year rolling averages)



Source: ISD July 2018

Figure 38 shows that the rates of teenage pregnancies for females aged under 20 and under 18 have reduced by almost 50% since 2010, and the under 16 rate has reduced slightly.

Figure 39: Teenage Pregnancy rate per 1,000 females by LCPP, 2016-18



Source: ScotPho, 2021

Figure 39 is organised in order of highest deprivation to the left and lowest deprivation to the right. There is a trend between the teenage pregnancy rate and deprivation, with a higher rate of females aged under 20, living in the most deprived LCPP areas who become pregnant, compared with females living in the most affluent LCPP areas.

The Corner is an information and peer led service for children and young people in Dundee which provides a sexual health service by the multi-professional team. Over the years there has been an increase in young people accessing contraception, an indication of more young people taking a preventative approach to potential pregnancy.

Key Findings **Sexual and Reproductive Health and Wellbeing, Blood Borne Virus (BBV) and Teenage Pregnancies**

- There is a strong correlation between deprivation, poor sexual health and BBV.
- It is estimated that there are approximately 2,400 people with Hepatitis C (HCV) living in Dundee. 80% of people with HCV will develop chronic disease, but cure rates have now risen to 95%+.
- There is a significant undiagnosed population with HCV and it is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10-year period.
- Approximately 24% of people living with HIV are undiagnosed and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others. 57% of the diagnosed population in Tayside live in Dundee.
- The rate of teenage pregnancies for females aged under 20 has reduced by almost 50% since 2007 and the teenage pregnancy rate for females aged under 16 has remained consistent.
- There is a link between teenage pregnancy rates and LCPP area. The most deprived LCPP areas have the highest rates.

COVID-19

The National Performance Framework reported that unequal outcomes between different groups existed pre-COVID, and the effects of the pandemic have, in general, worsened this. It has produced disproportionate impacts across a range of outcomes for a number of groups, including: households on low incomes or in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Overlap between these groups mean that impacts may be magnified for some people. The weight of evidence suggests that the pandemic may widen inequalities in income and wealth over the medium term, as well as being likely to make unequal outcomes more severe in a range of other areas.

Engage Dundee Reported that 31% of respondents reported struggling to have a healthy lifestyle during the lockdown period (n=269). Those in the three youngest age group categories had slightly higher than average proportions whilst the age groups with the lowest reported difficulties were 60-64yrs and 65-45yrs. Students and long term sick and disabled had notably higher proportions than average (48% and 42.9% respectively). There was no significant difference between those on benefits and not.

Figure 40: Percentage of those who experienced difficulties with having a healthy lifestyle by age group

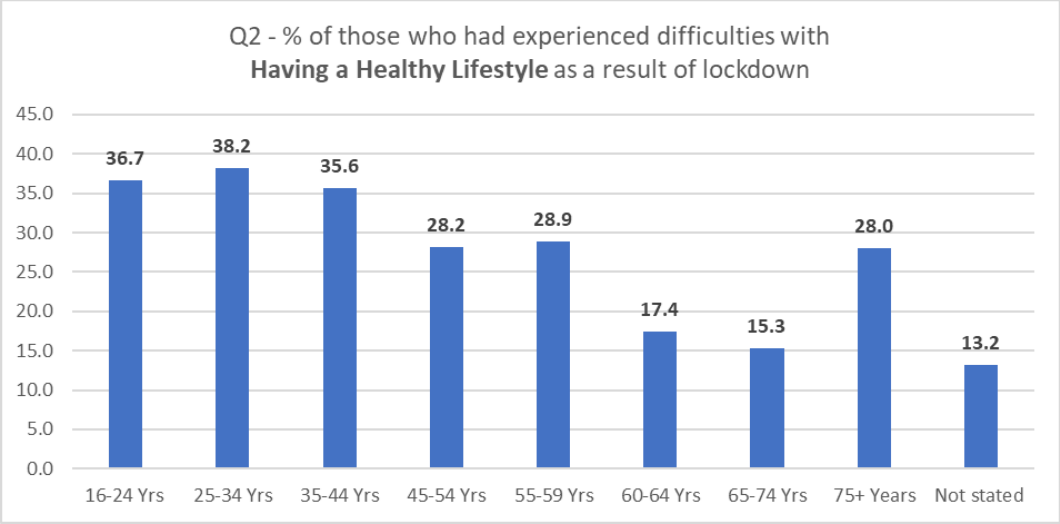


Figure 41: Percentage of those who experienced difficulties with having a healthy lifestyle by employment status

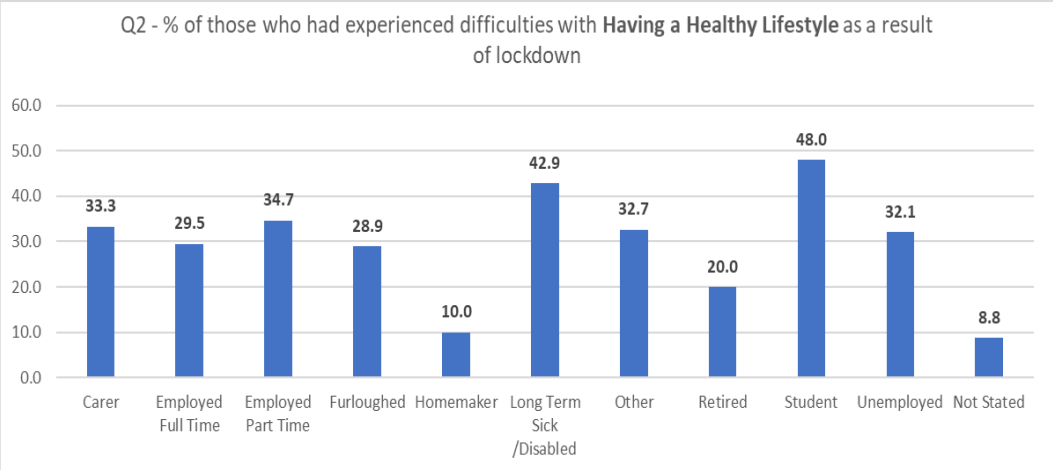


Figure 42: Percentage of those who experienced difficulties with having a healthy lifestyle by benefit status

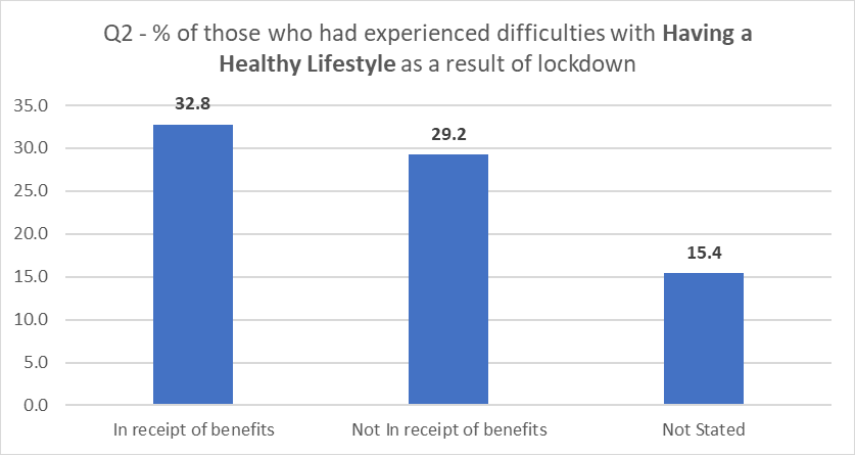
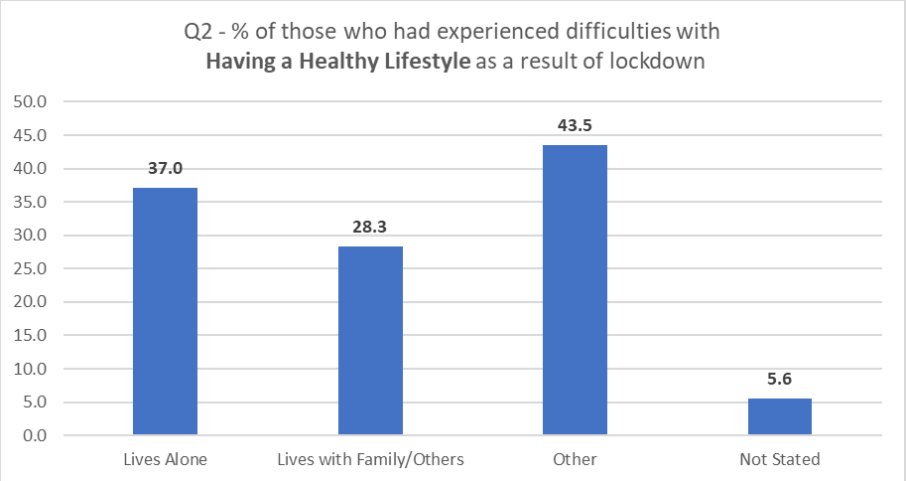


Figure 43: Percentage of those who experienced difficulties with having a healthy lifestyle by age group



The most common challenges reported were the suspension of health and fitness classes or not being able to get out due to shielding. Some people felt their diet was affected due to increased food costs and having to use online delivery services.

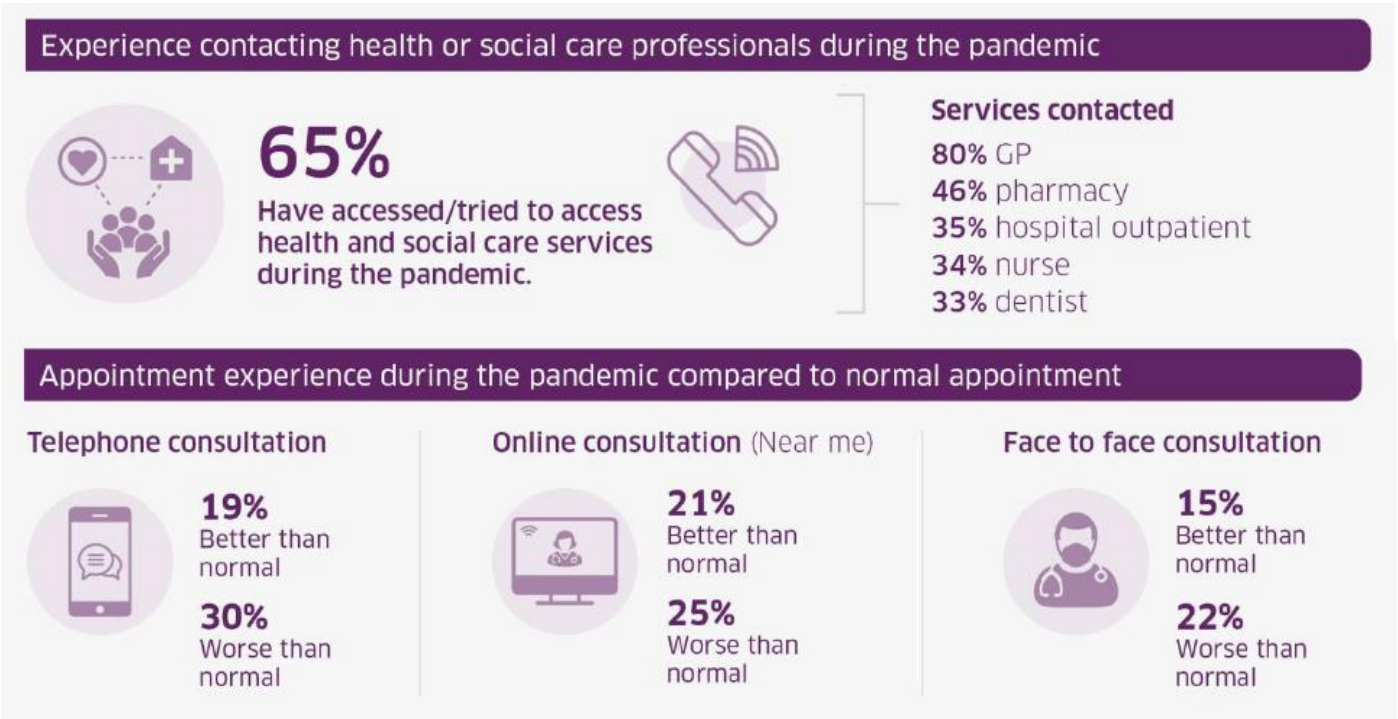
> *Increased expenditure due to home delivery of food and items, no exercise for months has seriously affected my physical health.*

Examples provided by respondents shed further light on the challenges people faced. Active travel was reduced due to people working from home and one respondent did not want to walk or shop with a toddler when public toilets were not open. Several individuals spoke about the negative effects of closure of leisure facilities mentioning specifically gyms, swimming pools, Active for Life and Aqua Fit. Other comments were made around lack of motivation, gaining weight, and increased consumption of takeaways.

> *Because of my age, I have found it difficult to get out and about, shopping, socialising etc. The result of this is that my inactivity has stopped me from staying healthy, I'm not able to take long walks and there's only so many times you can go around the block.*

Initially, because I was shielding, I was not allowed out at all. This really affected me… I was used to going to Aqua Fit twice a week and Line Dancing once a week. This also led to socialising after the events and going for a cuppa with friends. I really missed having structure and exercise in my life, as well as the social aspect.

Healthcare Improvement Scotland Citizen's panel survey received responses from 652 people and the responses were as follows:



64%

were willing to see a health or social care professional via online tools to help health services to resume.

58%

were willing to see a health or social care professional over the phone instead of face to face.

55%

were willing to update information on their condition or wellbeing through an app, text or website.

30% have missed routine appointments during the pandemic. → **29%** of those who missed appointments said a health or social care professional checked up on them.

Virtual visiting

82% said it was very important or important for virtual visiting to be provided as another option for hospital visiting in the future.

Support from the community

20% said that their health and wellbeing has been supported by the community since the COVID-19 pandemic started in March 2020. This was most likely to be having someone to have a chat with (**65%**), help with shopping (**49%**) or help collect to a prescription (**31%**).

Health

- ✓ Access to and availability of health services reinstating services (**52%**)
- ✓ Getting back to normal (**91%**)
- ✓ Getting the treatment and support required (**8%**)
- ✓ Face to face appointments (**8%**)

Social care

- ✓ Access to services required (**27%**)
- ✓ Continuation of support and services back up and running (**8%**)
- ✓ Care for the elderly, vulnerable and care homes (**6%**)
- ✓ Support for vulnerable children (**4%**)

Source: Healthcare Improvement Scotland, 2021

Long Term Health Conditions

5.1 Prevalence of Long Term Health Conditions

It is estimated from Scottish Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition [4]. Results from the Scottish Burden of Disease study[5] 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.

Figure 44: Estimated numbers of Dundee City residents living with selected long-term conditions

Cardiovascular diseases	**Prevalence estimate (rounded to nearest 100)**
Ischaemic (Coronary) heart disease	6,000
Cerebrovascular disease (including stroke)	2,800
Atrial fibrillation and flutter	2,800
Peripheral vascular disease	2,500
Chronic respiratory diseases	
Asthma	9,200
Chronic obstructive pulmonary disease (COPD)	3,600
Neurological disorders	
Alzheimer's disease and other dementias	1,900
Parkinson's disease	300
Epilepsy	1,300
Multiple sclerosis	200
Mental health	
Schizophrenia	600
Anxiety disorders	14,200
Depression	12,300
Musculoskeletal disorders	
Rheumatoid arthritis	800
Osteoarthritis	9,600
Other long term conditions	
Diabetes mellitus	7,700
Chronic kidney disease	4,600

Source: Scottish Burden of Disease Study, Local Authority estimates, 2016[6]

Robust estimates of the population prevalence of Long Term Conditions in each of Dundee's Localities are not readily available. However, we can examine something of the relative numbers

[4] https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/
[5] https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/
[6] https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/

of people with some conditions, across each of the Dundee GP practice clusters. The numbers by practice cluster won't match up exactly with the estimates for the whole Dundee City population, due to differences in definitions and ways of counting, and because Dundee GP practices also often serve patients who live in the neighbouring Council areas of Angus, Perth & Kinross, and Fife.

Figure 45: Numbers of people on GP practice cluster registers for selected long-term conditions

	Dundee 1	Dundee 2	Dundee 3	Dundee 4
Asthma	3,385	2,126	2,531	3,037
Atrial Fibrillation	896	773	693	770
Coronary Heart Disease (CHD)	1,947	1,394	1,588	1,564
Chronic Kidney Disease (CKD) (Age 18+)	1,378	1,058	1,037	1,105
Chronic Obstructive Pulmonary Disease (COPD)	1,991	903	1,405	1,156
Dementia	464	410	430	375
Depression (Age 18+)	4,032	2,444	1,397	1,977
Diabetes (Age 17+)	2,933	1,953	2,177	2,405
Heart Failure	639	347	344	451
Hypertension (High Blood Pressure)	6,658	5,143	5,343	6,073
Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.	703	325	533	499
Peripheral Arterial Disease	660	403	424	370
Rheumatoid Arthritis	290	220	216	256
Stroke	1,243	949	959	892

Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019[7])

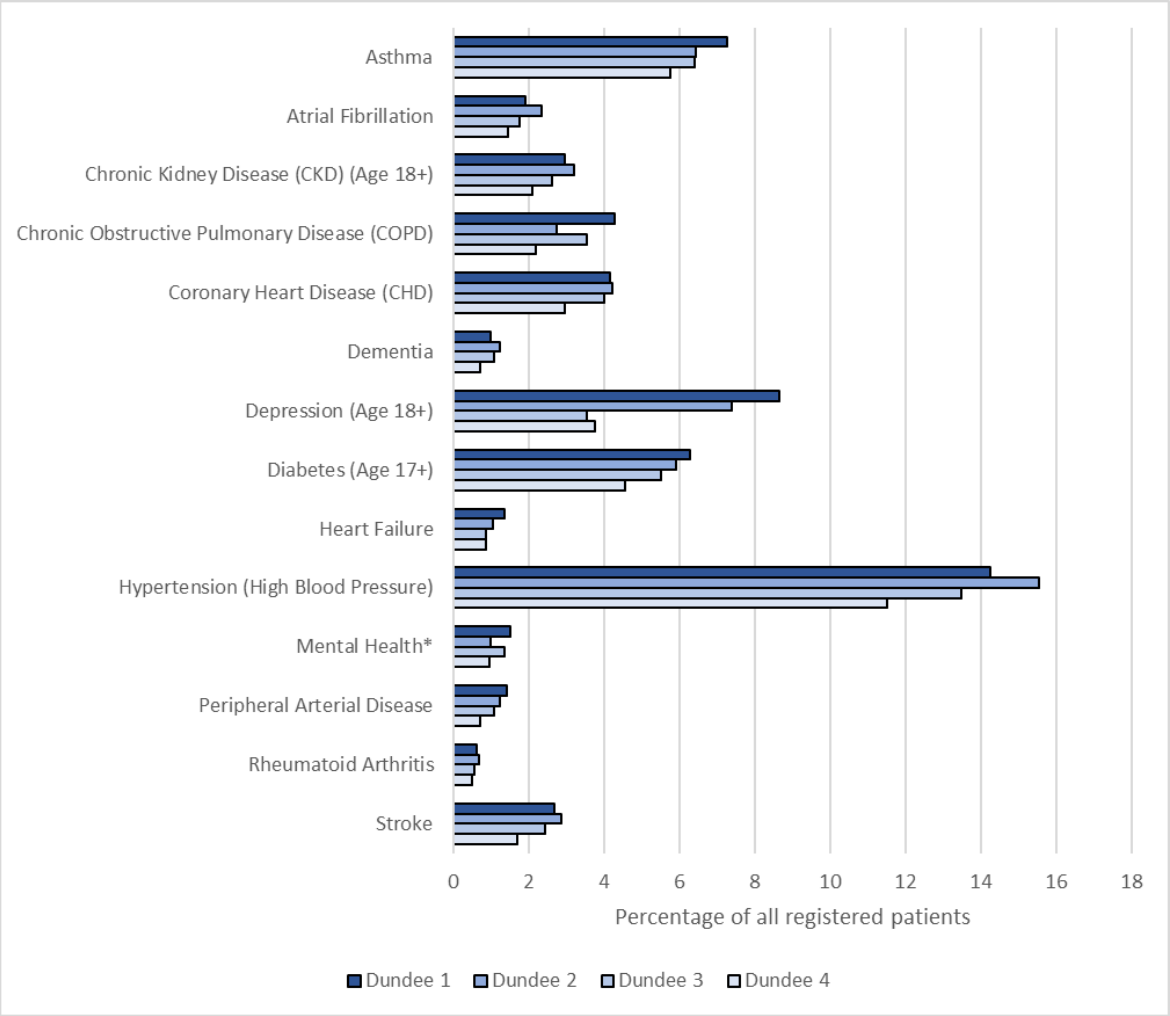
Key to Dundee practice clusters *(These also serve patients resident in other areas, particularly Angus, Perth and Kinross, and Fife)*	
Dundee 1	*7 practices: Park Avenue Medical Centre, Family Medical Group (Wallacetown Health Centre), Erskine Practice, Mill Practice, Terra Nova Medical Practice LLP, Maryfield Medical Centre, Whitfield Surgery.*
Dundee 2	*4 practices: Grove Health Centre, Taybank Medical Centre, Princes Street Surgery, Broughty Family Healthcare.*
Dundee 3	*7 practices: Ancrum One, Coldside Medical Practice, Downfield Surgery, Hillbank Health Centre, Ancrum Medical Centre, Lochee Health Centre, Invergowrie Medical Practice. Whilst Invergowrie is physically within Perth & Kinross, the practice is part of the Dundee 3 cluster.*
Dundee 4	*6 practices: Tay Court Surgery, Westgate Medical Practice, Hawkhill Medical Centre, Ryehill Medical Practice, Nethergate Medical Centre, Muirhead Medical Centre. Whilst Muirhead Medical Centre is physically within Angus, it is part of the Dundee 4 cluster.*

As the four Dundee GP practice clusters are of different sizes (cluster 4 is the largest in terms of registered patients, and cluster 2 the smallest), it can also be useful to consider what percentage

[7] https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/

of patients in each cluster are included on the practice registers for each condition. These rates are crude, as they can't be adjusted to take account of age and other demographic variations between the practices' patients. There is also some caution needed as maintaining these disease registers has not been a formal requirement in the past few years. However, we can use this information as a broad indication of variations between the practice clusters.

Figure 46: Numbers of people on GP practice cluster disease registers, as a percentage of all registered patients



**Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.*
Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019[8])

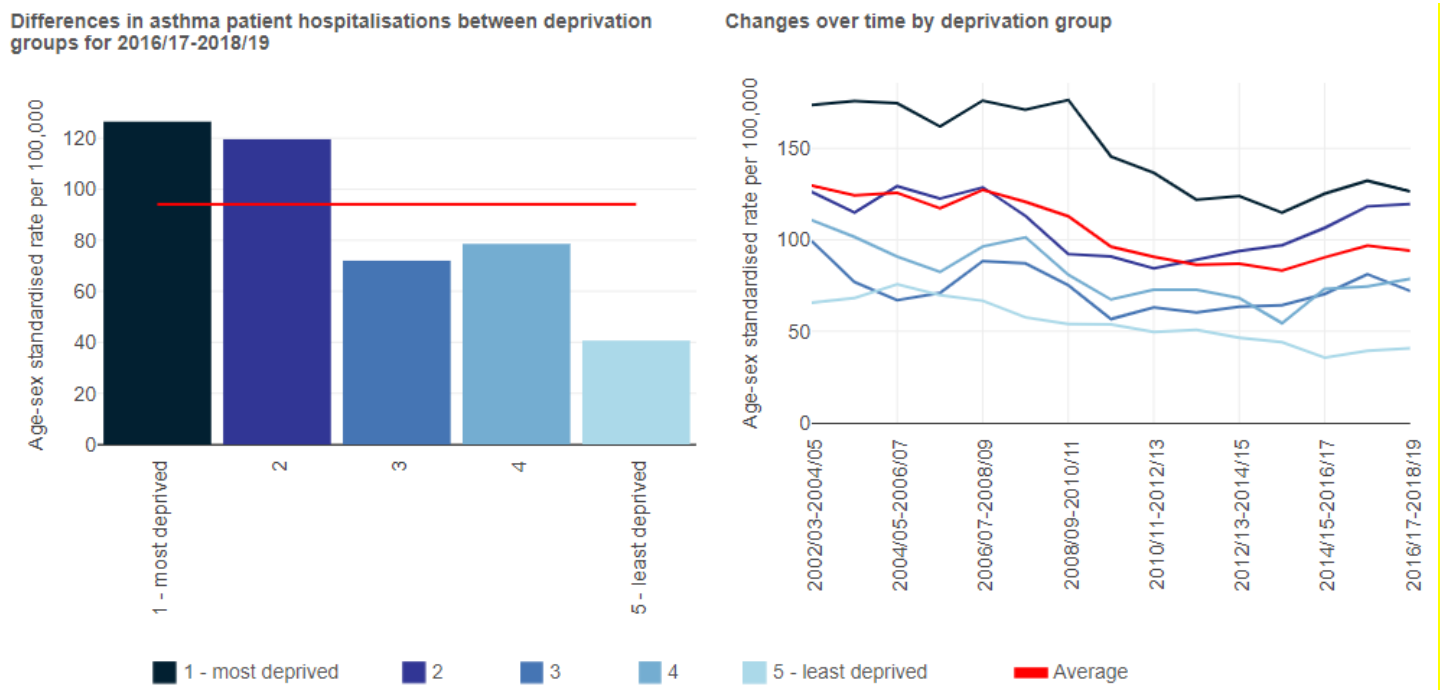
[8] https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/

It is widely accepted that deprivation increases the risk of early death and is associated with higher rates of illness from certain diseases. There is also often a relationship between deprivation and people being admitted to hospital for a long term condition. Health Inequalities Profiles published by the Scottish Public Health Observatory (ScotPHO) illustrate this for three common long term conditions: Asthma, COPD and Coronary Heart Disease (CHD). In each case, hospitalisation rates amongst people living in the most deprived areas of Dundee are clearly higher than amongst people living in the least deprived areas.

Asthma patient hospitalisations by Deprivation Quintile: Dundee City residents

Over the three years 2016/17-2018/19 combined, asthma patient hospitalisations would have been 58% lower if the levels of the least deprived area were experienced across the whole population.

Figure 47: Asthma patient hospitalisations by Deprivation Quintile, per 100, 000 population, Dundee



Source: ScotPHO profiles (Health Inequalities) https://scotland.shinyapps.io/ScotPHO_profiles_tool/

COPD patient hospitalisations by Deprivation Quintile: Dundee City residents

Over the three years 2016/17-2018/19 combined, Chronic obstructive pulmonary disease (COPD) patient hospitalisations would have been 78% lower if the levels of the least deprived area were experienced across the whole population.

Figure 48: COPD patient hospitalisations by Deprivation Quintile, per 100, 000 population, Dundee

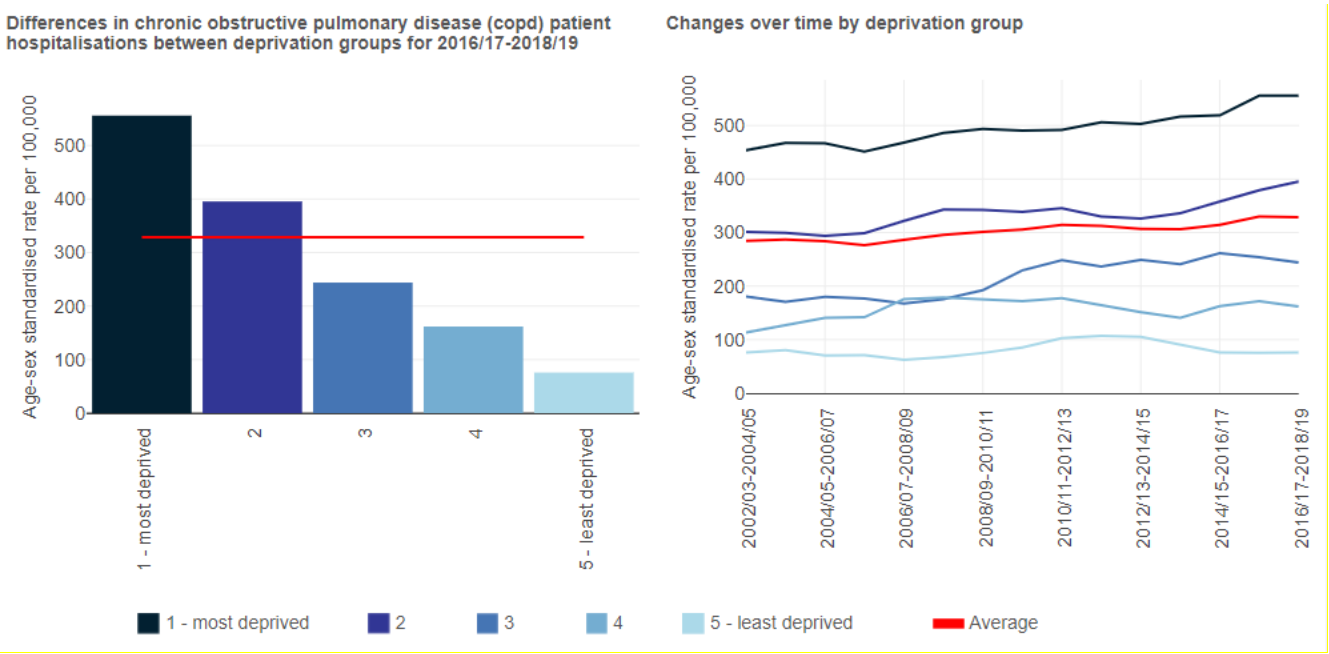


Figure 49: Number of COPD Hospital Admissions as a rate per 1,000 population, Dundee

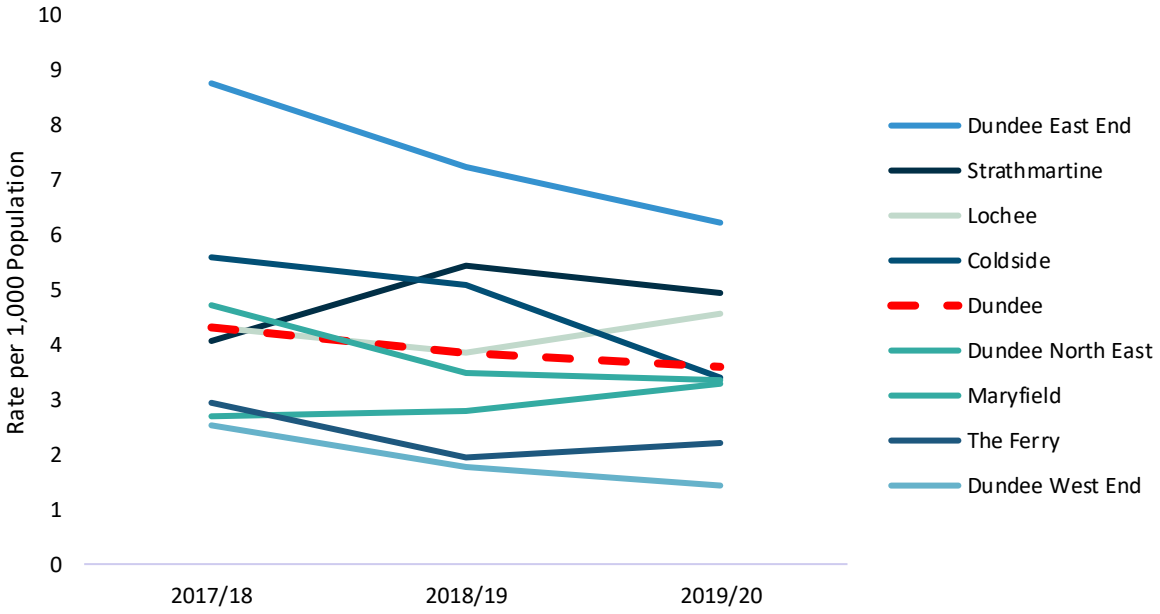
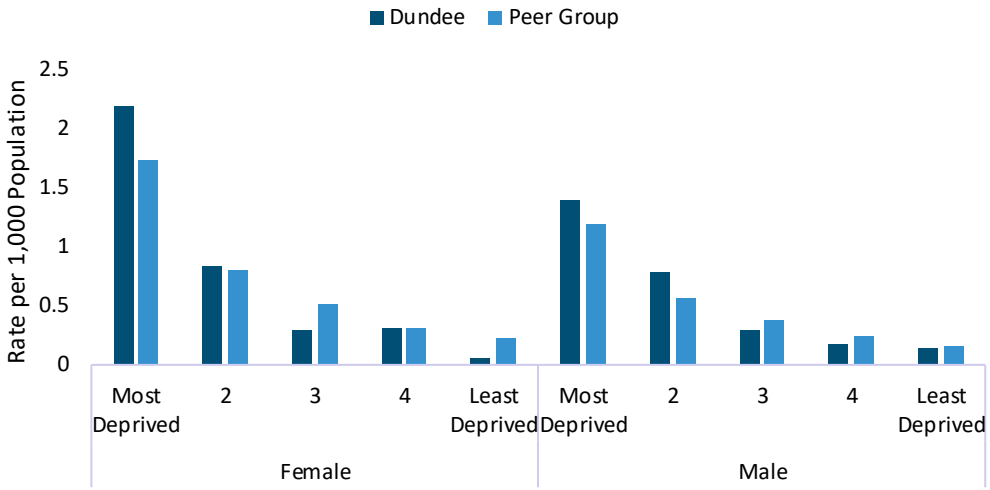


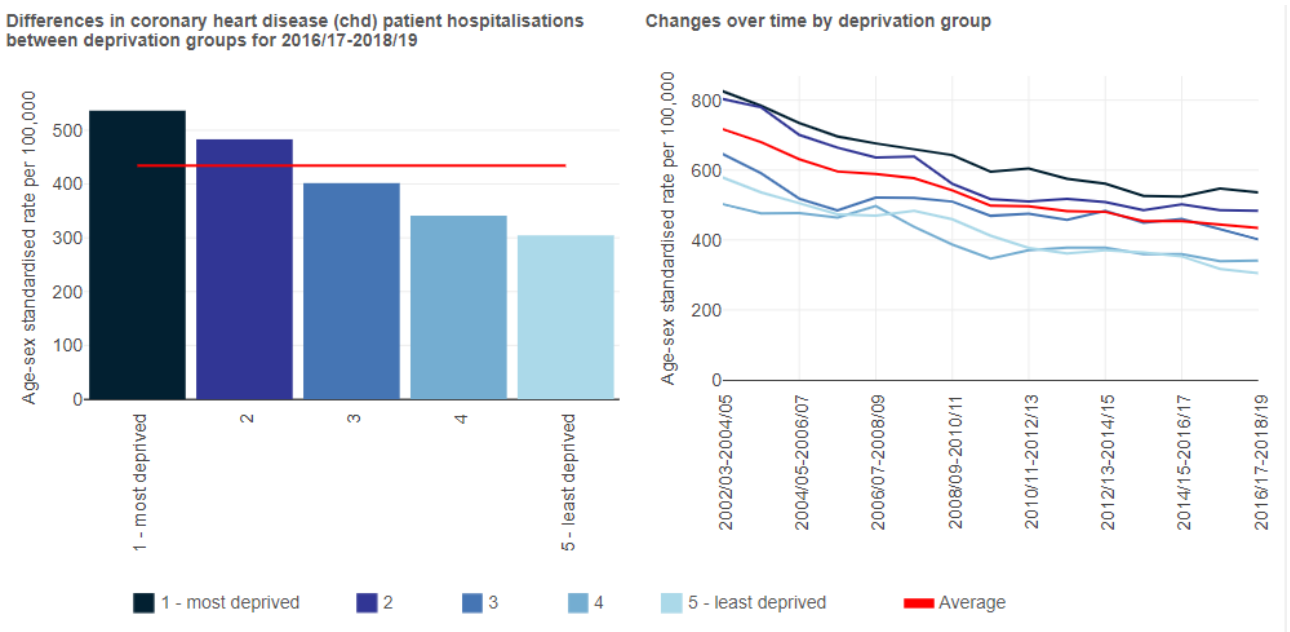
Figure 50: Number of COPD Hospital Admissions as a Rate per 1,000 populations, by deprivation in Dundee, 2019/20



Coronary Heart Disease (CHD) patient hospitalisations by Deprivation Quintile: Dundee City residents

Although admission rates for CHD have generally come down in recent years, there is still a clear relationship with deprivation. Over the three years 2016/17-2018/19 combined, Coronary Heart Disease (CHD) patient hospitalisations would have been 31% lower if the levels of the least deprived area were experienced across the whole population.

Figure 51: Coronary Heart Disease patient hospitalisations by Deprivation Quintile, per 100,000 population Dundee



Source: ScotPHO profiles (Health Inequalities) https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Multi-morbidity

The planning of health and social care also needs to consider that often people experience multi-morbidity and live with two or more long term conditions.

Considering the many long term conditions that people can live with, and that whilst some people can self-manage their conditions and others need varying degrees and types of support, multi-morbidity can be challenging to measure in a detailed and thorough way. However, we can gain some illustrative insights from a mixture of sources. Periodic large-scale sources (such as Scotland's Census) or occasional research projects can give us some useful information. In addition, we can analyse, by locality of residence, how many people have had one or more of a selection of LTCs recorded during a previous hospital admission. Whilst hospital admission data alone does not give us a full count of everyone living with a health condition, it can help to illustrate how the likelihood of having one or more LTCs increases with increasing age. The table below shows that across all Dundee's localities, the older someone is, the more likely they will have had at least one Long Term Condition recorded from a hospital admission. This table also shows that there are variations between the localities. For example, residents of Dundee East End are most likely, across all the Dundee localities, to have had a long term condition recorded on a hospital admission before the age of 75.

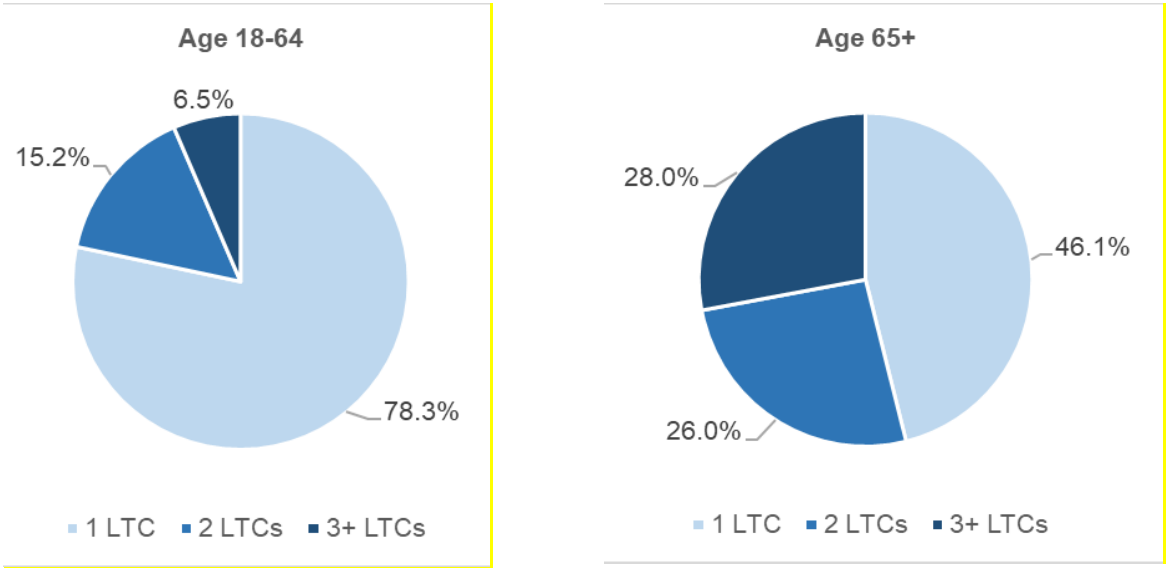
Figure 52: Percentage of Dundee locality residents who have had one or more physical Long Term Conditions* recorded during a previous hospital admission, by age group

	Percentages by age group			
Locality of residence	**18-64**	**65-74**	**75-84**	**85+**
Coldside	15.0	52.5	67.4	79.4
Dundee East End	18.5	53.1	68.4	75.7
Dundee North East	16.8	49.2	71.6	79.0
Dundee West End	8.7	44.3	62.8	72.4
Lochee	17.1	48.0	62.8	74.9
Maryfield	12.1	44.5	61.6	77.0
Strathmartine	17.3	47.0	66.6	78.7
The Ferry	13.2	41.4	62.5	76.8
Dundee - total	14.4	47.2	65.1	76.6

**A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).*

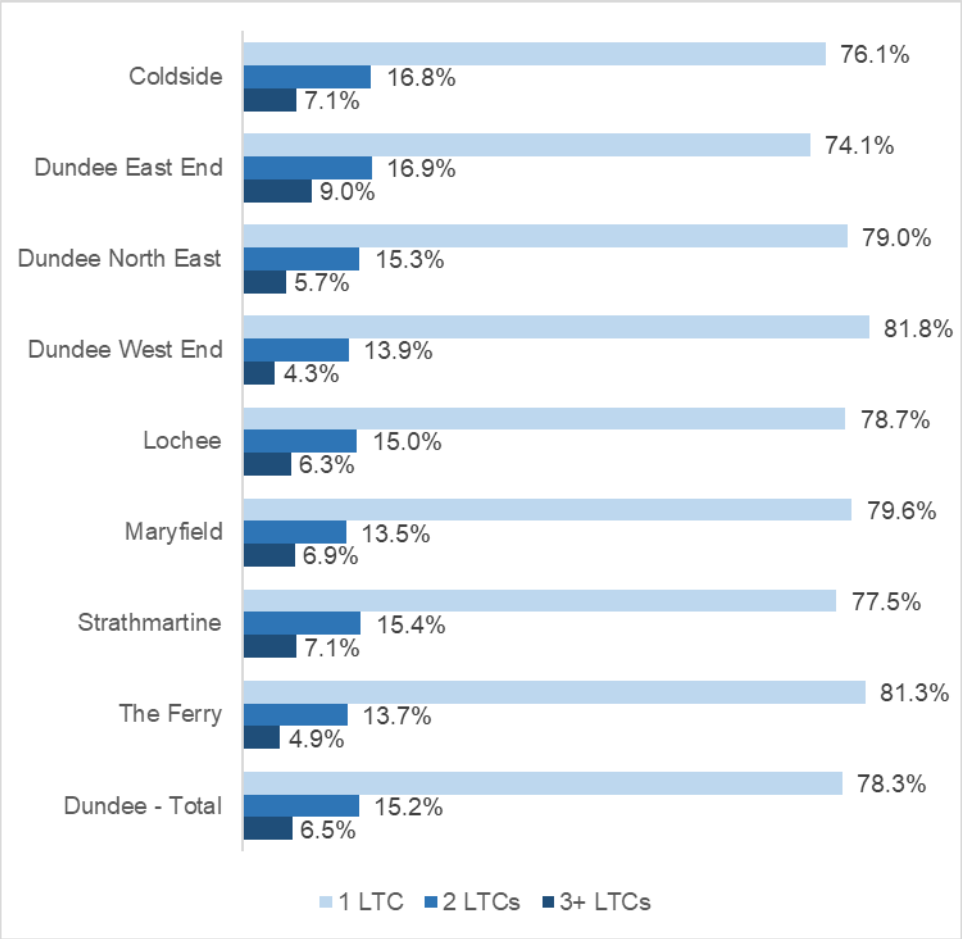
Within the population who have had any of these physical long term conditions recorded during a previous hospital admission, it is also clear that older adults are much more likely to be experiencing multi-morbidity, that is, two or more conditions. For instance, amongst Dundee residents aged 65+ who had had any of these LTCs recorded from a previous hospital admission, over half (54%) had two or more of these conditions. The corresponding percentage in adults aged 18-64 was lower, at 22%. However, these data nonetheless illustrate that it is not uncommon for younger adults to be living with two or more long term conditions. We can also see that there is variation across Dundee's localities. For example, in Dundee East End, people aged 18-64 are more likely to have had two or more LTCs recorded than those living in Dundee West End, or The Ferry.

Figure 53: Dundee residents with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by age group



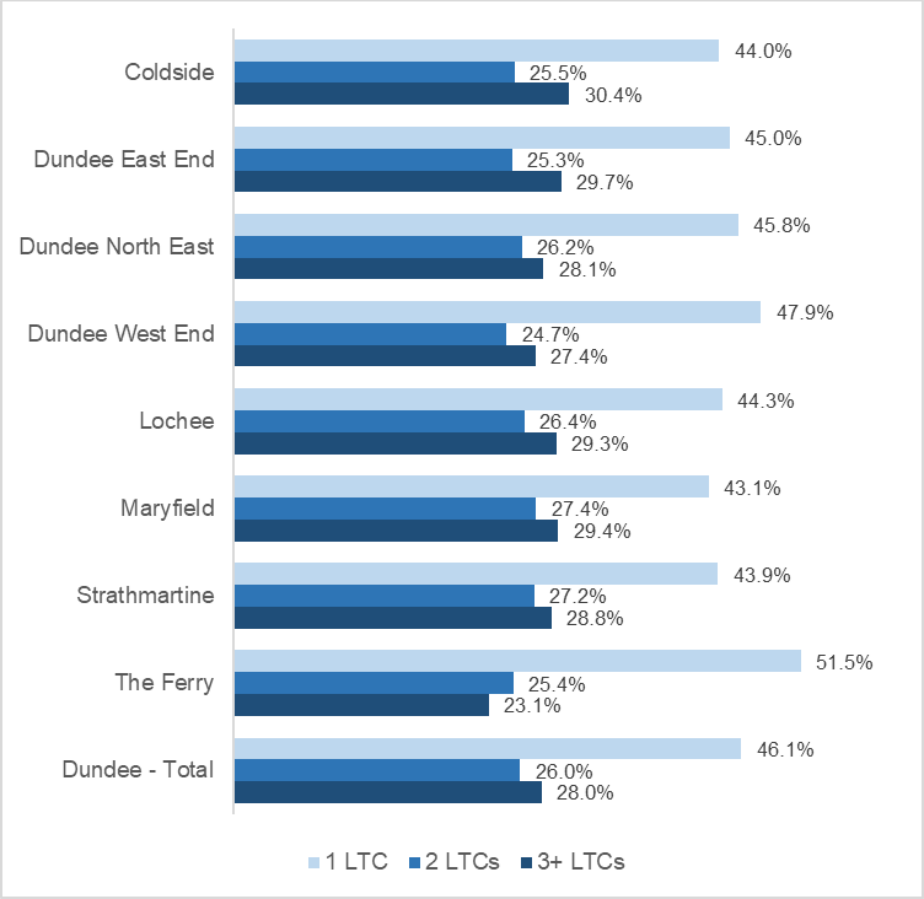
**A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).*

Figure 54: Dundee residents aged 18-64 with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by Locality



**A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).*

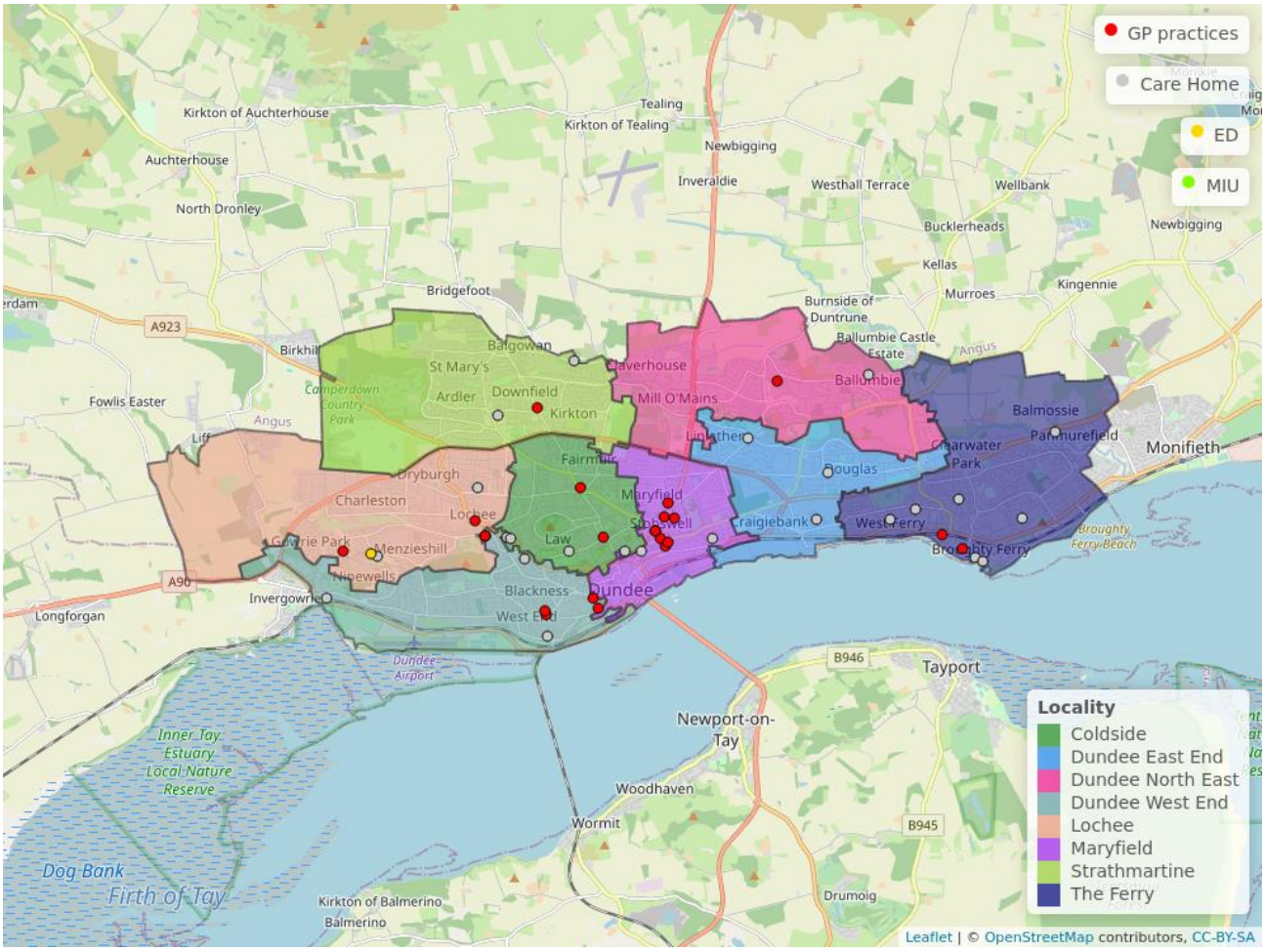
Figure 55: Dundee residents aged 65 and over with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by Locality



In Dundee many people are not registered with the GP practice closest to their home and choose to travel across the city to attend a GP appointment.

Analysis by long term condition prevalence was completed at LCPP area level, however results were found to be flawed for this reason. During analysis, it was found that data was skewed by GP practice populations. Localities with the largest GP practice populations had the highest prevalence rate when calculating rate against the locality population.

Figure 56: Location of Dundee GP Practices



The map in Figure 56 shows the distribution of GP surgeries in Dundee. There are GP practices not shown on the map, as they are out-posted from other GP practices. The Douglas surgery is not shown, as it is run by a GP Practice based in Wallacetown Health Centre, and the Finmill surgery is not shown as it is run by Erskine Practice based at Arthurstone Medical Centre.

The map shows that GP practices are not evenly spread across the city and there is a cluster of practices in the Maryfield LCPP area. Additionally, there are only 3 GP surgeries situated to the north of The Kingsway.

Dundee GP surgeries have unusual registration patterns. Most people are registered with GP surgeries out with the area where they live. Table 2 shows which GP surgeries people are most likely to be registered with, by area where they live.

Figure 57: GP Practices where people are most likely to be registered, by LCPP area in which they live

LCPP area	GP Practices where people are most likely to be registered by LCPP area in which they live
Coldside	Hillbank Health Centre (14%), Coldside Medical Practice (11%)
East End	Wallacetown Health Centre (17%), Mill Practice (10%)
Lochee	Westgate Medical Practice (16%), Lochee Health Centre (14%)
Maryfield	Taybank Surgeries (10%), Nethergate Medical Centre (9%)
North East	Mill Practice (17%), Taybank Surgeries (7%)
Strathmartine	Downfield Surgery (22%), Coldside Medical Practice (8%)
The Ferry	Broughty Ferry Health Centre (35%), Grove Health Centre (22%)
West End	Hawkhill Medical Centre (30%), Nethergate Medical Centre (13%)

The LCPP areas with the highest rates of people with one or more health condition are East End, Coldside and Lochee. However, Figure 57 shows that in Coldside, for example, only 25% of the population choose to attend a GP Practice closest to where they live.

5.2 Prevalence of Multi-Morbidities Experienced at a Younger Age

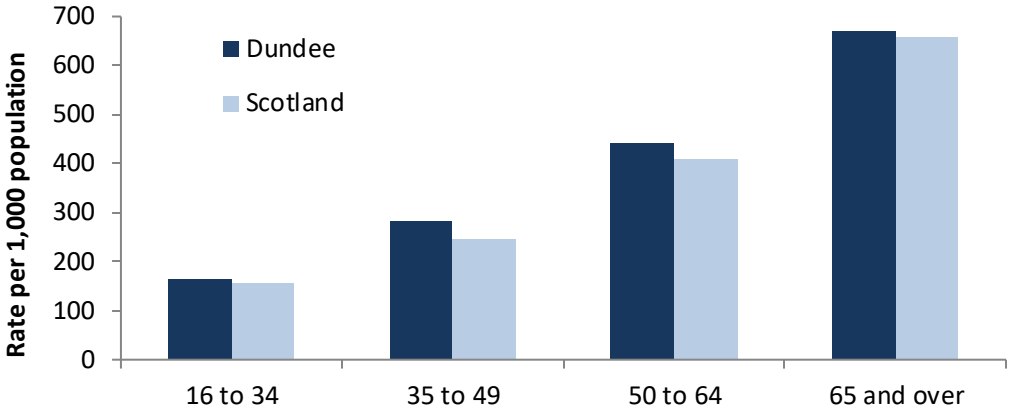
A Scottish cross-sectional study of 1.8 million people found that, while the prevalence of two or more health conditions increased with age, the number of cases under 65 years old was greater than those 65 years and older (Barnett, et al., 2012). In addition, the onset of multi-morbidity was 10 to 15 years earlier for those living in the most deprived areas, with this group experiencing a greater prevalence of mental health disorders. These findings are also consistent with those within the Kings Fund review of long-term conditions and mental health, which reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.

"People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities" (Naylor et al 2012)

While we expect the number of older people to rise over the next 22 years (and therefore the number of people with one or more health conditions) we also know that the effects of deprivation and health inequalities lead to more people in Dundee experiencing age associated morbidities and multi-morbidities (more than one health condition) at a younger age than many people living elsewhere in Scotland. This means that many people enter older age with pre-existing health conditions and that they have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.

Figure 58 shows the rate of people living in Dundee and Scotland who have one or more health condition.

Figure 58: One or more health condition: rate per 1,000 of the population (aged 16 and over) in Dundee and Scotland

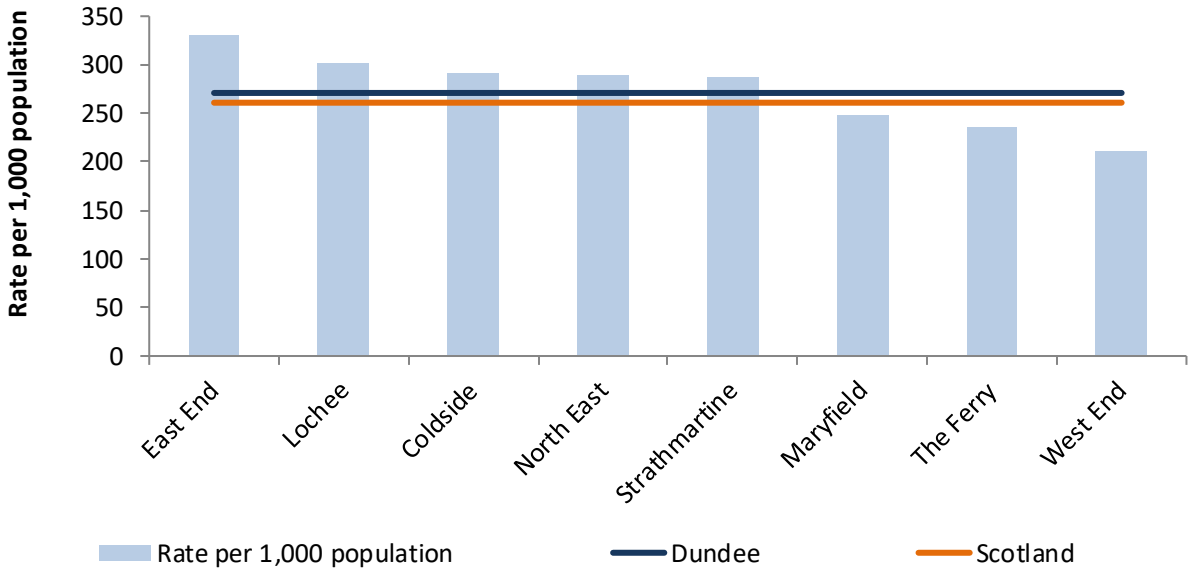


Source: Scotland Census 2011

Figure 58 shows that across each age group the rate of people in Dundee is higher than in Scotland as a whole.

There is however considerable variation in multi-morbidity rates **between LCPP areas** across the city, and not all LCPP areas contribute to this trend. Figures 59 and 60 show the rate of people (aged 16-64, and those over 65) with one or more health condition in each LCPP area, as compared with the Dundee and Scotland average rates.

Figure 59: Number of people per 1,000 of the population (aged 16 to 64) with one or more health condition by LCPP area, Dundee and Scotland

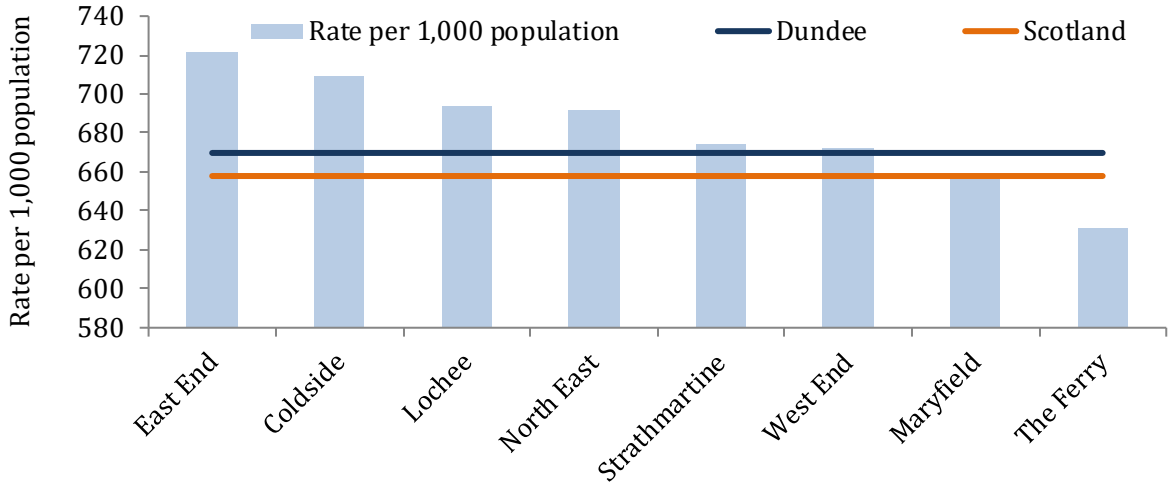


Source: Scotland Census 2011

It has already been noted that the East End and Lochee are the LCPP areas with the highest levels of deprivation and these figures indicate that they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

There is extensive evidence of the relationship which exists between deprivation and health conditions. These figures demonstrate the level of impact deprivation is having on the health of people aged 16-64 living in LCPP areas across the city.

Figure 60: Number of people per 1,000 of the population (aged 65 and over) with one or more health conditions by LCPP area, Dundee and Scotland



Source: Scotland Census 2011

As with the analysis of the 16-64 age group in figure 59, figure 60 shows the level of morbidity and multi-morbidity for people aged 65+ in each LCPP in Dundee, as compared with the average rates in Dundee and Scotland. These figures identify the East End and Lochee (the two LCPP areas with the highest levels of deprivation in the city) as having correspondingly high levels of associated morbidity and multi-morbidity for the aged 65+ group also.

However, it is relevant to note that the same correlation is not in evidence for the Coldside LCPP which has the second highest rate of people aged 65+ with one or more health condition, but only the 5th highest deprivation in the city. This is partly due to the high number of people aged 65+ who live in the cluster of very sheltered housing and housing with care located within this LCPP area.

This population aged 65+ has frequently relocated from other LCPP areas, including those that have the highest levels of deprivation, to live in accommodation with support provided in Coldside. The higher rate of multi-morbidities for the Coldside LCPP area will at least in part reflect the impact of deprivation experienced by those who have previously lived in more deprived parts of the city.

Variation in Deprivation and Multi-Morbidity Levels within LCPP areas

As well as the variation that exists **between** Dundee's eight LCPPs, there is also variation in levels of deprivation and health conditions **within** each of these LCPP areas. Detailed analysis shows that there are neighbourhoods experiencing deprivation and multi-morbidities at even greater rates than presented at LCPP level. Conversely, there are neighbourhoods in some LCPP areas with lower rates of deprivation and health conditions than those shown at LCPP level. This level of variation is evident for example within the Lochee LCPP area, when comparing the Whorterbank

and Clement Park/Foggyley neighbourhoods with the Sutherland and Gowrie Park neighbourhoods, all in the same LCPP area.

More detailed information about the variation within LCPP areas at neighbourhood level is provided in Section 8.

COVID-19

- The outcomes of people with COVID-19 vary by individual and those with morbidities and multiborbidities generally having the worst outcomes and survival rates. The NHS classed individuals as extremely vulnerable if they have had an organ transplant, are undergoing cancer treatment, have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD), have a condition that is associated with high infection risk (such as SCID or sickle cell), are taking medicines such as steroids, have a serious heart condition, a problem with the spleen, have Down's Syndrome or kidney disease.

- The older population is also at greater risk of complications and develop serious illness following COVID-19.

- For some people, COVID-19 can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID". How long it takes to recover from COVID-19 is different for everybody. Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer. The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get COVID-19. People who had mild symptoms at first can still have long-term problems.

- Engage Dundee reported that during the pandemic 4% of the total sample reported difficulties in accessing medication (n=37) and the age group most affected was 55-59yrs (6.7%). 8.3% of carers and 8.6% of those on benefits expressed difficulties and those living alone were slightly more likely to experience difficulties (5.3%). The sub group most likely to be affected was the long term sick and disabled who were four times more likely than average to report difficulties at 16.1%. Only one comment was made in relation to chemists running out of medicine.

Key Findings: **Prevalence of Long-Term Health Conditions and Multi-morbidities at a Younger Age**

- Long term condition prevalence is high in Dundee compared with Scotland as a whole.
- Prevalence of 4 long term conditions has increased – cancer, diabetes, depression and asthma.
- The population is ageing but as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. They have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.
- The rate of people with one or more health condition is higher in Dundee than Scotland as a whole, for all age groups, and there is variation in rates across, and within, LCPP areas.
- Only 3 of the 8 LCPP areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition.
- Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition.
- The outcomes and survival rate of people with COVID-19 are worse for older adults and those with underlying medical conditions.
- Long COVID-19 can affect anyone, not only those who are already frail and this is likely to increase demand on community health and care services from those not previously receiving care.

5.3 Community Pharmacy Data

Analysis has been undertaken in relation to data collected by community pharmacies to help us further understand population health need in Dundee. Pharmacy data regarding type of prescription and frequency of use can make it possible to determine morbidity and multi-morbidity prevalence.

The top five British National Formulary (BNF) chapters used for prescribing in Dundee are:

- Cardiovascular – Cardiovascular drugs
- Central Nervous System – Antidepressants
- Respiratory – Bronchodilators
- Central Nervous System – Opioid Analgesics
- Central Nervous System – Anti-epileptics

Polypharmacy

Figure 61: The number of people, as a rate per 1,000 population, on 10+ prescribed items in Dundee

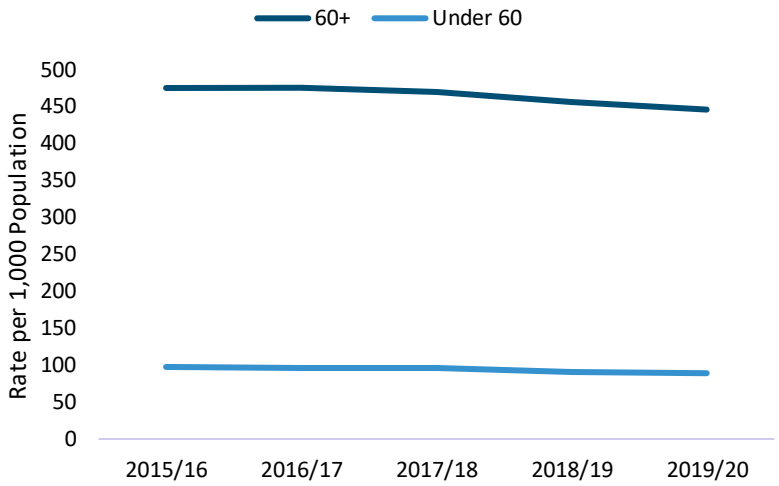


Figure 61 shows the rate of people aged under 60 and 60+ who are on 10+ prescribed items in Dundee and the rate has decreased slightly from 2015/16.

Figure 62: The number of people, as a rate per 1,000 population, prescribed 10+ items in Dundee during 2019-20

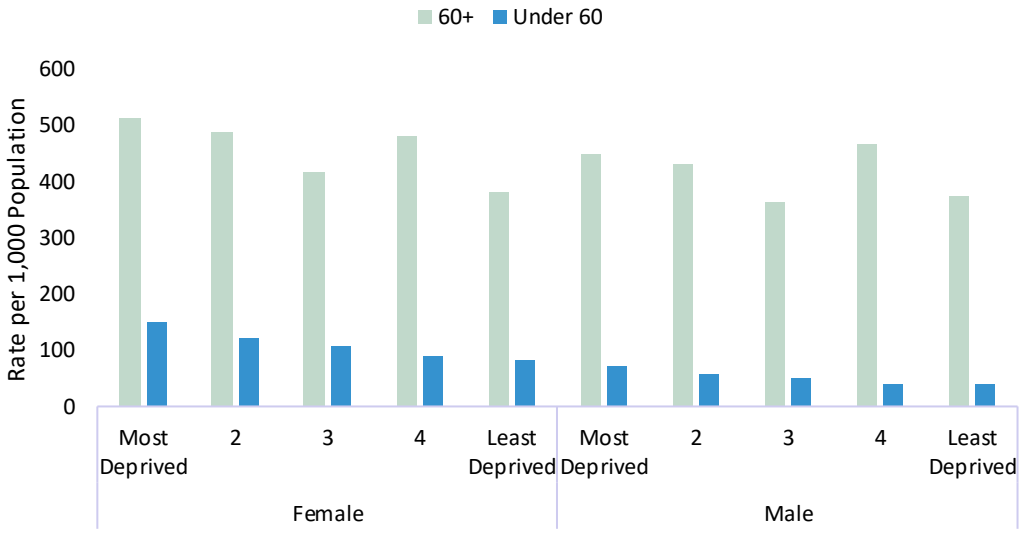


Figure 62 shows the rate of people prescribed 10+ items by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items. There is a deprivation trend with those in the most deprivation being most likely to be prescribed 10+ items and those in the least deprived being least likely.

Diabetes

Pharmaceutical data can be used to provide a proximal indication of disease prevalence.

Figure 63 shows the rate of the population who received a prescription for a drug used in the treatment of diabetes.

Drugs include Insulin, Antidiabetic Drugs, Treatment of Hypoglycemia and Diabetic Diagnostic and Monitoring Agents (BNF chapter 0601)

Figure 63: Drugs include Insulin, Antidiabetic Drugs, Treatment of Hypoglycemia and Diabetic Diagnostic and Monitoring Agents (BNF Chapter 0601), by locality

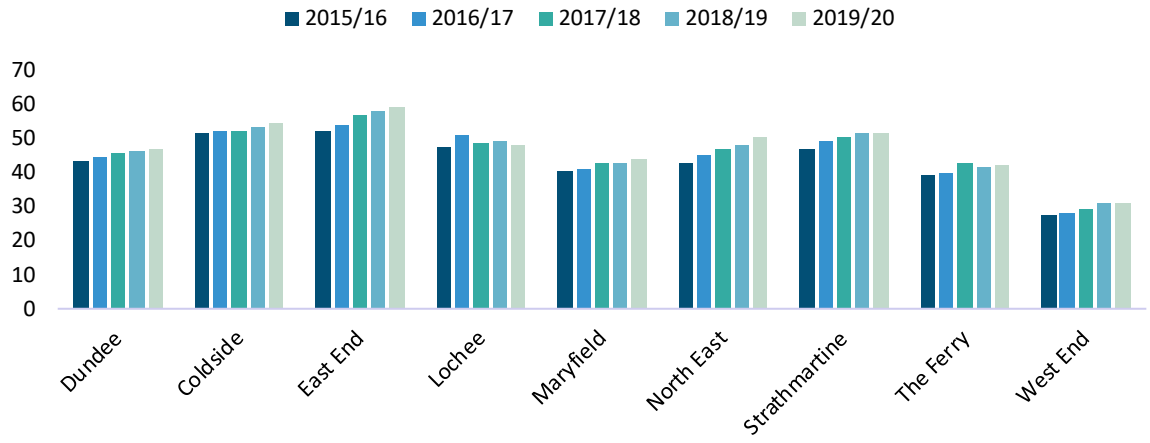
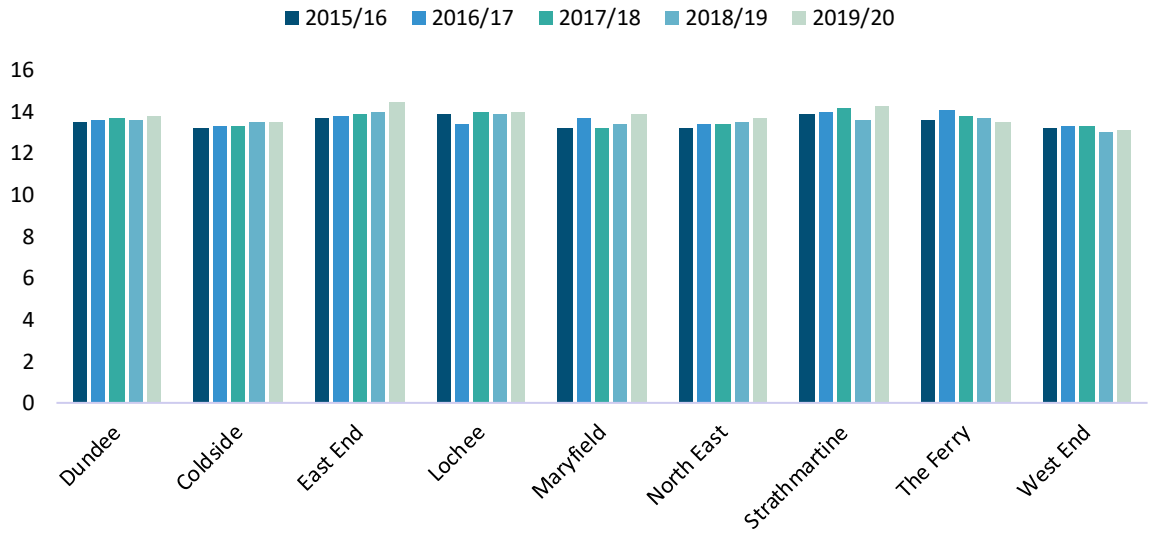


Figure 64: Average number of prescribed items per person for diabetes, by locality



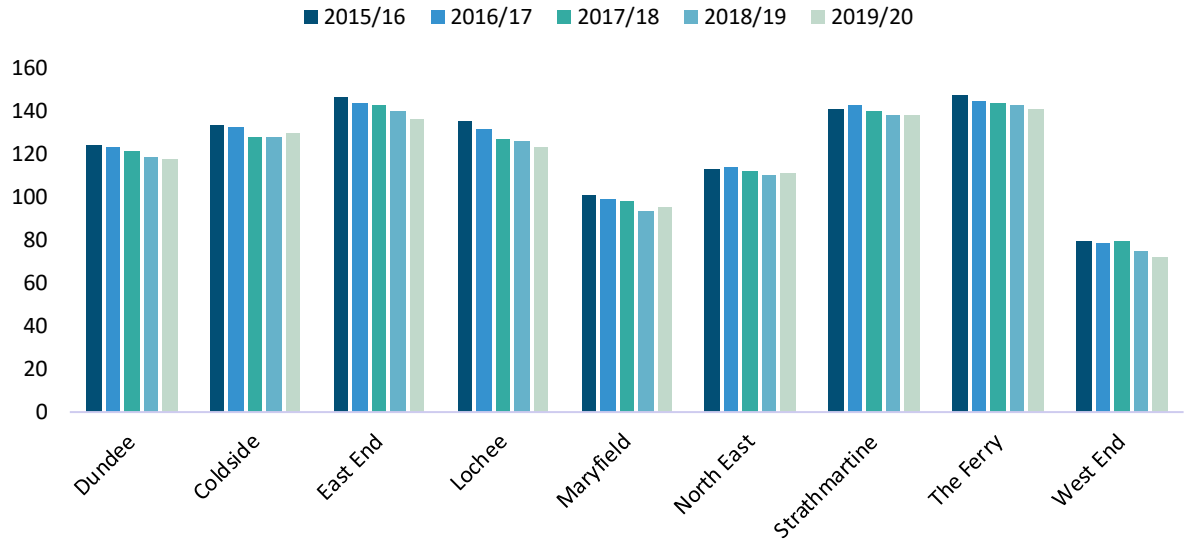
Across all LCPPs the rate of prescriptions for drugs used to treat diabetes has increased since 2015/16. There is variation by LCPP and The Ferry and West End, which are the least deprived LCPPs, have the lowest rates and East End and Coldside have the highest rates.

Figure 64 shows that in most LCPPS the average number of prescribed drugs increased between 2018_19 and 2019_20. Increases were seen in East End, Lochee, Maryfield, North East, Strathmartine and West End.

Figure 65 shows the rate of the population who received a prescription for a drug used in the treatment of hypertension.

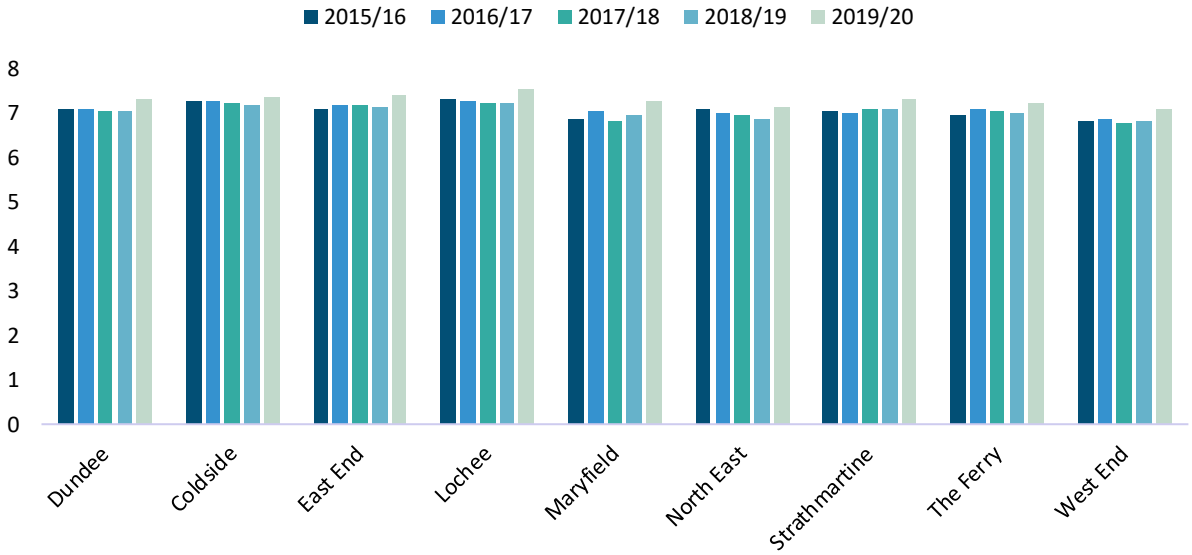
Drugs include Vasodilator Antihypersenive Drugs, Centrally Acting Antihypersensive Drugs, Andrenergic Neurone Blocking Drugs, Alpha-adrenoceptor Blocking Drugs, Renin Angiotensin System Drugs and Other Adrenergic Neurone Blocking Drugs (BNF Chapter 0205)

Figure 65: Number of people prescribed items for hypertension and heart failure, per 1,000 population in Dundee, by locality



Source: PIS Dataset extracted on 9th Dec 2020

Figure 66: Average number of prescribed items per person for hypertension and heart failure in Dundee, by locality



Source: PIS Dataset extracted on 9th Dec 2020

Figure 66 shows that in all LCPPS the average number of prescribed drugs increased between 2018_19 and 2019_20.

Key Findings: Pharmacy Data

- The top 5 BNF chapters most used for prescribing in Dundee are: 1) Cardiovascular (Cardiovascular drugs) 2) Central Nervous System (Antidepressants) 3) Respiratory (Bronchodilators) 4) Central Nervous System (Opioid Analgesics) 5) Central Nervous System (Anti-epileptics).
- The rate of people aged under 60 and 60+ who are on 10+ prescribed items in Dundee decreased slightly from 2015/16.
- The rate of people prescribed 10+ items by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items. There is a deprivation trend with those in the most deprivation being most likely to be prescribed 10+ items and those in the least deprived being least likely.
- Across all LCPPs the rate of prescriptions for drugs used to treat diabetes has increased since 2015/16. There is variation by LCPP and The Ferry and West End, which are the least deprived LCPPs, have the lowest rates and East End and Coldside have the highest rates.
- In most LCPPs the average number of prescribed drugs for diabetes increased between 2018/19 and 2019/20. Increases were seen in East End, Lochee, Maryfield, North East, Strathmartine and West End.
- Across all LCPPS the average number of prescribed drugs for hypertension and heart disease increased between 2018/19 and 2019/20

6.0 PUBLIC PROTECTION

There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.

The responsibility for providing protection and supports for those involved is multi-agency and requires strong strategic leadership and coordination of service delivery. There is a Protecting People governance group and framework in place through which the development and coordination of protection services takes place. This SNA provides data in relation to key areas of coordinated protection activity which takes place in Dundee.

6.1 Child Protection

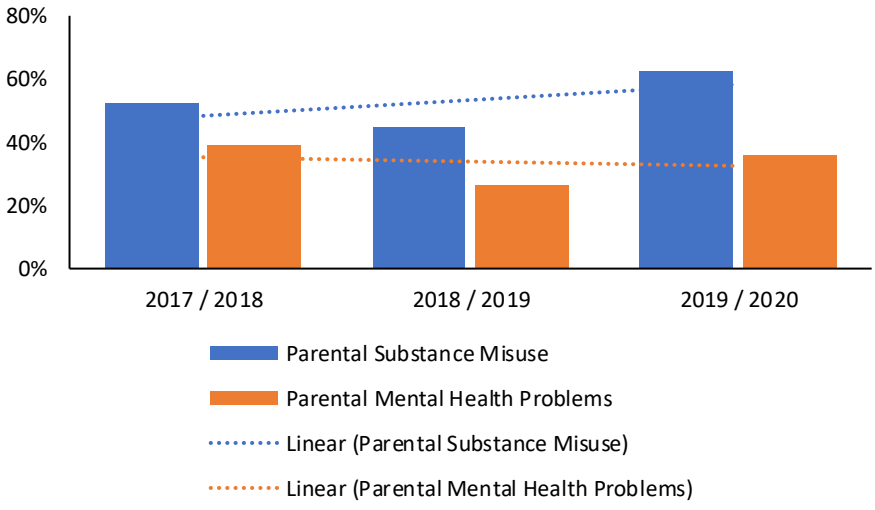
The Protecting People framework includes arrangements to ensure that children and young people at risk of abuse or neglect are appropriately protected.

The responsibility for managing child protection sits with Children and Families Services and is not directly 'in scope' for the Dundee Health and Social Care Partnership. However, the route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for parents and other carers of children and young people.

At 31 July 2020 there were 102 children on the Child Protection Register in Dundee, this was an unusually high number at national snapshot date – Dundee on average has around 70 children on the child protection register. A total of 144 had been placed during the academic year 2019/20. 90 (63%) of these children were placed on the Register as a result of parental substance use and 52 (36%) of these children as a result of parental mental health problems. There is therefore a need for targeted involvement of adult services including substance use, mental health or learning disabilities services (as well as other relevant professionals from across adult services) to address adult treatment and support needs as a component part of each individual Child's Plan.

Figure 67 shows that over a three-year period the percentage of children on the Register due to parental substance use has increased by 10% and due to parental mental health problems, decreased by 3%.

Figure 67: Percentage of children on the Child Protection Register due to parental concerns, 2017 - 2020



6.2 Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 places a duty on the local authority to look into the circumstances of adults at risk and to protect adults who because of a disability, health condition, or age, are less able to protect themselves or their own interests. The Act also gives powers to intervene where an adult is at risk of serious harm, via protection orders, which are applied for through the court.

The Adult Support and Protection process follows the path, generally, of: Initial Concern > Duty To Inquire > Investigation > Case Conference > Protection Plan.

The number of Adult Support and Protection (ASP) referrals received has increased considerably over the last 4 years, rising from 919 referrals between 1st April and 31st March 2016/17 to 2,372 referrals in 2020/21. This increase is in part related to the improved awareness of adult needs for protection, but is also a reflection of the impact of deprivation and social problems in Dundee. It is also recognised that Dundee city has one pathway for highlighting concerns whether they are suitable for ASP work or not. An action for the coming year is to develop a system which will triage referrals thus prioritising those in greatest need and reducing the number considered at ASP. Of the 2,372 referrals 3% proceeded to 'further adult protection action', 16% were 'further non-adult protection action' and 81% of referrals were 'not known'.

Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three-point test' and proceeded (under the Adult Support and Protection legislation) to Investigation was low at 2% (54 clients) from 1st April 2020 to 31st March 2021.

Of the 54 cases in 2020/21, the majority of investigations (63%) were carried out for people aged between 25 to 64 years of age with 30% being carried out for people aged 65+. The primary client groups included were:

Mental Health Problem – 8 clients
Learning Disability – 7 clients
Physical Disability – 8 clients
Other – 31 clients (includes children in need - 2, Community Justice Service - 2, Older People - 9, Sensory Support - 1, Social Support – 5, Substance Use - 2 and other)

Adult abuse takes many forms and includes; financial harm, psychological harm, physical harm, sexual harm and neglect. Referrals for an adult protection response are also made when self-harm, exploitation, harassment, suicide ideation and welfare concern is involved, although depending on the severity of the risk, most of these result in no formal action.

The type of principal harm which resulted in an investigation between 1st April 2020 and 31st March 2021 were:

Financial harm – 6 clients
Psychological harm – 2 clients
Physical harm – 4 clients
Sexual harm – 2 clients
Neglect – 2 clients
Self-harm – 1 clients
Other 37 clients (includes AWI – 1, exploitation – 5, harassment – 2, other – 2, suicide ideation – 3, adult welfare concerns – 16, older people welfare concerns – 8)

56% of principal harm cases took place in the persons own home.

Adult Support and Protection Case Conferences and Protection Orders
Between 1st April 2020 and 31st March 2021 there were 82 Case Conferences; 47 were Initial ASP Case Conferences and 35 were ASP Case Conference Reviews.

There were also 5 Protection Orders granted; 3 Banning Orders and 2 Banning Orders with Power of Arrest.

6.3 Violence Against Women (VAW) and Domestic Abuse

Violence Against Women (VAW) takes many forms, and includes domestic abuse (and coercive control), rape, sexual assault, forced marriage, female genital mutilation, commercial sexual exploitation (CSE) and prostitution.

Whatever form the abuse takes, it can have an immediate and long-lasting impact on the health, well-being and safety of individuals, families and communities. VAW limits freedom and potential and it is a violation of the most fundamental human rights. Those affected by VAW include some of the most vulnerable people in our communities who have a range of complex needs.

VAW in Dundee

During 2018-19 there were 2328 domestic abuse incidents recorded by Police Scotland in Dundee. (Source: Police Scotland)

During 2019-20:

- The Multi-agency Independent Advocacy service (MIA) provided advocacy to 329 women victims of domestic abuse and 5 children;
- Dundee Women's Aid supported 331 women and 189 children and young people;
- The Women's Rape & Sexual Assault Centre (WRASAC) provided a service to 325 women affected by rape and sexual assault and 86 young people;

The Multi-Agency Risk Assessment Conferences (MARAC) are well established in Dundee, playing a key role in sharing information and improving the safety of high-risk victims of domestic abuse. During 2019-20 there were 158 adults discussed at MARAC meetings.

6.4 Levels of Crime and Supervision of Offenders

Community Safety & Justice

The level of poverty in Dundee has impacted on crime and re-offending rates, with the victims of crime more likely to live in areas of multiple deprivation. As reported from the joint City and Council Plan 2020, the strategic highlights from last year are:

- Deliberate fire setting incidents reduced to 443 from 763 in 2016/17;
- Anti-social behaviour complaints decreased to 1,733, which has been a steady decrease over the last 3 years;
- Reconviction rate decreased from 27.8% to 25.2%;
- high proportion of the community (98%) have indicated that they feel their neighbourhood is a safe place to live

A summary of progress of the main Crime Groups over the last year:

- Group 1 Crimes (non-sexual crimes of violence) have increased in 2018/19 compared to 2017/18, including Serious Assault and Robbery;
- Reported Group 2 Crimes (sexual crimes) have notably reduced with considerable reductions in Rape/Attempted Rape, Indecent/ Sexual Assault and crimes Communications Act (Sexual) offences and Sexual Communication offences. Offences of Threatening/Disclosing an Intimate Image have also decreased in number. Historical crimes (>1 year between commission and reporting to Police) decreased in line with the overall reduction in Group 2 crimes;
- Group 3 Crimes (acquisitive crime) reduced compared to 2017/18. Housebreaking to domestic dwellings have increased, but all other offences that occur in any volume have decreased: Domestic Non-Dwelling (Sheds, garages etc.); Housebreakings to Other Property (commercial, religious, educational etc.); Motor Vehicle crime; Shoplifting; Fraud;
- Group 4 Crimes have reduced in all offence types, including vandalism. Also, there have been notable reductions in wilful fire raising and culpable/ reckless conduct (not with firearms). Drugs Offences have increased however supply offences have fallen and possession offences have risen

Dundee's Annual Citizen Survey 2019 shows that the most common responses from people when asked what factors they believe contribute towards crime were:

- alcohol/drugs (18% which is a decrease from 24% in 2018);
- unemployment (1%);
- gangs/youths (1% which remain unchanged from 2018)

Provision of Court Reports

The statutory functions of the Community Justice Service (CJS) include the provision of court reports, and the supervision of offenders on community sentences and on release from prison.

In 2019/20, 1185 Criminal Justice Social Work (CJSW) reports were submitted to the courts (955 male, 230 female). Analysis of these shows:

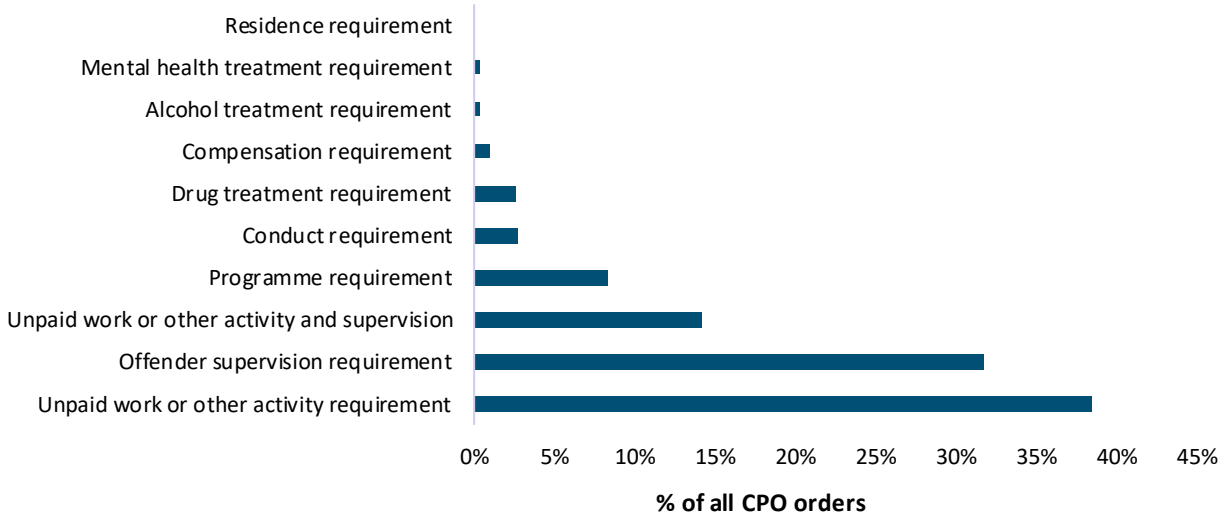
- 81% of the CJSW reports were in relation to males, 19% to females
- 2% of the CJSW reports were related to 16-17 year olds, 8% to 18 - 20 year olds and 31% of the reports were for the 21-30 age group and largest group was 31-40 years with 38% of the CJSW reports.
- 12% of the CJSW reports were in prison, the percentage in prison has fallen
- For those with a community address, 18% lived in Lochee and 15% in Coldside
- 56% of the reports were for people who lived in SIMD Quintile 1 and 73% lived in either SIMD Quintile 1 or 2
- 53% were unemployed and 14% not seeking employment

Community Payback Orders (CPOs)

For those who re-offend, Community Payback Orders (CPO) have been available to the Court since their introduction in 2011. The CPO is designed to ensure that offenders 'pay back' to the community. This is done in two ways: by requiring an offender to make reparation, often in the form of unpaid work, or by requiring them to address and change their offending behaviour. This improves the safety of local communities and provides opportunities for re-integration for offenders themselves.

A CPO may contain a number of different requirements. In 2019-20, 534 CPO orders were imposed, 12 were made to 16-17 year old and 56 were made to 18-20 year olds. Figure 68 shows the different requirements imposed as part of these orders.

Figure 68: Percentage breakdown of CPO Requirements



Source: Criminal Justice Social Work Statistics, www.gov.scot, 2019-20

The use of the CPO is now well embedded and as Figure 69 illustrates, 2017-18 showed the highest percentage of people subject to an Order, had completed it successfully, however figures have decreased the past two years.

Figure 69: Completion of CPO orders from 2013-2014 to 2019-2020

Year	% completing order
2013-14	72%
2014-15	76%
2015-16	70%
2016-17	79%
2017-18	81%
2018-19	69%
2019-20	68%

Source: Criminal Justice Social Work Statistics,www.gov.scot, 2019-20

Research suggests CPO type interventions which target types and levels of risk and need in the community are more likely to reduce re-offending. It is possible that this has made a significant contribution to reducing re-offending in Dundee in previous years. The reduction (2018-19 and 2019-20) appears to have been caused by a higher number of Orders being breached and the Sheriff Court imposing an alternative sentence, including custody.

CJS provides voluntary assistance and resettlement for short term prisoners. There were 174 cases in 2019/20 (10 of these were for people aged 16-20 years), an increase from 2018/19 figures, which totalled 164.

The Public Protection Team (PPT) currently supervises all statutory through care of long-term prisoners serving more than four years, as well as all sexual and violent offenders subject to post custodial supervision requirements. The team is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory through care arrangements.

Figure 70: Offenders in Prison who will be subject to Statutory Supervision on Release

Through care in Prison	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Number of New Admissions	78	71	76	69	67	86	72
	31/03/14	31/03/15	31/03/16	31/03/17	31/03/2018	31/03/2019	31/03/20
Total Number of Open Cases	157	165	154	144	153	156	163

Source: Criminal Justice Social Work Statistics, www.gov.scot, 2019-20

Figure 70 indicates that the number of new throughcare in prison cases and the total number of open cases have remained broadly the same since 2013/ 2014.

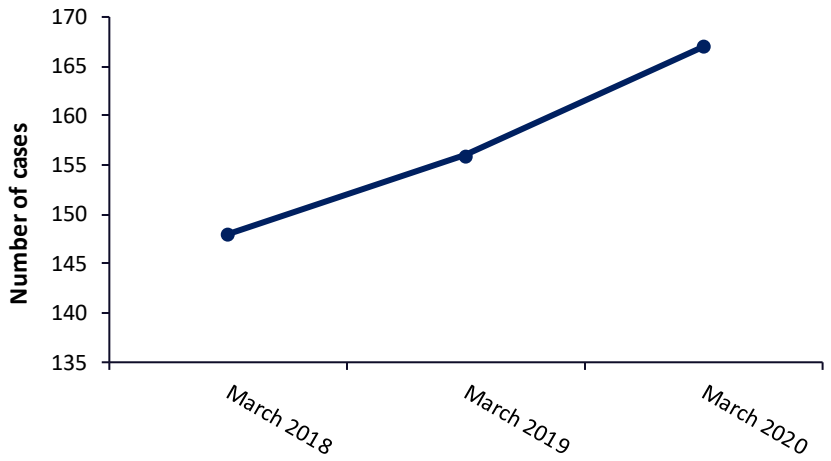
In addition to providing statutory post-custodial supervision the service also assesses and manages registered sex offenders who are subject to community and post-custodial supervision requirements. This is in line with the jointly established Multi-Agency Public Protection Arrangements (MAPPA).

Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders (Scotland) Act 2005 introduced a statutory duty on responsible authorities, for example, local authorities, Scottish Prison Service, Police Scotland and the NHS. It became their responsibility to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders, restricted patients and certain high-risk offenders) who present a risk of harm to the public.

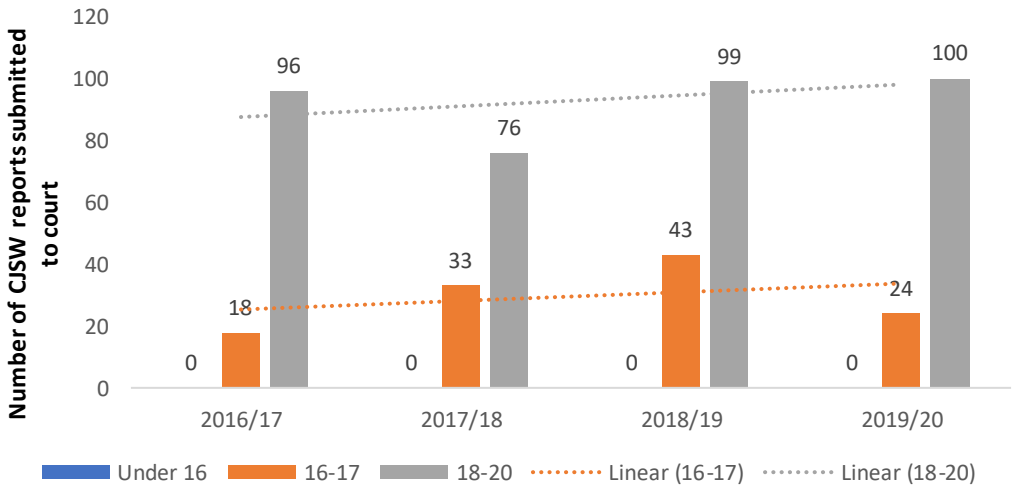
The operation of MAPPA is well established in Dundee, and the Public Protection Team (PPT) in the Community Justice Service (CJS) assess and manage registered sex offenders and certain high-risk offenders who are subject to community and post- custodial supervision requirements. At 31st March 2020 167 offenders were being managed through MAPPA; there continues to be an increase in internet related offending.

Figure 71: Number of cases managed through MAPPA, as at 31st March 2020



Young Offenders

Figure 72: Number of Court reports for young offenders, 2016/17 to 2019/20



Source: Mosaic

Figure 72 shows that there haven't been any reports submitted for under 16's over the past 4 years. There had been a year on year increase for reports submitted for those aged 16-17 however the past year (2019/20) shows a sharp decrease of 19 cases from 43 cases in 2018/19. Reports submitted for those aged 18-20 has overall increased, however the chart does show a decrease in 2017/18 – figures then continued to increase in the years following.

COVID-19

We know that the pandemic and the increased isolation of some vulnerable groups has further increased their vulnerability and risk of being targeted by perpetrators. Accurate data to evidence this is not currently available and it will be some time before the true effects are seen through need for services and supports.

Key Findings: Public Protection and Supervision of Offenders

- There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.
- The Protecting People framework includes the arrangements in place to ensure that children at risk of abuse or neglect are appropriately protected. The route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for those adults who are responsible for their safety and wellbeing.
- Unusually high numbers have been recorded on the Child Protection Register in 19/20 - 90 (63%) of these children were placed on the Register as a result of parental substance use and 52 (36%) of these children as a result of parental mental health problems. There for a need for targeted input including other relevant adult services.
- The number of referrals received regarding Adult Support and Protection (ASP) has increased considerably over the last 4 years and the main types of harm identified were: Welfare Concerns, Financial Harm, Exploitation, Physical harm and Suicide Ideation.
- Reconviction rate decreased from 27.8% to 25.2%
- A high proportion of the community (98%) have indicated that they feel their neighbourhood is a safe place to live
- In 2019/20 the number of Court reports submitted for those aged 16-17 has decreased significantly to 19 cases from 43 cases in 2018/19.
- The majority of young offenders are sentenced to Community Payback Orders, with at least one of the specified requirements and the figures have decreased over the past two years
- At 31st March 2020 167 registered sex offenders were being managed through MAPPA; there has been an increase in internet related offending and there haven't been any Court reports submitted for under 16's over the past 4 years
- We know that the pandemic and the increased isolation of some vulnerable groups has further increased their vulnerability and risk of being targeted by perpetrators. Accurate data to evidence this is not currently available and it will be some time before the true effects are seen through need for services and supports.

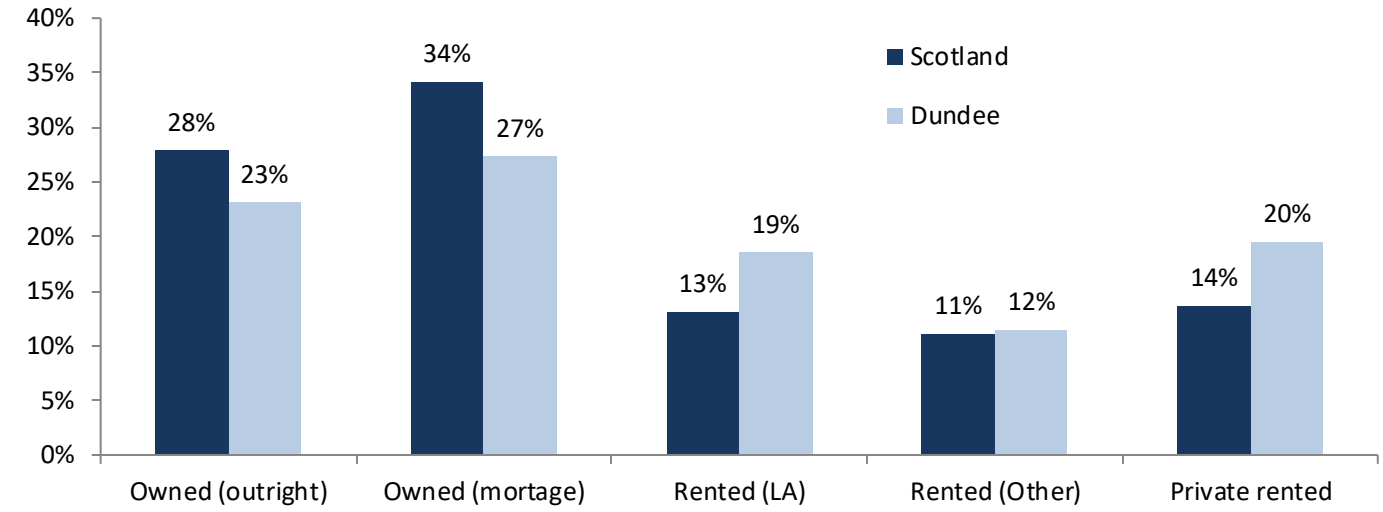
7.0 HOUSING AND HOMELESSNESS

7.1 Housing Tenure in Dundee

At the time of the 2011 Census, Dundee had just over 69,000 households.

The Census asked whether the householder owned or rented the accommodation they occupied. The self-reported information in this section is based on the answers to this question.

Figure 73: Household tenure in Dundee and Scotland, 2011

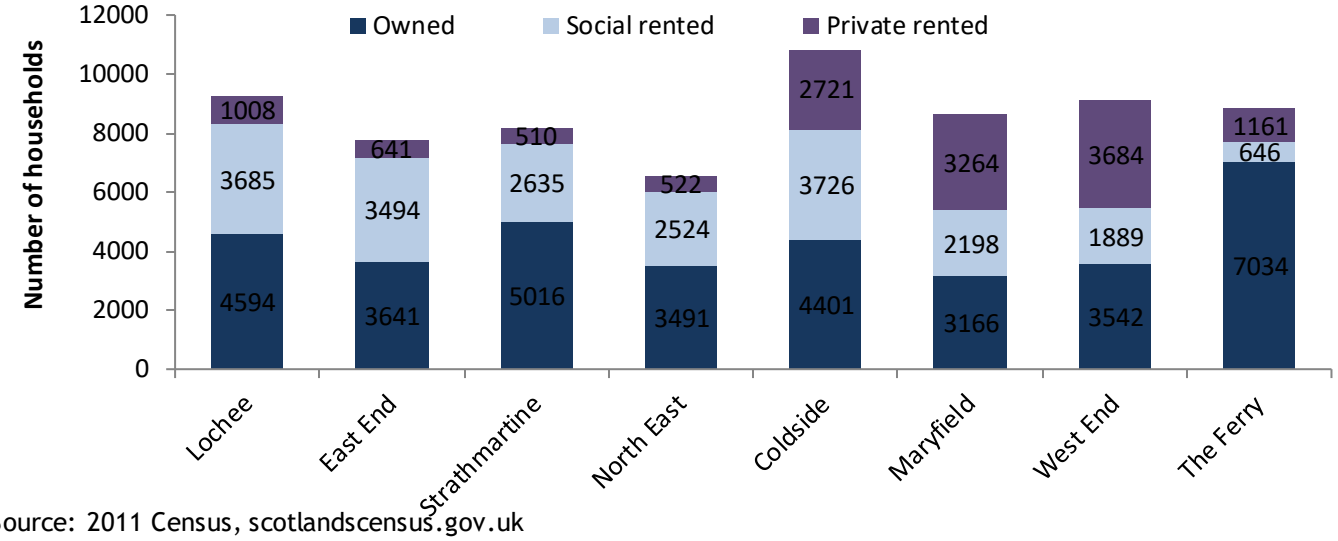


Source: 2011 Census, scotlandscensus.gov.uk

Compared with Scotland as a whole, Dundee had fewer people who owned their own house (either with a mortgage or owned outright) and a higher percentage who lived in rented accommodation. Over half the householders in Dundee lived in rented accommodation, compared to 38% in Scotland as a whole. Dundee had a high percentage of people who lived in private rented accommodation, with 19% renting from the Local Authority.

Figure 74 profiles household tenure by locality, in The Ferry the majority of people owned their own homes (80%) and only a fifth rented their homes. In Maryfield 37% owned their homes and 63% rented their homes. The East End had the largest percentage of Local Authority lets, and Maryfield and West End had the highest proportion of lets from private landlords.

Figure 74: Household tenure by LCPP area



Source: 2011 Census, scotlandscensus.gov.uk

There is a link between deprivation and household tenure as people in the most deprived LCPP areas are most likely to live in social rented accommodation and people in the least deprived LCPPs areas are most likely to own their home. However, a high proportion of people who live in West End live in private rented accommodation, as this is the accommodation type preferred by the significant student population that resides in this LCPP area.

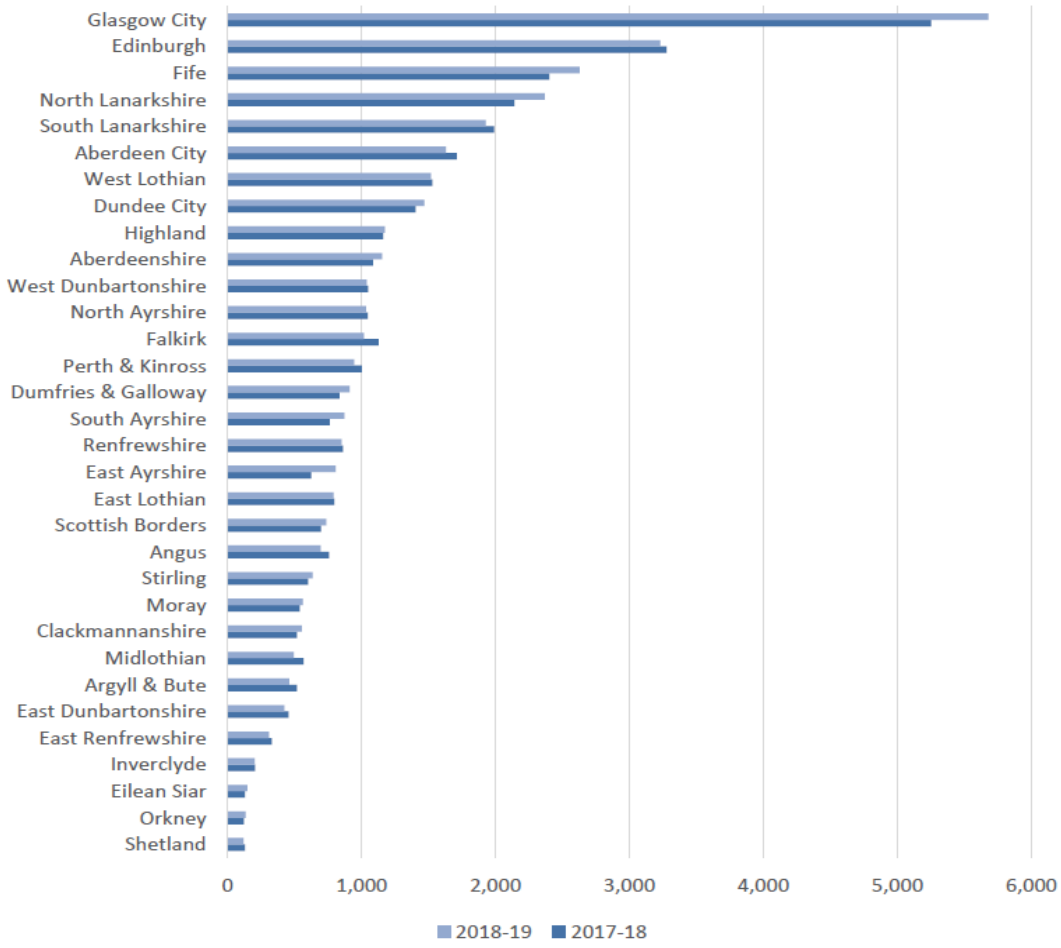
7.2 Homelessness in Dundee

Between 1 April 2018 and 31 March 2019, Local Authorities received a total of 36,465 homelessness applications. This is an increase of 892 (3%) applications compared to the previous year.

- The number of applicants who experienced rough sleeping at least once during the last 3 months before their application increased by 201 (8%) to 2,876, compared to the previous year.
- The most common reason cited as the main reason for making a homelessness application was being 'asked to leave' their previous accommodation, which accounted for 25% of applications. The second most common reason was 'Dispute within the household / relationship breakdown: non-violent' (18%), followed by 'Dispute within the household: violent or abusive' (13%).
- There were 10,989 households in temporary accommodation as at 31 March 2019, an increase of 56 households (1%) since last year.
- Of these households in temporary accommodation, 3,315 had children or a pregnant woman – an increase of 65 households (2%) compared with one year earlier.
- The number of children in temporary accommodation increased by 180 children (3%), to 6,795 compared with the same date one year ago.

Figure 75 shows the number of applications to each local authority.

Figure 75: Homeless Applications across Scotland 2017/18, & 2018/2019



Source: Scottish Government/ONS

Figure 75 shows that Dundee had approximately 1400 homeless applications in 2018-19. This equated to approximately 9 people in every 1,000 of Dundee's population, a rate which is much higher than the Scotland rate. Dundee had the eighth highest rate of homeless applications across at Partnerships

There were 6,205 applications from households living in the private rented sector, a decrease of 385 applications (6%) compared to 2017/18. Whilst the proportion of applications from the private rented sector in Scotland increased from 13% in 2007/8 to 19% in 2013/14, this proportion has since remained stable to 2018/19.

Over the past decade the characteristics of applicants have not changed much, fluctuating at most by only a few percentage points. The majority of applicants tend to be single, younger males, of White Scottish ethnicity.

Figure 76: Last known address, prior to becoming homeless

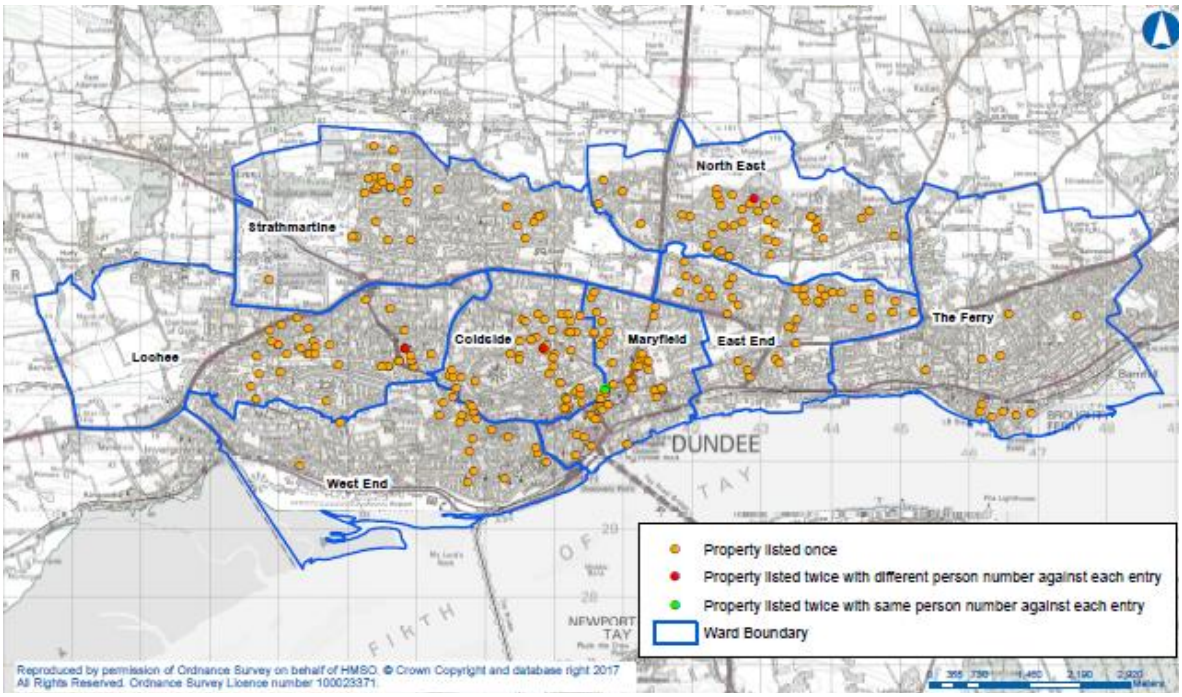


Figure 76 illustrates the spread of homelessness across Dundee. This is based on the persons last known address for 2015-16 (Taking from the Scottish Government's HL1 statistics). It is clear that homelessness affects people in all LCPP areas of Dundee, including the most affluent areas.

In line with findings from national research, homelessness is not exclusively related to poverty, even although it has a strong relationship with it. There are many causes of homelessness, such as negative life experiences, death of a loved one, loss of a job, leaving prison, fleeing home due to domestic violence, mental health issues, debt, substance use. These issues combined with the person's ability to cope and whether or not they have strong support networks around them to support them all contribute to whether or not someone will become homeless.

Figure 77: Percentage of homelessness applicants in 2018/19 (Scotland) who slept rough the night before applying

In 2018/19, 5% of applicants (1,643 in total) slept rough the night before applying for assistance.

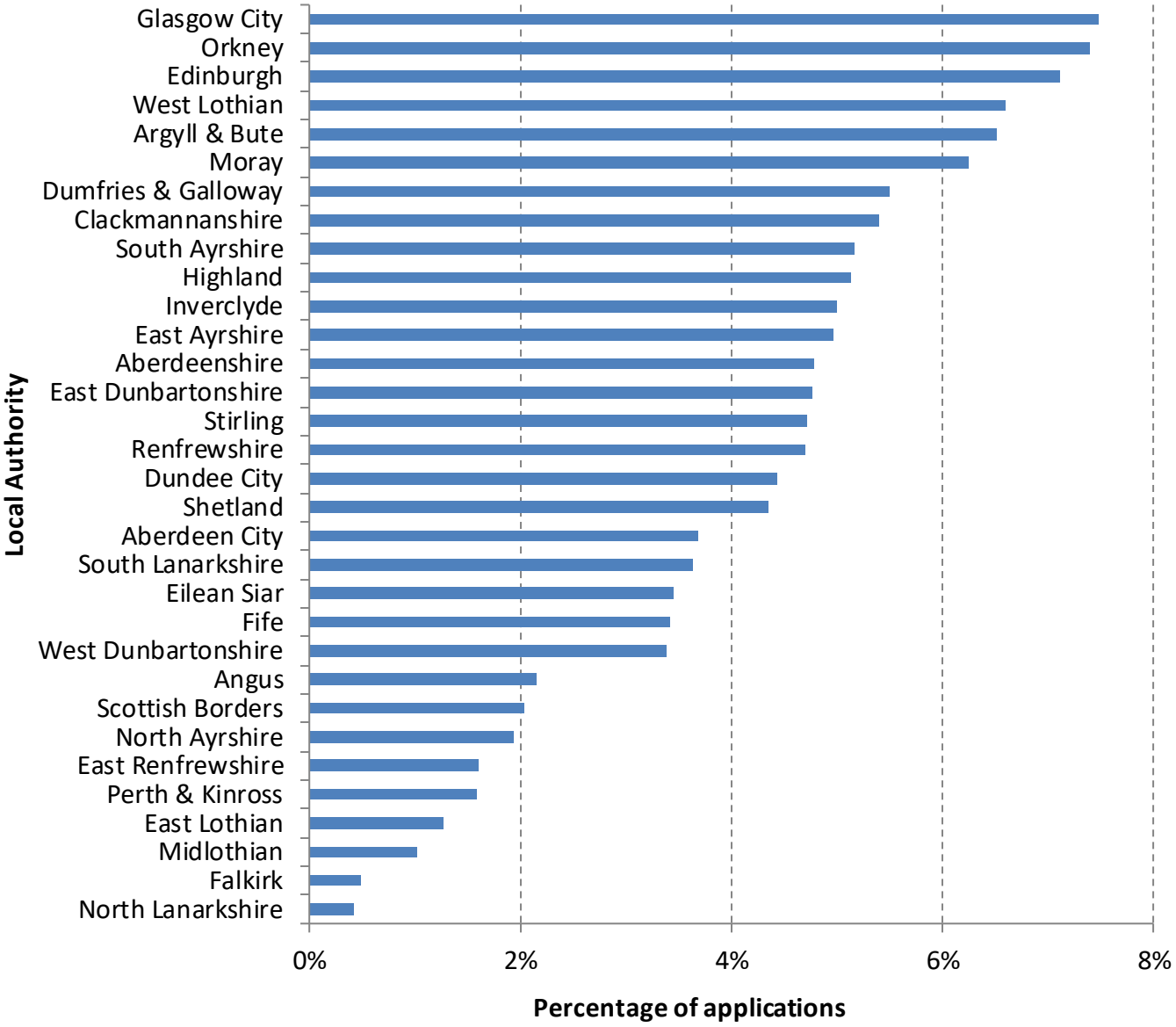
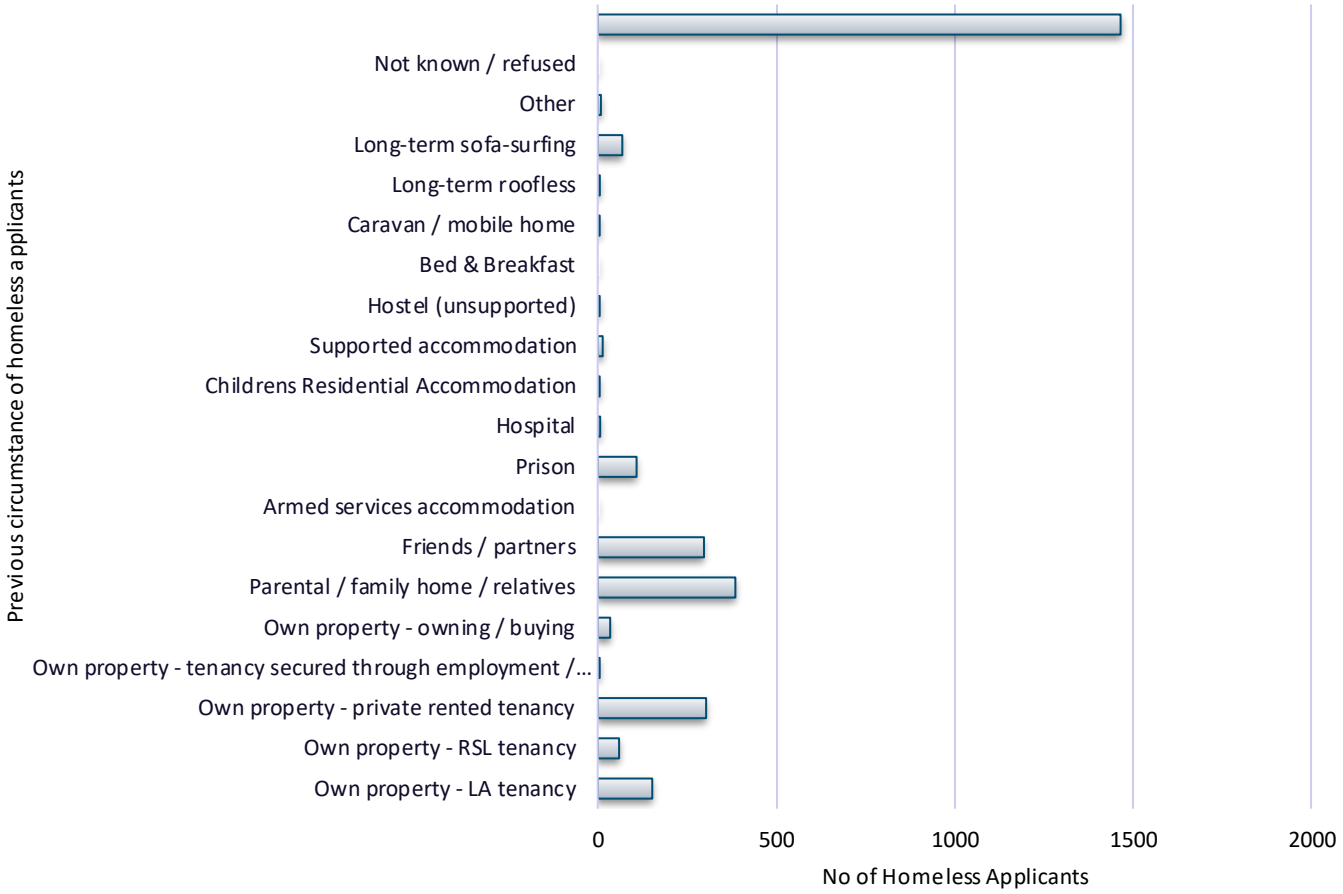


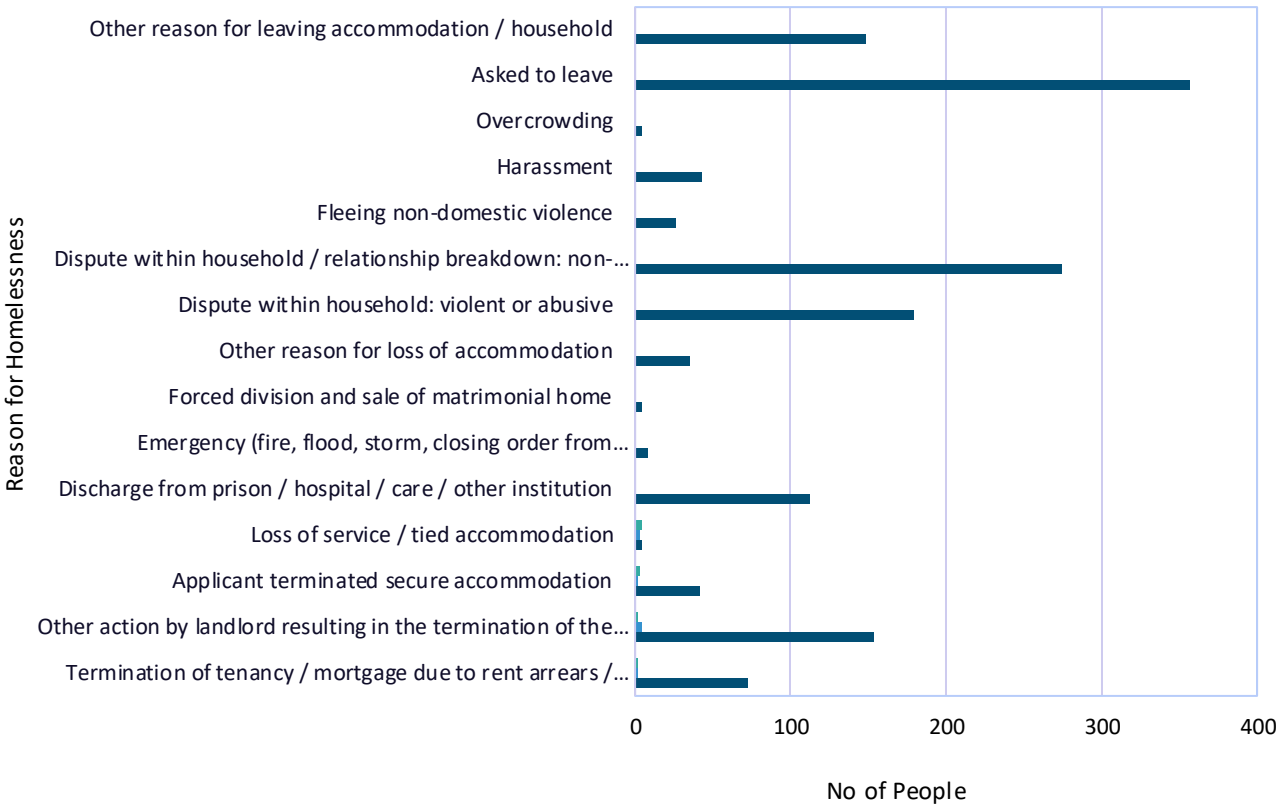
Figure 78: Previous circumstances of homeless applicants, 2018/2019



Source: Scottish Housing Return, Dundee City Council

Figure 78 shows that most homeless applications were from people who had previously been staying with parents/family or relatives. Only slight less applications were received from people who had previously owned a property or rented through the private tenancy route.

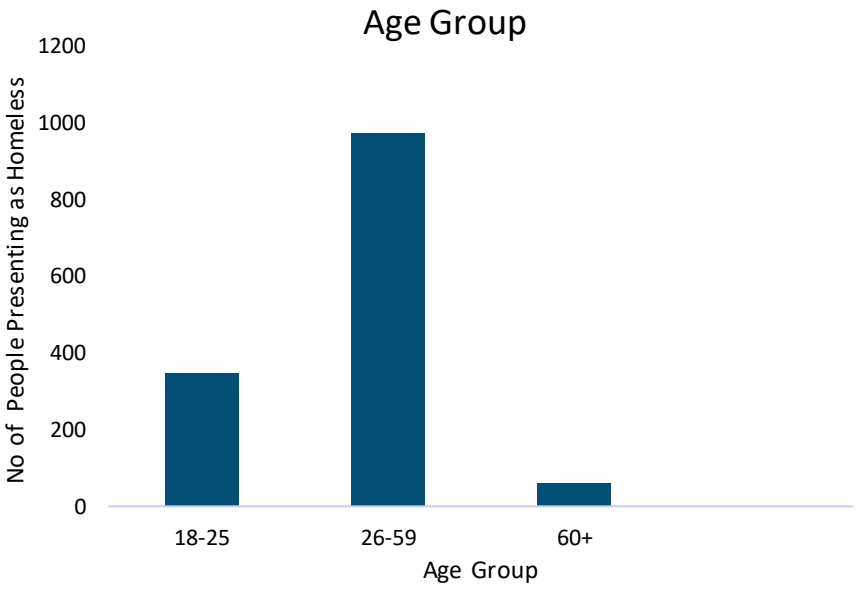
Figure 79: Homeless Applications by Reason, 2018/2019



Source: Scottish Housing Return, Dundee City Council

Figure 79 shows that the main reason for homeless applications in Dundee in 2018/2019 is related to the applicant being asked to leave by family or friends. The second highest reason involved a dispute within the household or relationship breakdown.

Figure 80: Homelessness presentation by age group, Dundee



The majority of people presenting as homeless were between the ages of 26 and 59. The numbers and proportions of people presenting as homeless who are under the age of 25 are also significant, particularly given the changes under Welfare Reform for them. Out of a total of 1380 presentations approximately one quarter (347) were under the age of 25. Some of these younger adults may be leaving care, however the majority become homeless due to being asked to leave home by their parents. Given that there is no access to benefits under Welfare Reform for this age group, this has serious implications for accommodating this group of people as they have no way of funding their accommodation, including refuge, hostel or other temporary accommodation.

COVID-19

People experiencing homelessness, particularly those who are rough sleeping, are in severely vulnerable during the pandemic. They are three times more likely to experience a chronic health condition including respiratory conditions such as COPD. It is not possible to self-isolate or follow sanitation guidance if you are sleeping rough or living in shared homelessness accommodation. (Crisis, 2020)

8.0 SHIFTING THE BALANCE OF CARE

8.1 Unscheduled Care

There is a strong link between the levels of deprivation in each of the eight LCPP areas, the prevalence of health and social inequalities and the impact on the use of health and social care services in Dundee. Such variation can be measured by comparing the rate of 'unscheduled care' provided by NHS Tayside for people in Dundee.

The term 'unscheduled care' is defined as referring to:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional…..or is out with the core working period of NHS Scotland.

Scottish Government, Building a Health Service Fit for the Future Volume 2:
A guide for the NHS 2005

Unscheduled care includes emergency admissions to hospital, as well as the length of stay in hospital required by those admitted on an emergency basis. By definition the demand for unscheduled care can occur at any time, and services must be available to respond to the need for care 24 hours a day, 7 days a week.

As in other parts of Scotland, the rise in the level of unscheduled care has been one of the biggest pressures on services in Dundee in the last 20 years. There is however, a significant difference in the level of unscheduled care in Dundee compared with other areas in Scotland. This is shown in the emergency 'bed day rate', which refers to the rate of occupation of hospital beds per 100,000 people in Dundee. With the increasing ageing and frail population there will inevitably be a need for some people to be admitted to hospital.

Unscheduled Care Rates in Dundee

In 2020 the bed day rate in Dundee for people admitted to hospital as an emergency totalled 97,449 bed days, which was lower than the Scotland average of 101,852 bed days, per 100,000 of the population. The bed day rate has decreased steadily since 2015/16 and the bed day rate was abnormally low during 2020, when pathways for emergency care shifted to create capacity for COVID positive patients.

Dundee has a slightly higher proportion of NHS Tayside emergency admissions in comparison to Perth & Kinross and Angus. The Dundee population accounts for 36% of the Tayside population, however 38% of NHS Tayside hospital episodes are from people who live in Dundee.

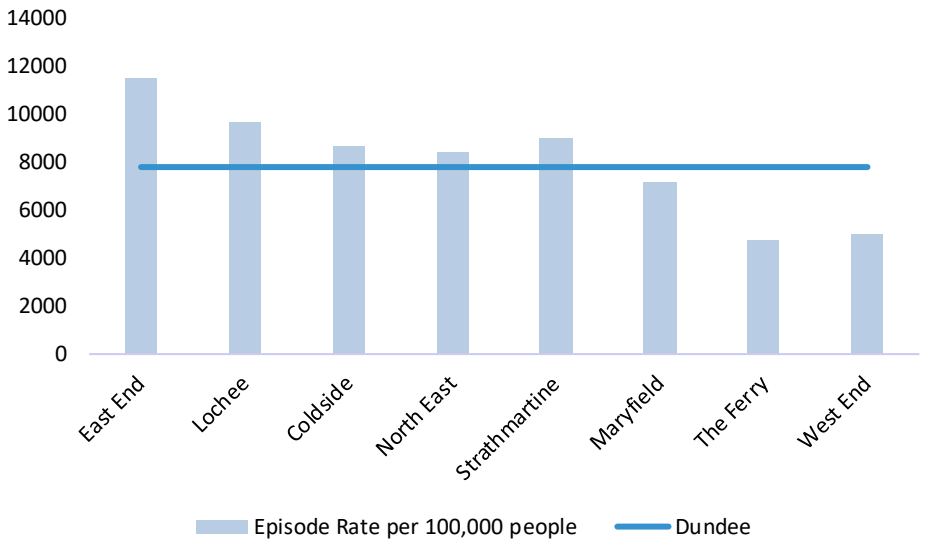
Dundee residents had an additional 1,245 NHS admissions out with NHS hospitals in Tayside: 33 were in Fife (2.65%), 11 were in Forth Valley (0.88%), 169 were in Grampian (13.57%) and 1,032 were in another NHS area (82.89%).

8.2 Variation in Unscheduled Care Rates between LCPP Areas

People aged 18-64

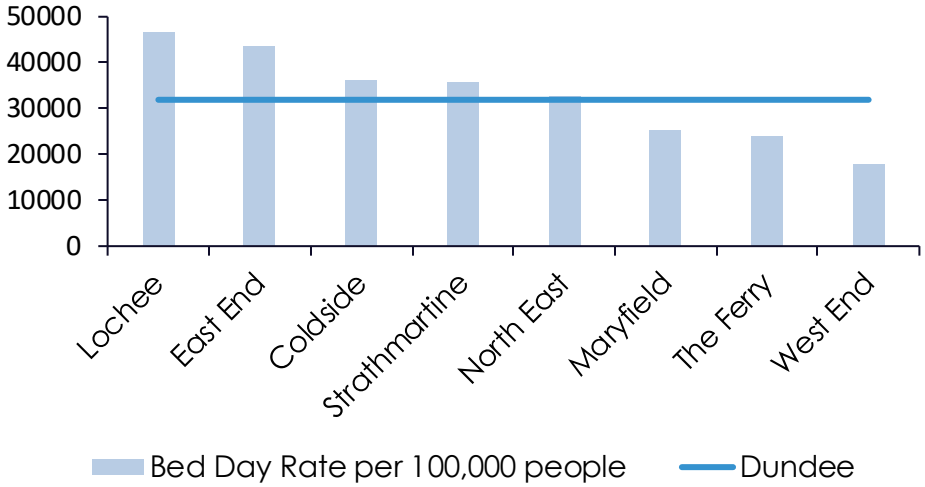
When comparing the rates of unscheduled care at LCPP level for people **aged 18-64**, the most deprived areas are shown to have higher admission and bed day rates than the least deprived LCPP areas. This is illustrated in Figures 81 and 82.

Figure 81: Number of emergency admissions per 100,000 population 2019/20 (people aged 18-64), by locality



Source: NHS Tayside BSU 2020

Figure 82: Number of emergency bed days per 100,000 Population 2019/20 (people aged 18-64), by locality



Source: NSS TAYSIDE BSU, 2020

Figures 81 and 82 show that there is a link between admission rate and bed date rate for emergency hospital admissions for most LCPPs, with the exception of the East End.

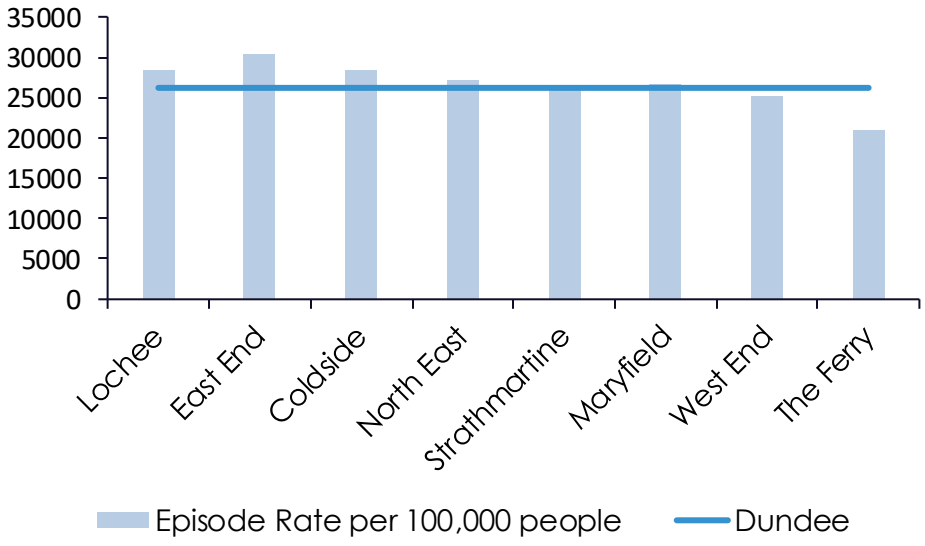
Taken together Figures 81 and 82 show a trend across most LCPP areas between emergency admission rates, emergency bed day rates and the deprivation ranking of the LCPPs, with the most deprived LCPPs having the highest emergency admission and bed day rates.

People aged 65+

Figures 83 and 84 show the emergency admission and bed day rates by LCPP areas for people aged 65 and over.

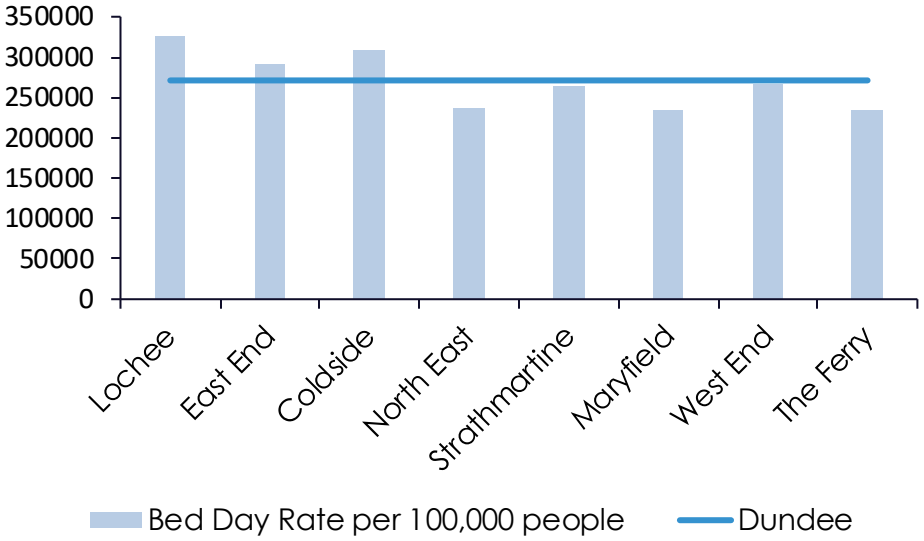
There is a strong link between number of emergency admissions and deprivation ranking of the LCPP where the person resided prior to admission. There is however no such link for emergency bed days, however the 3 most deprived LCPPs do have the highest total number of emergency bed days.

Figure 83: Number of emergency admissions per 100,000 population 2019/20 (people aged 65+)



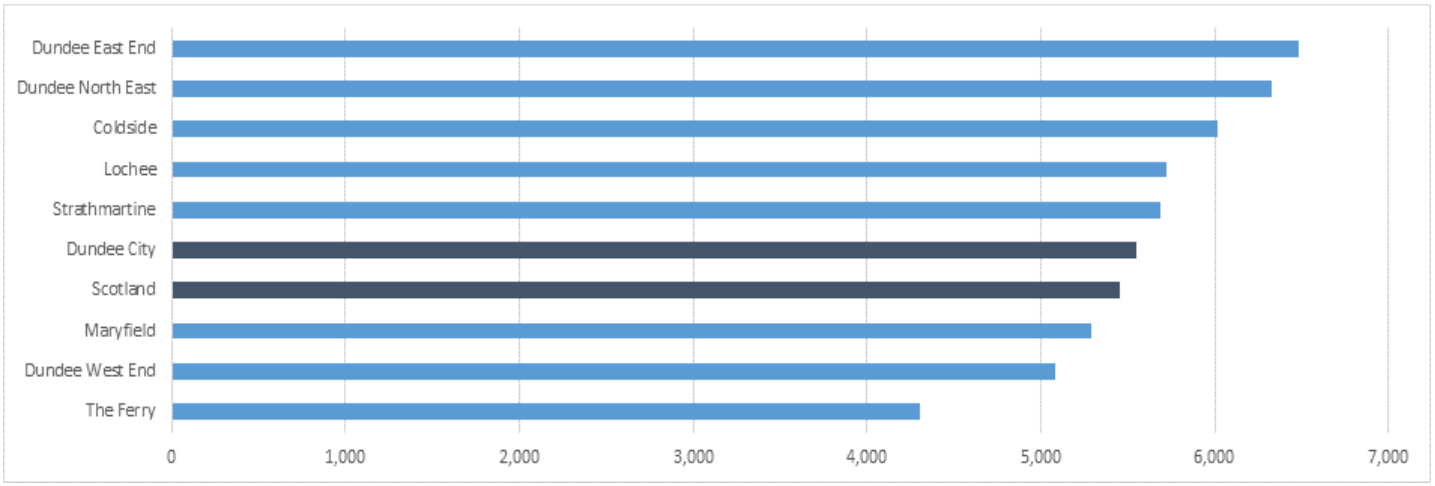
NSS TAYSIDE BSU, 2020

Figure 84: Number of emergency bed days per 100,000 Population 2019/20 (people aged 65+)



NSS TAYSIDE BSU, 2020

Figure 85: Dundee City patients (aged 65+) with multiple (2+) emergency hospitalisations 2013/14 (age standardised as a rate per 100,00 people) 3-year aggregate 2017-19



Source: SCOTPHO 2021

Figure 85 shows the rate per 100,000 people in each LCPP area who had two or more admissions to hospital 2017-19. The data has been standardised by age which means that any trend cannot be attributed to a greater proportion of people aged 65+ living in any LCPP area. A person is deemed to require additional support when they have had two or more emergency admissions to hospital.

Figure 85 shows that East End had the highest rate of people with 2+ hospital admissions and The Ferry had the lowest rate compared with other LCPP areas. The remaining six localities have similar rates and are quite close to both the Dundee and Scotland rates.

The National Delayed Discharge target, from April 2015, is for no person to wait more than 14 days to be discharged from hospital into a more appropriate care setting.

Figure 86: Number of days people aged 75+ spent in hospital when they were ready to be discharged, per 1,000 population 2020/21

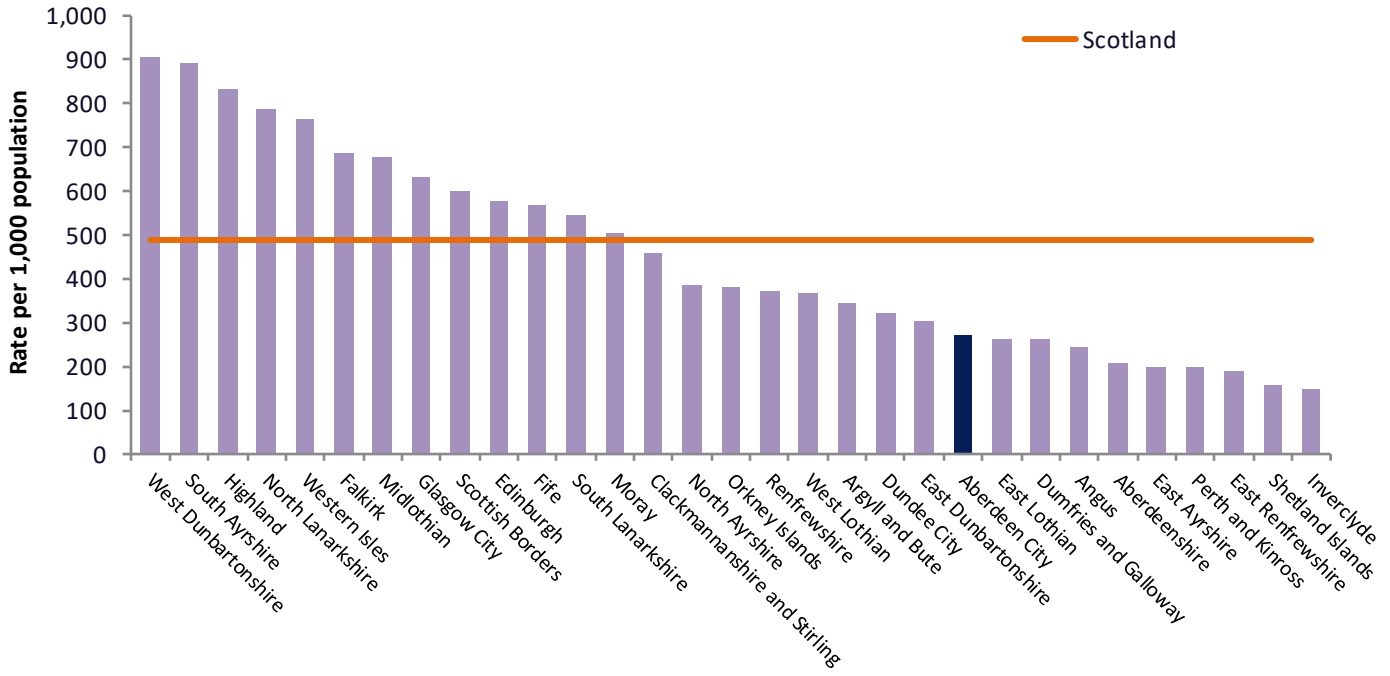


Figure 86 shows the number of days people spent in hospital when they were ready for discharge, as a rate per 1,000 population. In 2020/21 Dundee had the 10th lowest rate in Scotland.

Figure 87: Delayed Discharge Bed Day Lost Rate per 1,000 75+ (standard), by locality

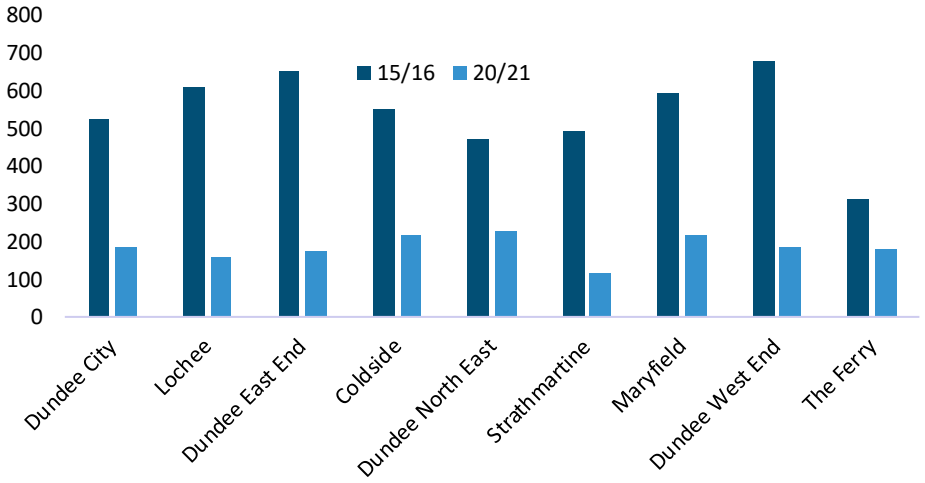
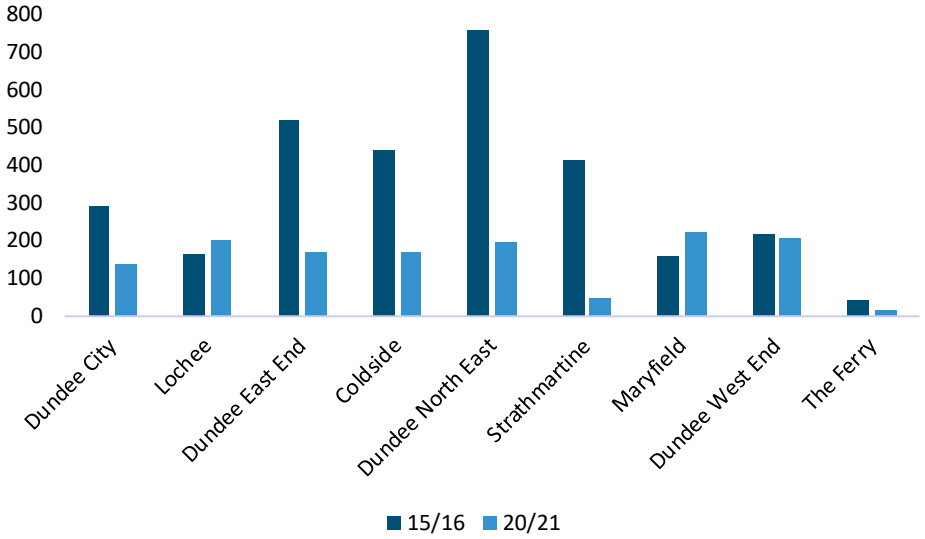


Figure 88: Delayed Discharge Bed Day Lost Rate per 1,000 75+ (code 9), by locality



The number of bed days lost to delayed discharge has decreased across most LCPPs and for standard and code 9 delays between 2015/16 and 2020/21. Further analysis can be viewed on the Discharge Management PAC reports and PAC quarterly performance reports.

The increase in Lochee and Maryfield LCPPs for code 9 delays can be attributed to age, complexity of need and existing arrangements for unpaid care to support people on their return home.

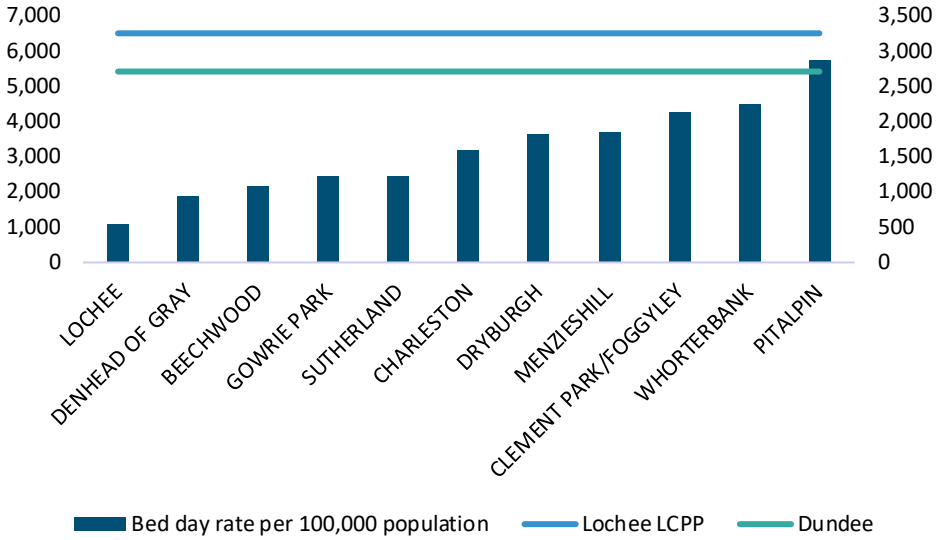
The main reason for delayed discharges relates to the need for, and lack of availability of, suitable long-term residential care placements at the time when they are needed. There are other factors which can delay hospital discharge. These include issues relating to the requirements of the Adults with Incapacity Act, external funding for places, and personal/family choice about where a person is to be placed.

8.3 Variation in Unscheduled Care Rates within LCPP Areas

As well as variation between LCPP areas, there is also variation **within** each of Dundee's LCPP areas in the use of unscheduled care.

The LCPP area with the highest variation in unscheduled care **for over 65's** is Lochee. As shown in figure 89, there is a neighbourhood within the Lochee LCPP, which is also called Pitalpin. This neighbourhood has the highest bed day rate per 1,000 of the population for people aged 65+ (5,746 bed days). The neighbourhood in the Lochee LCPP with the lowest bed day rate for those aged 65+ is Lochee (1,107 bed days).

Figure 89: Number of emergency bed days per 1,000 population for Lochee LCPP neighbourhoods (people aged 65+)



Source: ISD Scotland, unpublished data: emergency bed days

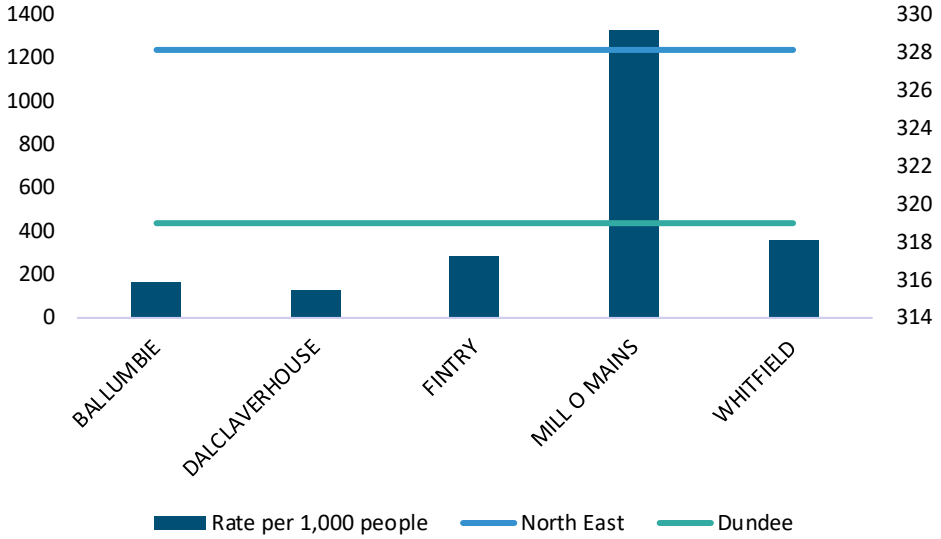
The high bed day rate in the Lochee neighbourhood can be related, at least in part, to the high rate of multi-morbidities of the frail, older population living there.

The LCPP area with the highest variation in bed day rates for people **aged 65 and under** is North East. Within North East the neighbourhood with the highest bed day rate for this age group per 1,000 of the population is Mill O'Mains (1,332 bed days) and the neighbourhood with the lowest bed day rate is Dalclaverhouse (131 bed days).

Balumbie is an area with significantly less deprivation that the other North East Neighbourhoods and this has the lowest bed day rate.

This significant variation can be attributed to the high level of deprivation, substance use, mental illness and multiple long-term health conditions, which are known to be prevalent in these deprived neighbourhoods in the Lochee North East area.

Figure 90: Number of emergency bed days per 100,000 population in North East LCPP neighbourhoods (people under age 65)



Source: ISD Scotland, unpublished data: emergency admissions and bed days

Analysis shows that not only does the need for unscheduled care differ across LCPP areas, but also there can be significant differences in the level of need between neighbourhoods in some LCPP areas. This increases the challenge in ensuring that available health and social care resources are distributed in a fair and effective way for the Dundee population.

Key Findings: Unscheduled Care Rates and Deprivation

- There are high rates of emergency admissions and bed days, with variation linked to deprivation, across LCPP areas and neighbourhoods.
- There is a higher proportion of NHS Tayside emergency admissions in Dundee than in Angus or Perth & Kinross.
- The average number of days delayed in hospital varies by the LCPP area in which people live, and there is a link with the ageing population.
- There is high variation in emergency admissions and bed days within LCPP areas, with greatest variation for under 65 age groups living in the most deprived LCPP areas.

8.4 Homecare Services

Approximately 2300 people receive adult social care services in Dundee, and nearly three quarters of these people received home care services in 2020.

Home care services are services which assist people to function as independently as possible and/or continue to live in their own homes. Examples are:

- Routine household tasks within or outside the home (basic housework, shopping, laundry, paying bills)
- Personal care of the service user, as defined in Schedule 1 of the Community Care & Health Act 2002
- Respite care in support of the service user's regular carers e.g. delivered by Crossroads Care Attendance Schemes funded by the local authority

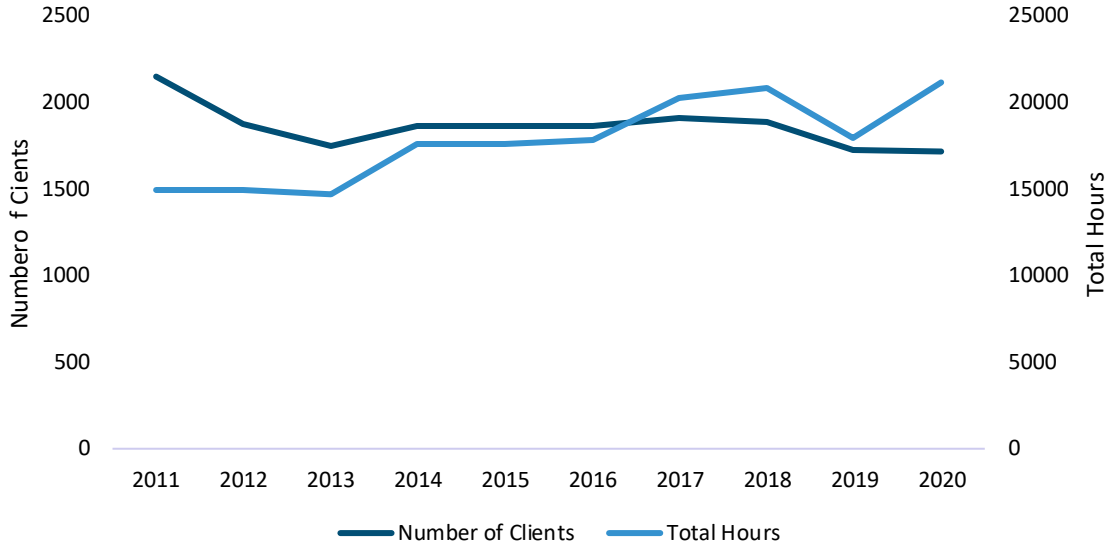
Personal care is a type of homecare service and includes:

- Personal hygiene – bathing, showering, hair washing, shaving, oral hygiene, nail care.
- Continence management – toileting, catheter/stoma care, skin care, incontinence laundry, bed changing.
- Food & diet – assistance with the preparation of food and assistance with the fulfilment of special dietary needs.
- Problems with immobility – dealing with the consequences of being immobile or substantially immobile.
- Counselling & support – behaviour management, psychological support, reminding devices.
- Simple treatments – assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy.
- Personal assistance – assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist.

Homecare Services - All Ages

For the snapshot week at end of March 2020, 1,717 people received homecare services, with a total of 21,161 homecare hours delivered (as shown in Figure 100). This is an average of 12.3 hours per person, per week.

Figure 91: Number of people who received homecare and number of hours - snapshot weeks, in the past ten years



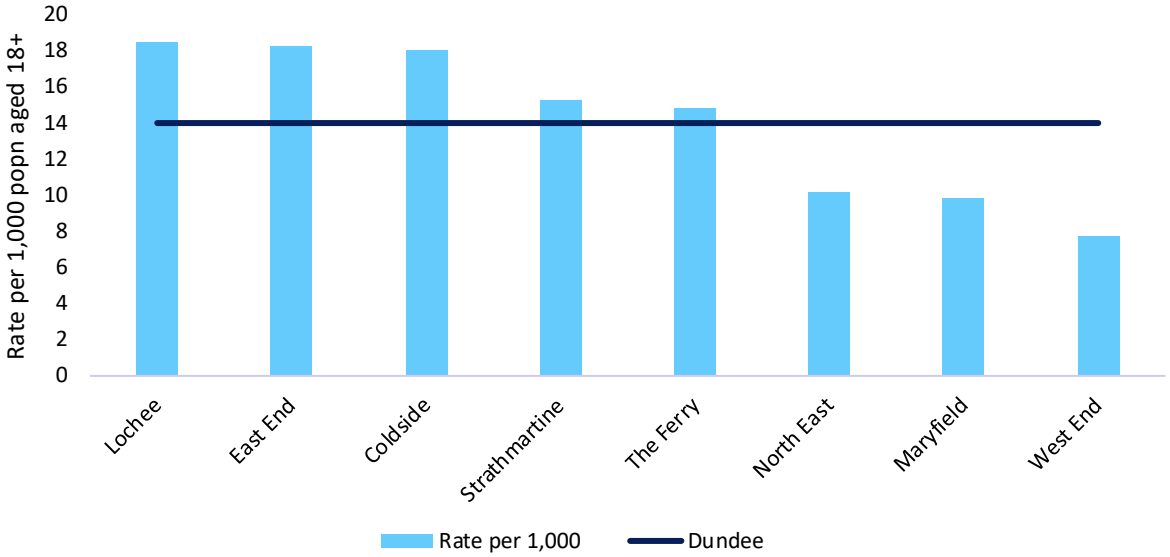
Source: Social Work Information Systems Mosaic (2020 data), previous data for Social Work System K2

51% of the care is provided by Private sector, 29% by the local authority and the remaining by the voluntary sector. 16% of the homecare clients are under 65, 17% in the 65-74 age group, 31% in the 75-84 age group and 36% in the over 85 age group.

Figure 92 shows the rate per 1,000 people (18+ population) who received homecare, by LCPP area where they lived.

Lochee is the LCPP area where the highest rate of homecare is delivered. There is variation in the level of homecare delivered across LCPP areas and this is likely to be linked with the age of the population and corresponding levels of need. An analysis of SIMD quintiles, shows that 62% of the homecare clients live in SIMD Quintile 1 and 2. For those in the SIMD quintile 1 and 2, 18% are under 65 and 29% are 85 and over. While for SIMD quintile 4 and 5, 10% are under 65 and 53% are 85 and over.

Figure 92: Rate per 1,000 people (18+ population) who received homecare 2020 (snapshot week)



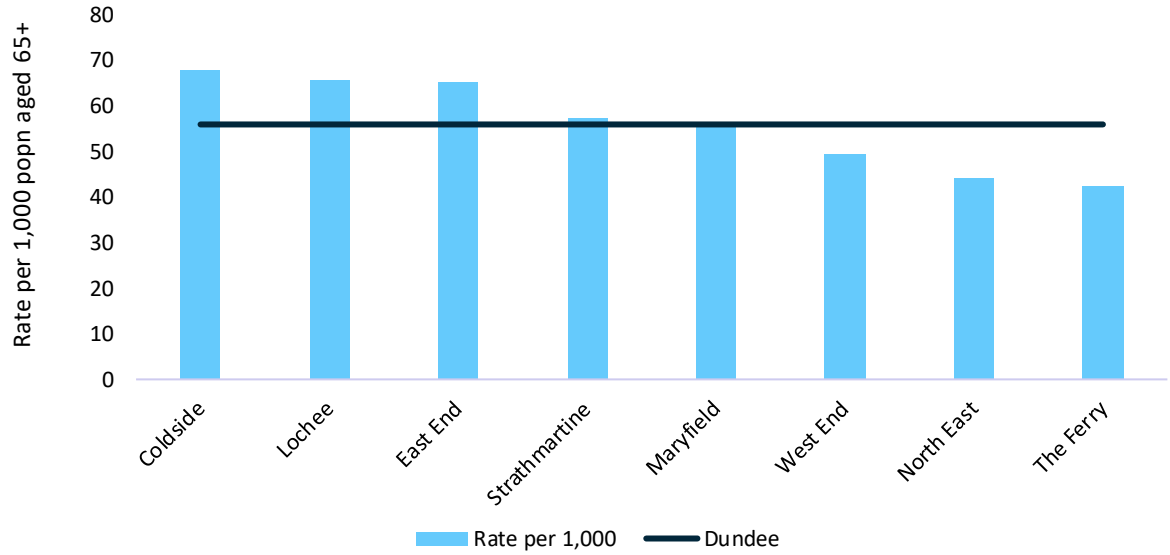
Source: Social Work Information System (Mosaic) 2020

Homecare Services - Aged 65+

There were 1,444 people aged 65+ who received homecare totalling 16,398 hours in 2020. This is an average of 11.4 hours per person, per week.

In 2020 1,318 people aged 65+ received personal care totalling 15699 hours. This is an average of 11.9 hours of care per person, per week.

Figure 93: Rate of people aged 65+ who received 10 hours or more of homecare



Source: Social Work Information System (Mosaic) 2020

Key Findings: Homecare Services

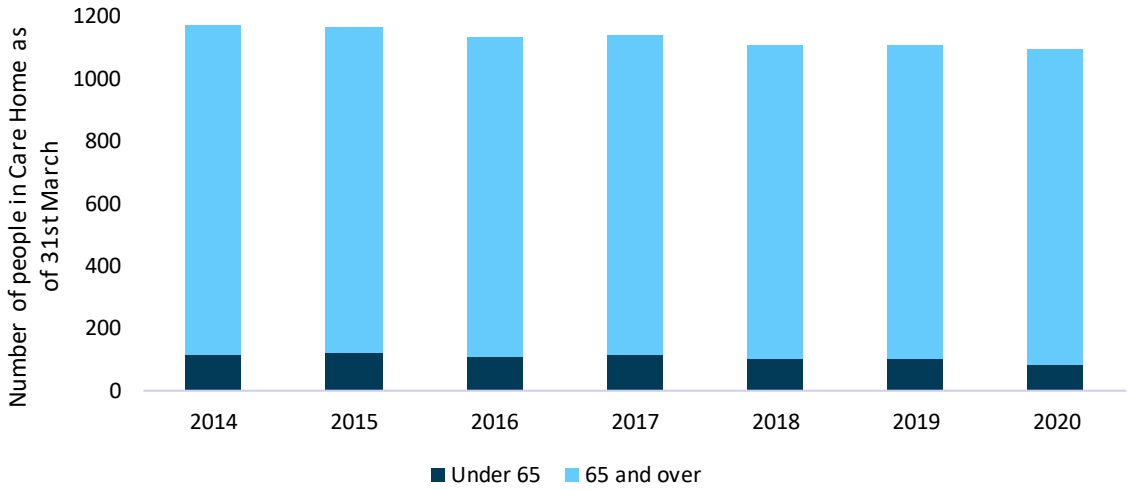
- Nearly three quarters of those who received adult Social Work services received homecare as part of their care package.
- 1,717 people received homecare services in 2020, on average 12.3 hours were provided per person, per week.
- Lochee and East End are the LCPP areas where the highest rate of homecare is delivered and this reflects the high levels of care and support need in these areas.
- For people aged 65+, Coldside: and Lochee have the highest rate of homecare being delivered and the North East and The Ferry have the lowest

8.5 Care Homes

On 31st March 2020, there were 1094 people in Care Homes. Figure 94 shows that 1012 (92.5%) of care homes residents were aged 65 and over and 82 (7.5%) were under 65 years of age. The average age was 82.7 years.

The majority of the people are in private Care Homes (86%), 7% in local authority Care homes and 7% in Voluntary Care homes. 80% of the people are in Care Homes within Dundee and a fifth out with Dundee. 774 (71%) were receiving nursing care.

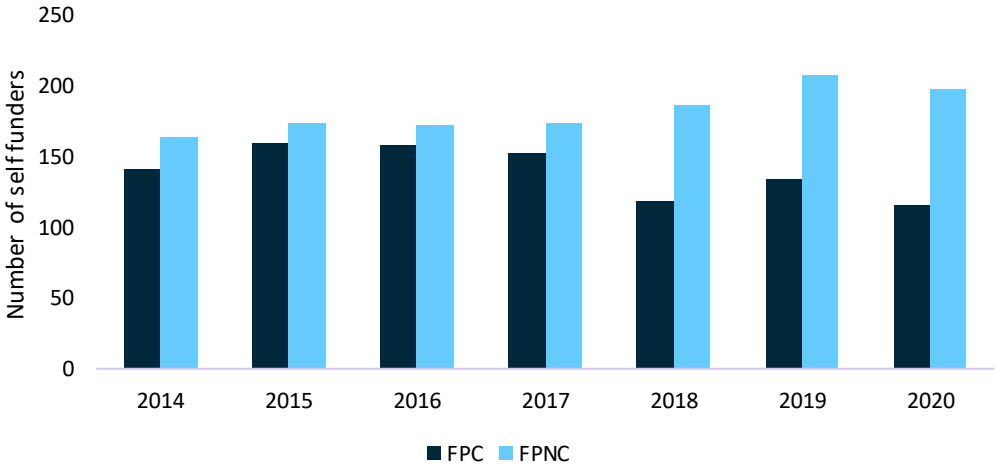
Figure 94: Care homes trends over a seven-year period, ages over 65 and under 65



Source: Social Work Information Systems, K2 and Mosaic

The main disability/ health characteristic for those in Care homes was 36% with physical disabilities, 34% who were frail/elderly, 23% with dementia, 4% with learning disabilities and 3% with mental health.

Figure 95: Number of self-funders in Care Homes at 31st March

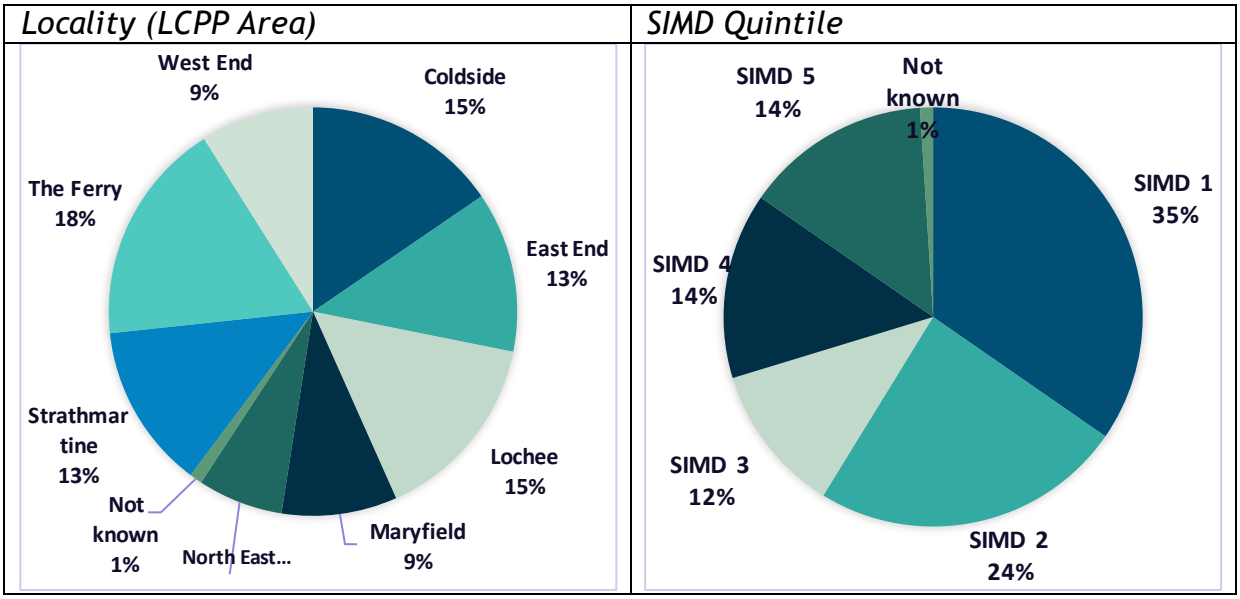


Source: Social Work Information Systems, K2 and Mosaic

On 31st March 2020, there was 313 people on Free Personal Care or Free Personal and Nursing Care (self-funders), this is 29% of all Care Homes residents. From the 1st April 2019, the Scottish Government extended Free Personal Care to all people who require it, regardless of age or condition. There is a very small number of self-funders in the under 65 age group.

The average weekly charge for those who are self-funded in 2020 was £177 for free personal care and £257 for free personal and nursing care. Excluding self-funders, the average weekly cost for under 65 was £1023 and £551 for people who were 65 and over.

Figure 96: Previous location before admission to Care Home



Source: Social Work Information Systems, K2 and Mosaic

Figure 96 shows where the person lived before being admitted to the Care Home. 18% were admitted from The Ferry, 15% from Coldside and Lochee. Over a third previously lived in SIMD quintile 1, the most deprived quintile and just over a quarter were from the last deprived quintiles, 4 and 5. The average of those who were admitted from SIMD quintile 1 was 81 years and 85 years for those from the least deprived quintiles.

COVID-19

Care Home residents are a high-risk group for contracting COVID-19. This is a group of people who are likely have multi-morbidities and be in the older age group.

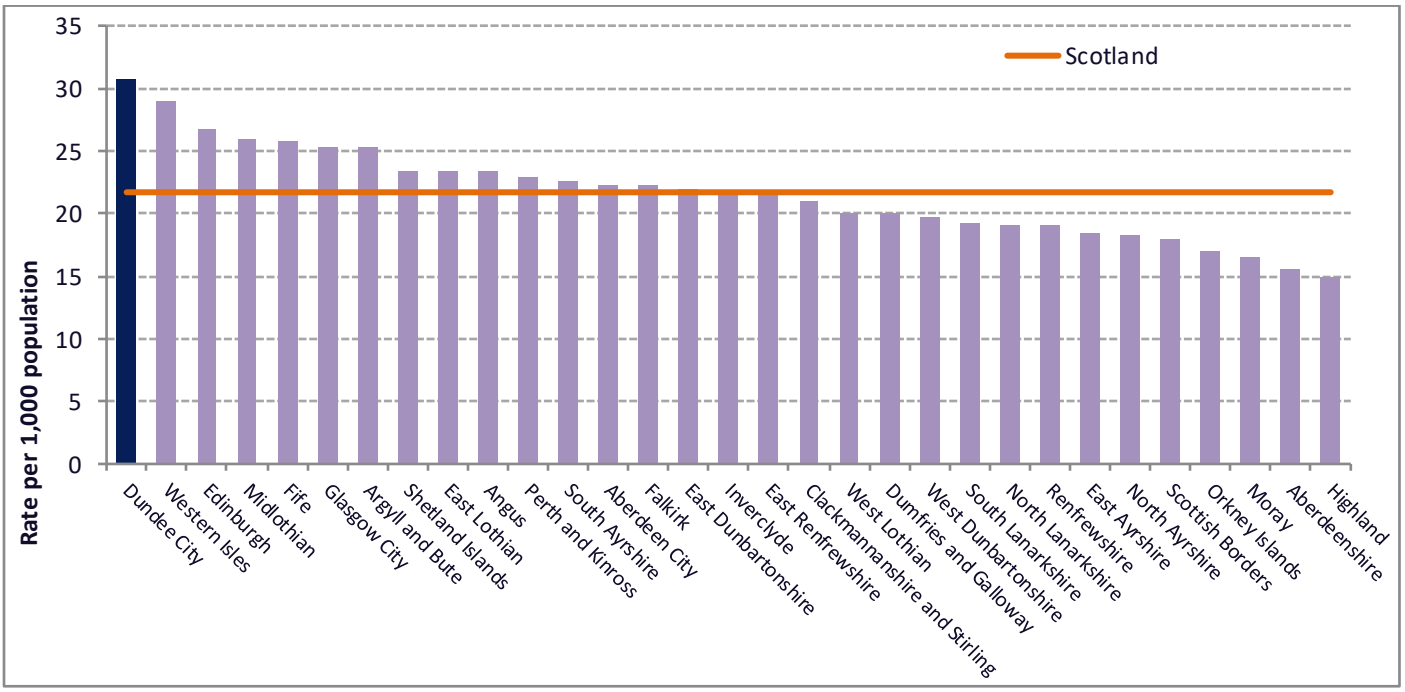
8.6 Falls

Dundee has the highest admission rate for falls in Scotland. As at 2020 the fall hospital admission rate was 30.7 per 1,000 population aged 65+.

Hospital Discharges

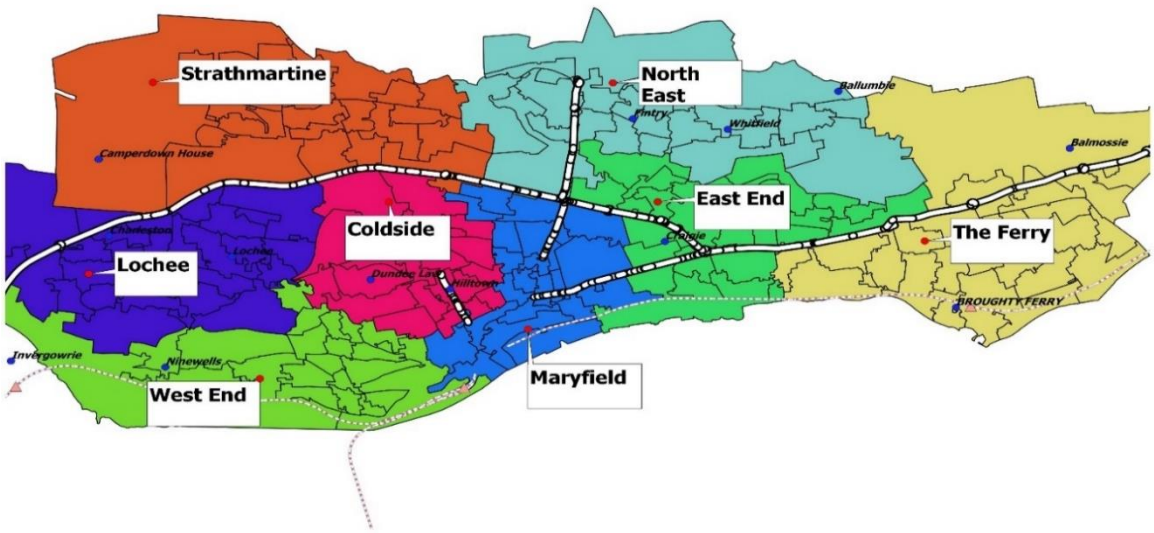
Figure 97 shows the rate of falls related hospital admissions for people aged 65+.

Figure 97: Fall hospital admission rate per 1,000 65+ population in Scotland during 2020/21



The health cost of falls in adults to Dundee H&SCP during 2015/16 was around £6.5 million. Lochee was the costliest LCPP area due to falls whilst Maryfield and North East had the lowest costs.

Figure 98: Map of Dundee Localities



East End is one of the most deprived areas of the City and had the highest fall hospital admission rate in Dundee during 2020/21 with 36 per 1,000 population for people aged 65+.

Figure 99: Falls admission rate per 1,000 65+ population in Dundee between 2015/16 and 2020/21

LCPP	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Dundee	24.7	26.0	27.8	30.2	30.4	31.7
Coldside	29.6	28.7	33.6	37.4	39.4	35.3
East End	27.4	29.0	28.8	34.9	28.0	36.0
Lochee	26.6	28.7	29.2	27.2	31.4	35.7
Maryfield	23.2	25.2	29.9	26.9	26.5	27.8
North East	20.5	25.1	22.7	19.0	25.1	17.5
Strathmartine	25.2	23.6	19.5	28.3	30.0	27.2
The Ferry	19.3	19.8	24.2	29.3	29.3	33.6
West End	27.2	32.7	37.7	36.1	30.7	35.0

Source: ISD SMR01

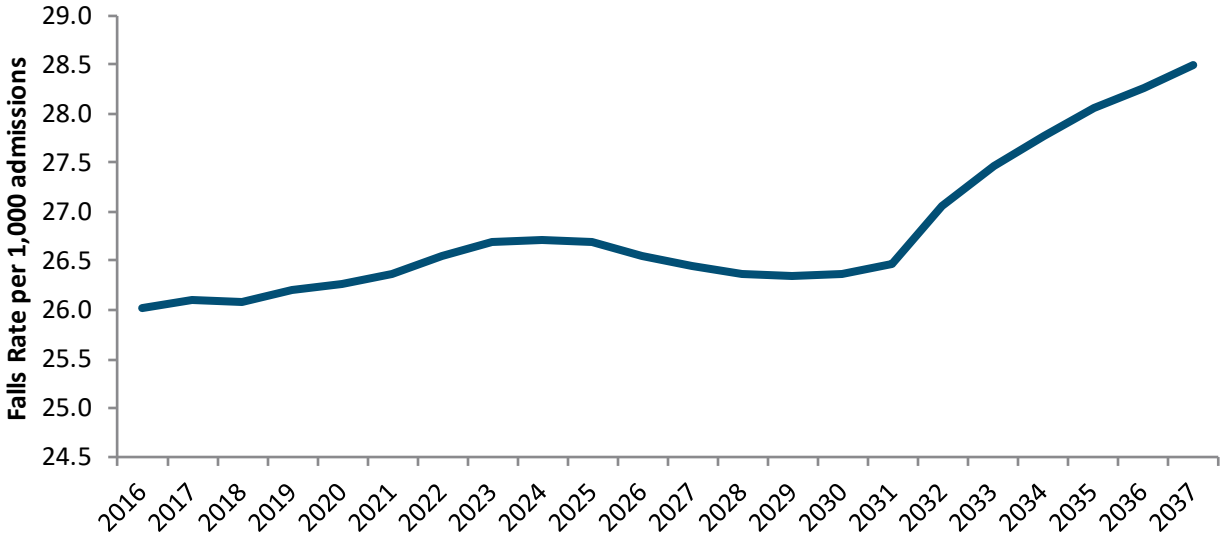
Figure 100: Total Net Cost of falls admissions for all Adults aged 18+ in Dundee during 2015/16 split by acute and A&E

Locality	Acute Admissions	A&E Attendances	Total Cost
Dundee	£5,701,607	£635,322	£6,336,930
Coldside	£895,527	£98,906	£994,434
East End	£812,543	£84,158	£896,701
Lochee	£933,413	£97,130	£1,030,543
Maryfield	£379,551	£64,669	£444,220
North East	£369,400	£56,868	£426,269
Strathmartine	£752,225	£83,516	£835,741
The Ferry	£884,567	£75,039	£959,606
West End	£674,381	£75,036	£749,416

Source: ISD Source

The 65+ age group is one of the fastest growing age groups in Dundee. Currently, the number of people aged 65+ is estimated by National Records of Scotland to be 25,967 (almost the same number as 0-17 year olds). By 2037, the 65+ population is expected to increase by 28% to 33,138. If the current age-specific admission rates persist then the fall admission rates for people age 65+ will only slightly increase to 26.5 per 1,000 population in 2027 but will start to increase at a faster rate post 2032 and reach 29 admissions per 1,000 population in 2037.

Figure 101: Projected falls admission rate per 1,000 65+ population between 2016 and 2037 in Dundee H&SCP

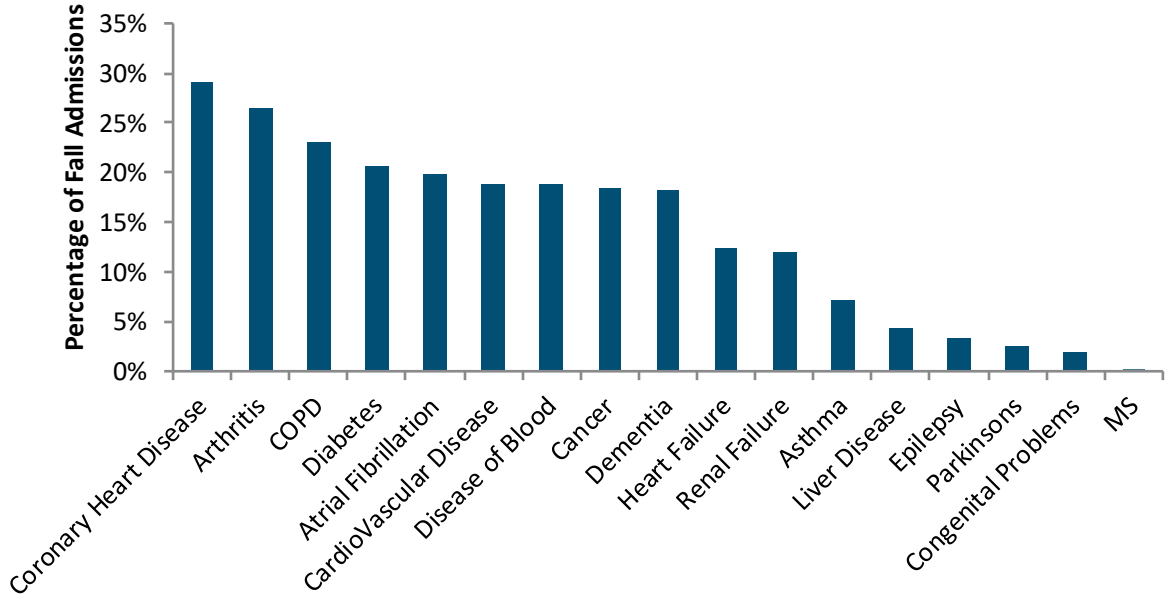


Source: ISD SMR01 and NRS

In most LCPP areas, the largest proportion of people who were hospitalised as a result of a fall were in the 75-84 age group, except in The Ferry where there were more people aged 85+ hospitalised as a result of a fall. The reasons for this are multi-factorial and include the higher life expectancy, the high number of older people living in their own homes, and the lower rate of unpaid carers who provide large amounts of care, for people living in more affluent LCPP areas such as The Ferry, compared with other LCPP areas in Dundee.

Coronary Heart Disease (CHD), Arthritis and COPD are the most common chronic illnesses underlying a fall admission. Approximately 29% of all people aged 65+ who are admitted due to a fall have CHD, 27% have arthritis and 23% have COPD. Figure 102 shows the breakdown of all long-term conditions associated with fall admissions in 2015/16.

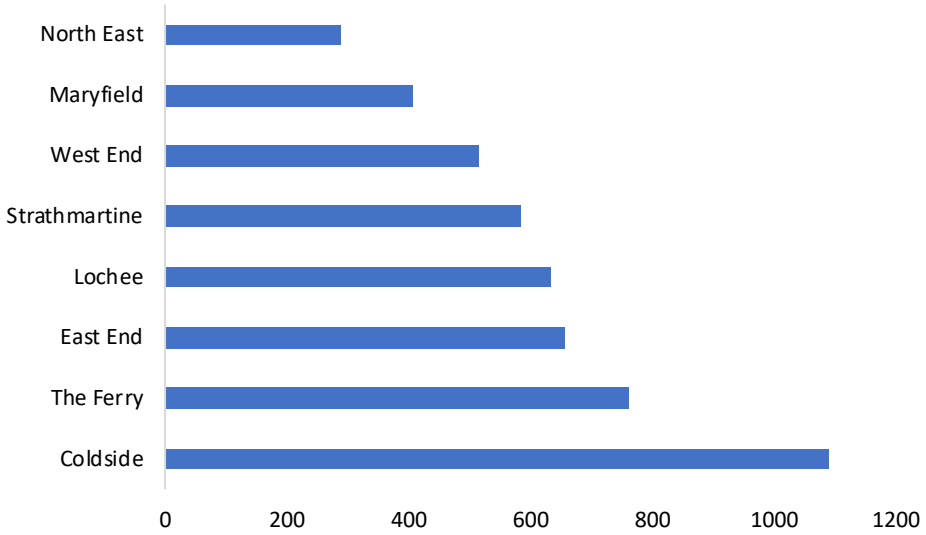
Figure 102: Underlying long-term conditions that are prevalent in fall hospital admissions for people aged 65+ during 2015/16



Social Care Response Service

The Social Care Response Service responds to people who are at risk of falling in their own homes.

Figure 103: Rate per 1,000 people aged 65+ who are supported by a Social Care Response alarm in their own home or sheltered house



Source: PNC6

- West End has the 3rd highest rate of people aged 65+ who are supported by the Social Care Response Service, but the 4th lowest rate of hospital discharge for treatment of a fall. In the previous needs assessment West End had the 3rd lowest rate of hospital admissions. This may have indicated that the Social Care response service was contributing to a reduction in the rate of hospital admissions due to a fall, however isolation due to COVID-19 and lower activity levels may have reversed this trend.

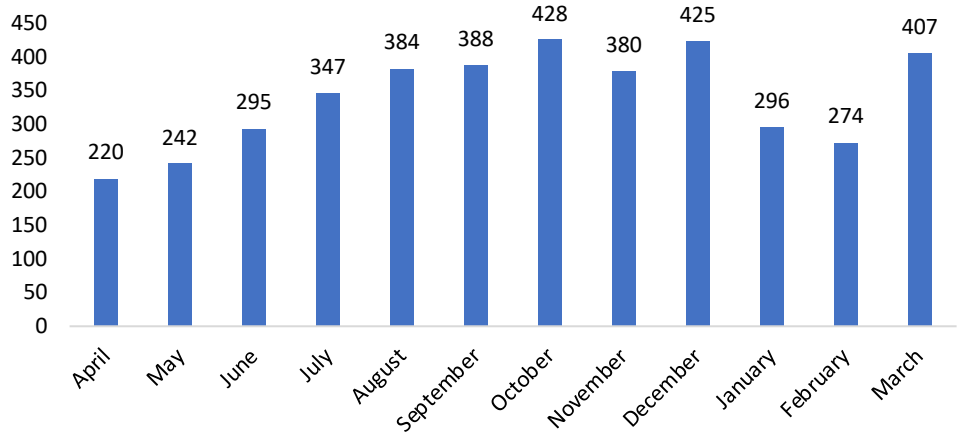
- North East has the lowest rate of people supported by the Social Care Response Service, and the lowest number of people discharged for treatment following a fall. This is the LCPP with the lowest proportion of older people.

- The Ferry has the second highest rate of people aged 65+ who are supported by the Social Care Response service and the 4th highest number of discharges following treatment for a fall. This may be an indication of a higher demand for the Social Care Response service in The Ferry.

Occupational Therapy Service

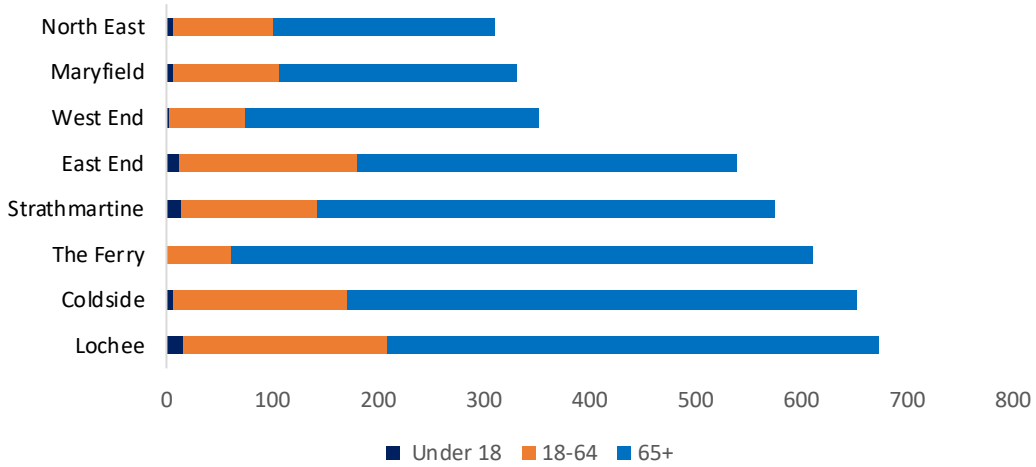
The Community Occupational Therapy Service is part of Dundee Community Independent Living Services. Occupational Therapists and Support Workers from the Dundee Health and Social Care Partnership offer a service to the city, to promote independence within the home that includes assessment for and provision of equipment, adaptations and rehabilitation as appropriate to the individual client and according to criteria.

Figure 104: Number of completed Occupational Therapy Assessments between 1St April 2020 and 21st March 2021



There were 4,086 Occupational Therapy (OT) Assessments completed between 1st April 2020 and 31st March 2021. Figure 104 shows the number of assessments completed on a monthly basis and in October, December and March there were significantly more assessments completed than other months.

Figure 105: Number of completed Occupational Therapy Assessments between 1St April 2020 and 21st March 2021, by age and locality



When we compare the number of completed assessments by locality, Lochee, Coldside and The Ferry had the highest number of OT assessments completed, the chart above also shows that within these localities the majority of people were aged 65+. The Ferry had 89.9% of people aged 65+ with only 10% aged 18-64. Lochee had 69% of people aged 65+, 28.6% aged 18-64 and a small 2.4% of people aged under 18.

North East, Maryfield and West End had the lowest number of OT assessments completed, within these localities the majority of people were also aged 65+. 30% of Maryfield and the North East clients were aged between 18 and 64 which is higher than most of the other localities.

Overall, the majority of OT clients (74%) are aged 65+, 24% are aged 18-64 and a small percentage (2%) are aged under 18.

COVID-19

The isolation and reduced activity and mobility of people who were already frail increased demand for support by many people who were already receiving services and also those who previously didn't require support.

Key Findings: Care Homes, Social Care Response Service, and OT Services

- The average age at admission was 82.7 years. This reflects the ageing, but increasingly frail population in Dundee.
- The main disability/ health characteristics for those in a Care Home were physical disabilities, frailty, dementia, learning disability and mental health
- Over a third of people admitted to a Care Home previously lived in SIMD quintile 1, the most deprived quintile and just over a quarter were from the last deprived quintiles, 4 and 5.
- Dundee has the highest rate of admissions due to a fall in Scotland.
- East End is one of the most deprived areas of the City and had the highest fall hospital admission rate in Dundee during 2020/21 with 36 per 1,000 population for people aged 65+.
- There were 4,086 Occupational Therapy Assessments completed between 1st April 2020 and 31st March 2021. North East, Maryfield and West End had the lowest number of OT assessments completed, within these localities the majority of people were also aged 65+.
- The majority of OT clients (74%) are aged 65+, 24% are aged 18-64 and a small percentage (2%) are aged under 18.

9.0 PERSONALISED SERVICES

9.1 Self-directed Support

The Social Care (Self-directed Support) Act 2013 came into force on 01 April 2014. Self-directed Support (SDS) is the support a person purchases or arranges to meet agreed health and social care outcomes. SDS allows people to choose how their support is provided, and gives them control of their individual budget.

SDS offers a number of options for accessing support. Individual (or personal) budgets can be:

Option One: Taken as Direct Payment
Option Two: Allocated to a provider the individual chooses
Option Three: Local authority arranges a service

People can also choose a mixture of all 3 of these different arrangements for support. Personalised services delivered under SDS, are homecare, respite, day services, enabler services, housing support and in-college support. 86% of the people receive one of these services and 14% receive 2 or more services. 75% receive home care services.

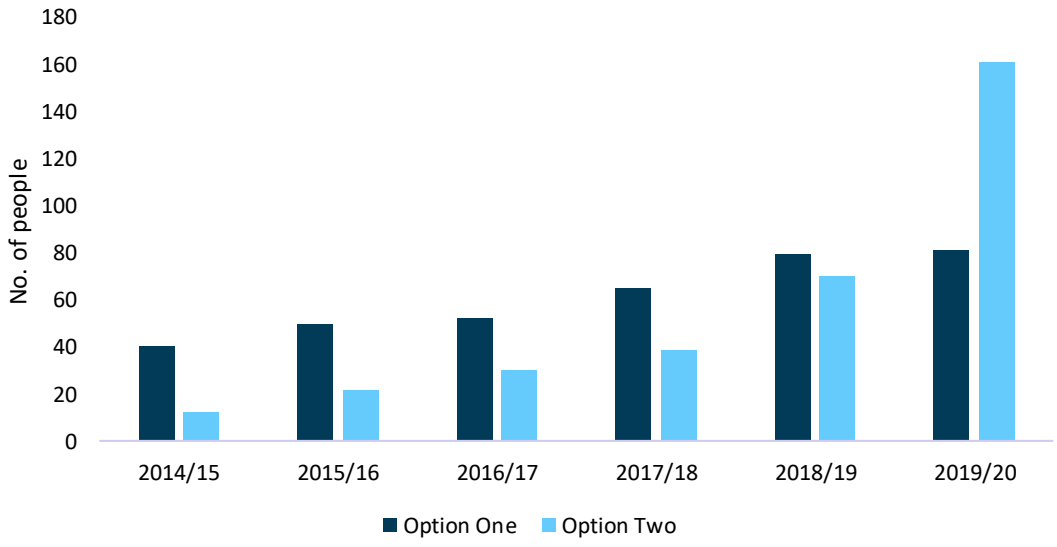
Figure 106 gives a breakdown of Options One and Two in 2019/20. There has been a gradual increase for Option one and two over the years. In 2019/20 5% of Dundee's social work spend was on direct payments, an increase on previous years but still lower than the Scottish average spend of 9%.

Figure 106: Option One and Option Two uptake and costs in Dundee, 2019/20

Option	No. of people	Cost	Dundee Rate per 100,000 population
Option One	81	£2,701,004	66
Option Two	161	£2,062,732	131

Source: Social Work Information System (Mosaic), 2019-20

Figure 107: Number of people receiving Option One or Two, 2019/20



Source: Social Work Information System (Mosaic), 2019-20

10.0 CARERS

10.1 Carers in Dundee

The Scottish Governments latest figures report an estimated total of around 690,000 carers in Scotland[9]. Overall it is estimated that in Dundee there are around 18,300 adult carers (aged 18+) and around 830 young carers (aged 4-17).

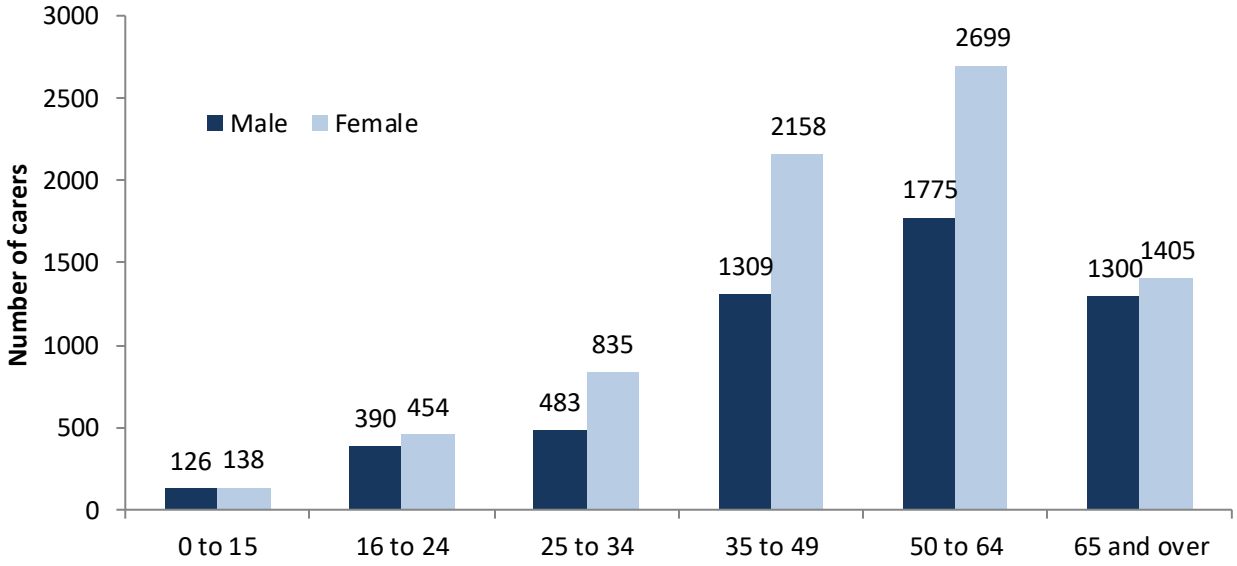
The most recent Census was carried out in 2011 and provides some extra information, it asked people whether they look after, or give any help or support to other family members, friends, neighbours or others because of either long term physical and/or mental ill-health, disability or challenges related to old age. The definition did not include paid employment.

The information provided in this section is taken from the Census and is sourced through self-reporting. It may not provide a full picture, as some people do not recognise themselves as being a carer.

In 2011 13,072 people in Dundee identified themselves as being a carer; this is 8.9% of Dundee's population and a rate of 89 people per 1,000 population. The rate for Scotland is 93 people per 1,000 population.

Between 2001 and 2011 there was a 16% increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

Figure 108: Known carers by gender and age group, 2011 Census



Source: Scotland's Census 2011, scotlandcensus.gov.uk

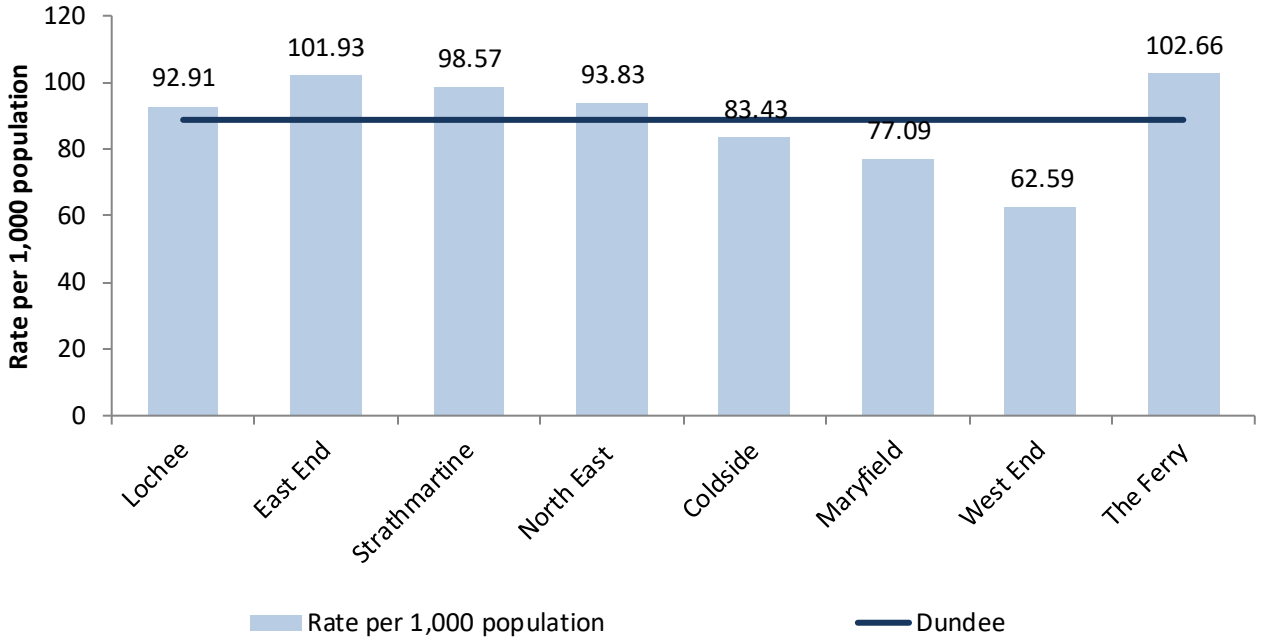
Figure 108 shows that the largest group of carers were in the 50-64 age group. It also shows that just over a third of all carers were in the 35 to 49 age group and nearly 60% were women. Approximately a fifth of carers were aged 65 or over and 8% were young carers (0 to 24 age group).

[9] https://www.gov.scot/publications/scotlands-carers-update-release/

10.2 Known Carers by LCPP areas

Figures 109 and 110 show the LCPP areas in Dundee which are the most deprived (on the left) and the least deprived (on the right). The information is based on where the carer lives, as distinct from where the cared for person lives. The cared for person may live in another LCPP area or even another local authority area.

Figure 109: Known carers by LCPP per 1,000 population



Source: Scotland's Census 2011, scotlandcensus.gov.uk

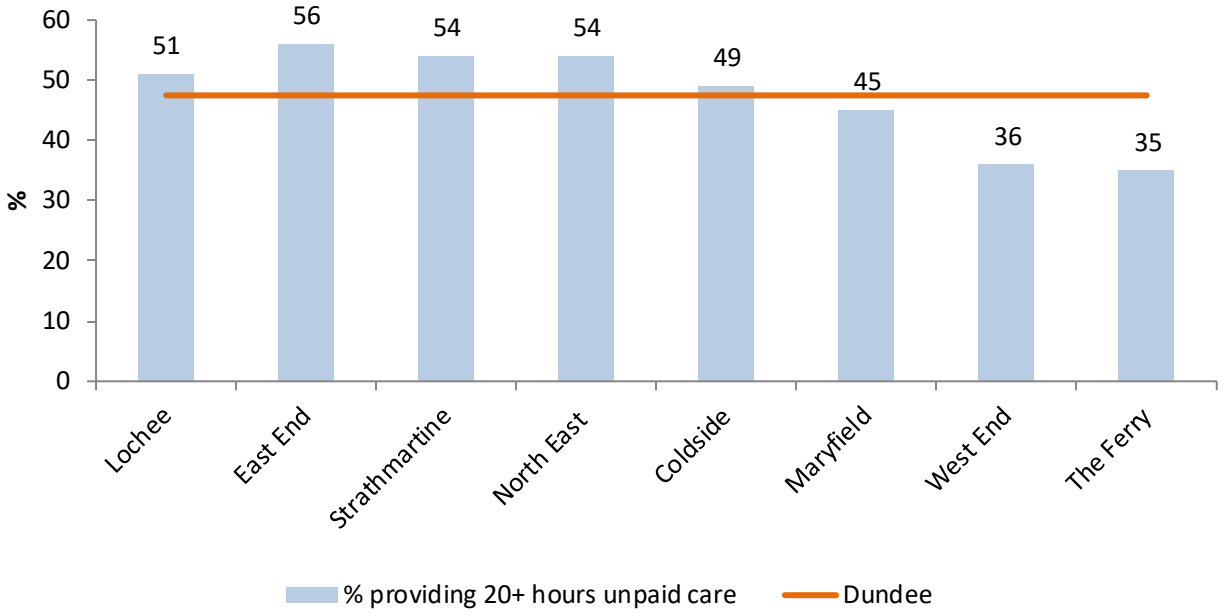
The Ferry has the highest rate of people who identified themselves as being a carer, and West End has the lowest rate. The Ferry also has the highest population of people who are aged 65+.

The East End has the second highest rate of carers. The East End also has the highest proportion of people who have one or more health conditions, as well as the highest proportion of people with sensory impairment, physical disabilities and mental health conditions.

Figure 110 below shows that those living in the most deprived areas in Dundee were more likely to be providing more than 20 hours of care, in comparison with carers living in the least deprived areas.

East End had the highest proportion of people who provided 20 hours or more of care, and just over a third of carers in the East End provided 50 hours or more of unpaid care.

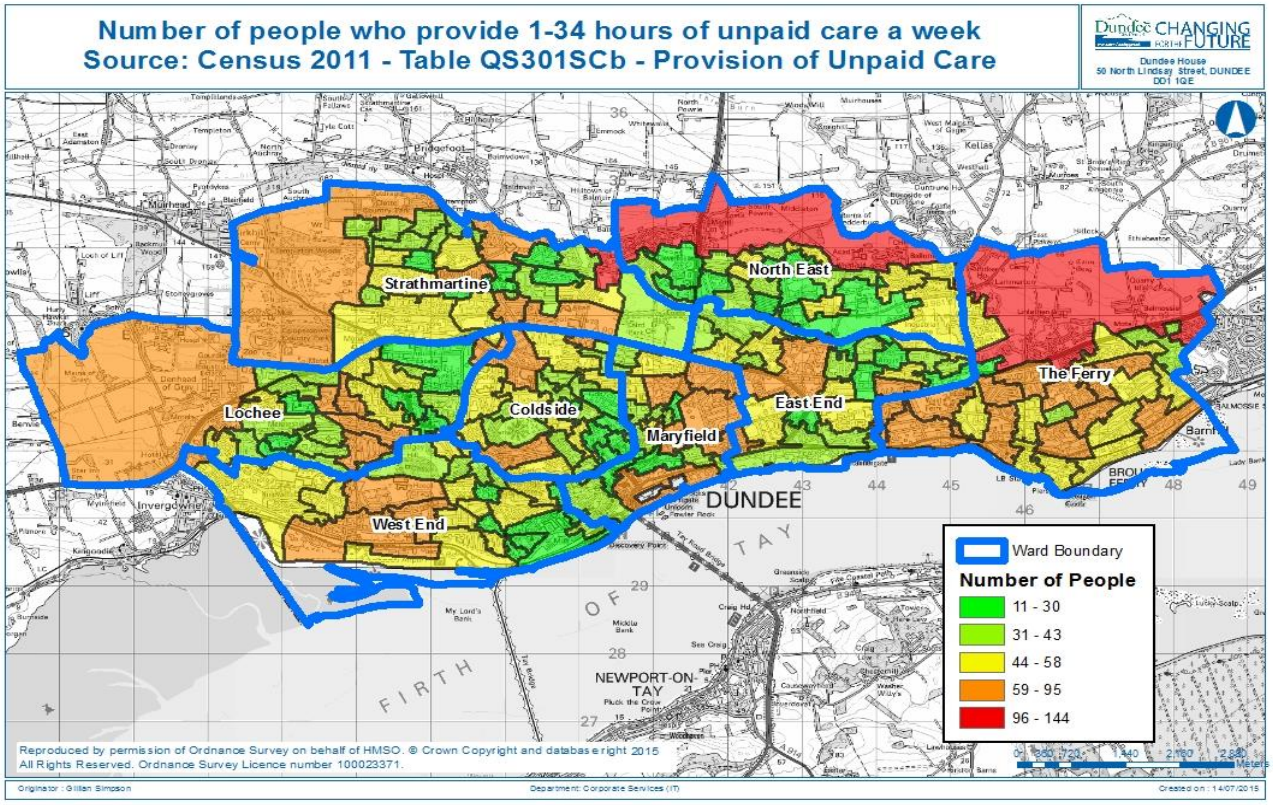
Figure 110: Percentage of Carers in each LCPP who provide over 20 hrs of unpaid care



Source: Scotland's Census 2011, scotlandcensus.gov.uk

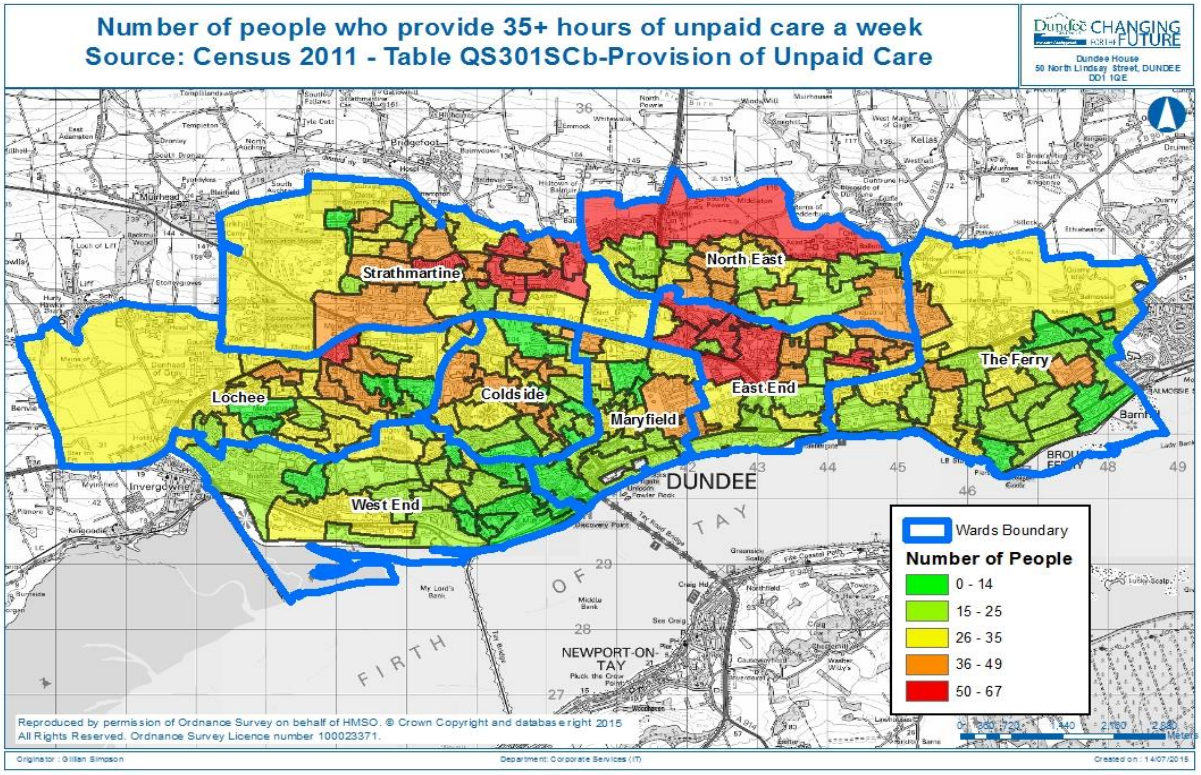
Figures 111 and 112 show maps which highlight the areas in Dundee where people who provide unpaid care live. The maps are colour coded with the highest concentrations of carers highlighted in red and the lowest concentrations highlighted in green.

Figure 111: People providing 1 to 34 hours of care in Dundee



Source: Census data 2011 by datazones, scotlandcensus.gov.uk

Figure 112: People providing 35 hours or more of care in Dundee



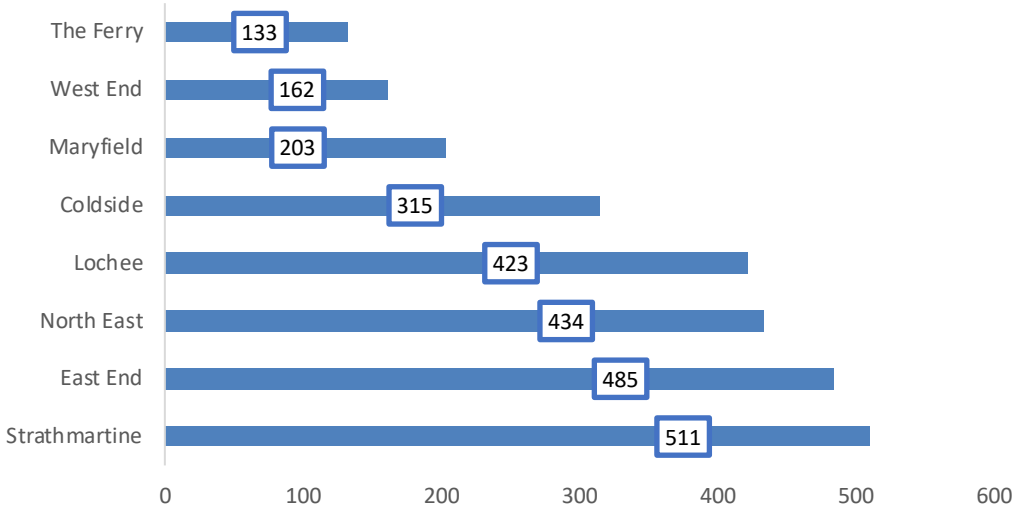
Source: Census data 2011 by datazones, scotlandcensus.gov.uk

10.3 Benefits for Carers in Dundee

The information presented in Figure 113 shows the number of recipients for Carers Allowance between September and November 2020. Carers Allowance is a benefit for people who look after a person for at least 35 hours per week, not gainfully employed nor in full-time education.

Dundee had 2,663 carers in receipt for Carers Allowance, we can see the break down for each locality and by quarter. Figure 113 (below) shows that Strathmartine had the highest number of claimants followed by East End (19% and 18% respectively), and The Ferry and West End had significantly less claimants (5% and 6% respectively). There are higher numbers of Carers Allowance claimants in locality areas that have high levels of deprivation.

Figure 113: Number of Carers Allowance recipients by Locality area, September - November 2020

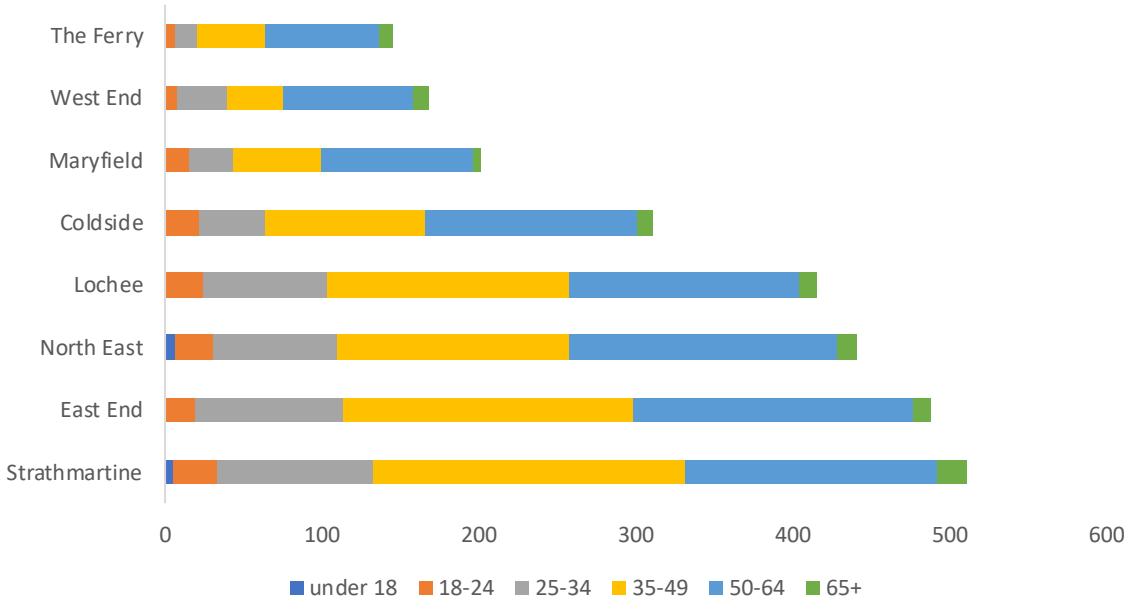


Source: Stat Xplore

Figure 114 shows the number of Carer Allowance claims by locality and by age group breakdown. The majority of claimants are between the ages of 35 and 64 years old, this is across the board for all localities. Strathmartine and North East are the only localities where there are people under the age of 18 claiming Carers Allowance.

While there is no upper age limit for claiming Carer's Allowance, you cannot receive the full amount of both Carer's Allowance and your State Pension at the same time[10].

Figure 114: Number of Carers Allowance claimants by Locality area and age split, September - November 2020

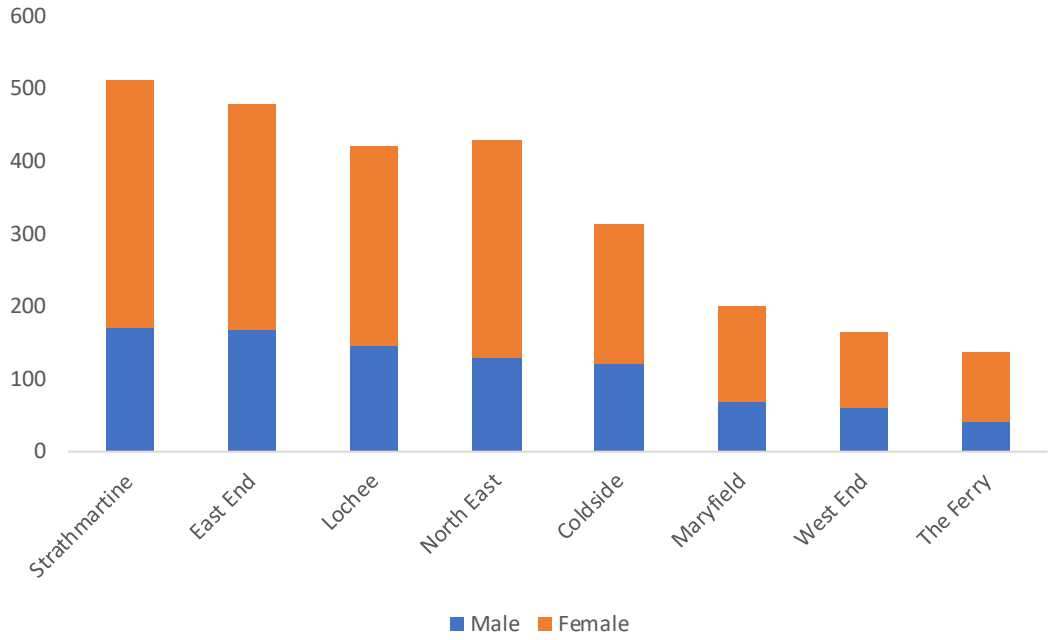


Source: Stat Xplore

[10] https://www.carersuk.org/help-and-advice/financial-support/help-with-benefits/other-pension-age-benefits

Figure 115 shows the breakdown of claims made by gender for each locality, there is a clear diference between the number of female claimants to male. Overall there are significantly more female claimants than male (by around 850 more) 66% of all claimants are female.

Figure 115: Number of Carers Allowance claimants by Locality area and gender split, September - November 2020



Source: Stat Xplore

Carers Allowance Supplement was introduced in 2018. It is an extra payment for people in Scotland who are receiving Carers Allowance, the payment is made twice a year and eligibility is determined by if a carer is living in Scotland on a particular date and receiving Carers Allowance payments on a particular date[11].

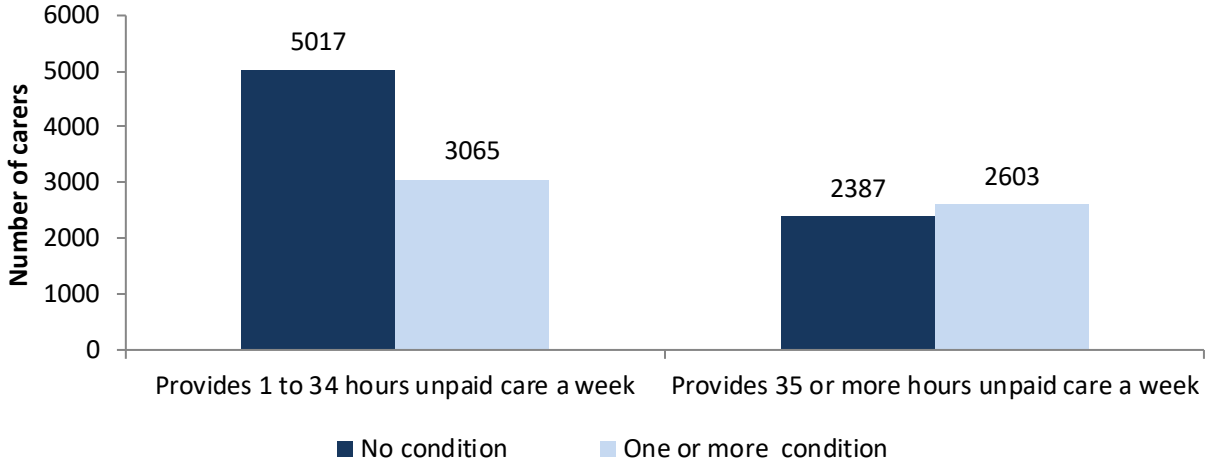
Carers received a one-off Coronavirus Carer's Allowance Supplement in addition to standard Carer's Allowance Supplement in 2020, to provide more support for carers during the pandemic.

Since the Supplement was introduced there has been an increase of 7,605 (10%) payments made from 2018-19 to 2020-21 across Scotland. The number of payments made for Dundee over the same 3-year period shown an increase of 270 (11%) payments made from 2,535 payments in 2018-19 to 2,805 payments in 2020-21.

It is worth noting that the number of carers in receipt of Carer Allowance and Carer Allowance Supplement were similar, however the figures that are published differ due to factors such as; different reporting periods, eligibility and backdating adjustments.

[11] https://www.mygov.scot/carers-allowance-supplement/who-can-get-carers-allowance-supplement

Figure 116: Unpaid carers who have health conditions by the number of hours of care they provide, 2011



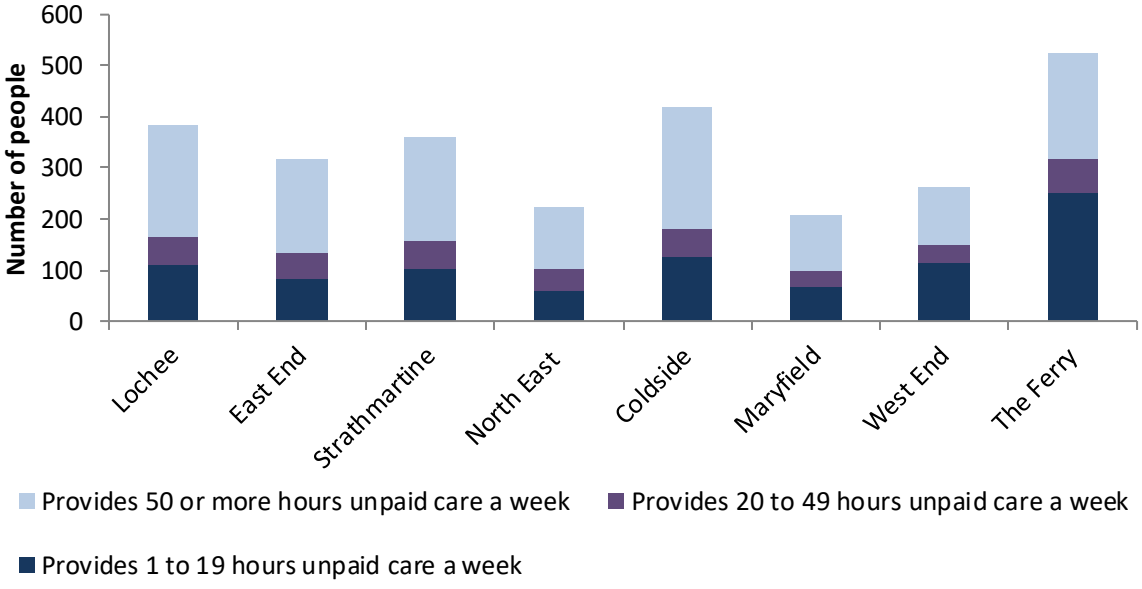
Source: Scotland's Census 2011, scotlandcensus.gov.uk

Figure 116 shows that over half of those who provided 35 or more hours of unpaid care a week have one or more health conditions.

10.4 Older Carers Aged 65+ Years

One fifth of carers in Dundee are over 65 years of age. Figure 117 shows the number of carers in each LCPP area by the number of hours of unpaid care they provided each week.

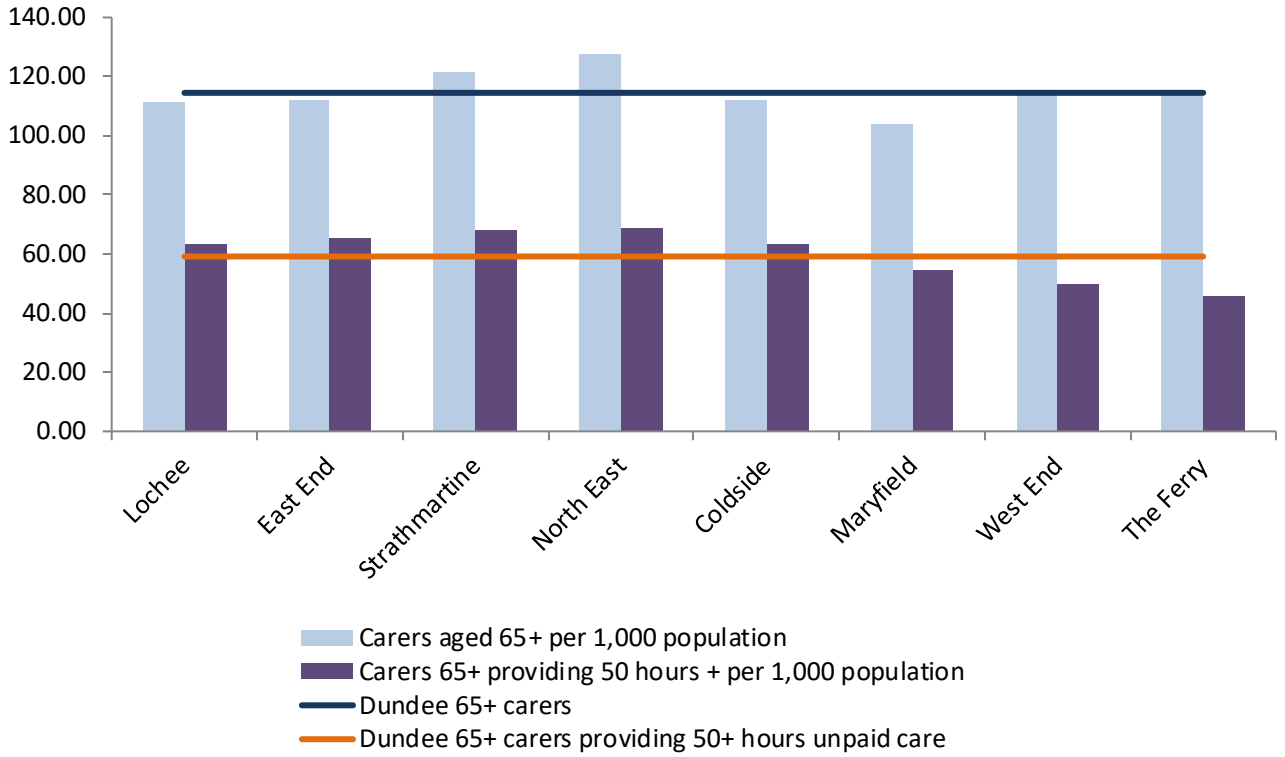
Figure 117: Number of older unpaid carers by LCPP area, 2011



Source: Census 2011, scotlandcensus.gov.uk

The Ferry had the highest number of older carers, although it should be noted that The Ferry also has the highest population of people aged 65+ years. For older carers in the East End, 58% provided 50 hours or more of unpaid care.

Figure 118: Older unpaid carers per 1,000 population, by LCPP, 2011



Source: Census 2011, scotlandcensus.gov.uk

The North East older population provided the highest rate of unpaid care in comparison to the other LCPP areas. Carers who were aged 65+ in North East were more likely to provide 50+ hours of care, in comparison to the other LCPP areas.

Strathmartine and Coldside LCPP areas had higher rates of older people who provided 50 hours or more unpaid care than the Dundee average. Although The Ferry has a high number of older carers, standardising the data shows that they had the same rate per 1,000 population as the Dundee average, and there is a lower rate of older carers who provided 50+ hours of care in The Ferry.

COVID-19

87% of Scottish carers (Carers UK, 2020) and 84% of Dundee carers (Dundee Carers Partnership Engagement, 2020) provided more care than they were prior to the outbreak. Carers UK reports that this was due to either a reduction in care packages or due to concern that the person they care for would be exposed to the virus from paid care staff. (Carers UK, 2020).

The Office of National Statistics (ONS) reported that almost half (48%) of people in the UK said that they provided help or support to someone outside of their household in the first month of lockdown in April 2020. Of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic Those aged 45 to 54 were the most likely group to provide support - 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children. (ONS, 2020)

More than a third (36%) of Scottish carers (Carers UK, 2020) and 63% of Dundee carers (Dundee Carers Engagement, 2020) felt unable to manage their caring role and struggled to balance commitments alongside their caring role.

During the pandemic, 71% of unpaid carers have not had a break from their caring role Only 23% of unpaid carers in Scotland are confident that the support they receive with caring will continue following the COVID-19 pandemic (Carers UK)

Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this (Dundee Carers Engagement, 2020). More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period
- Carers also benefited from local networks in the community and neighbour support during this period
- Many services used technology effectively to communicate with people during this period.
- It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

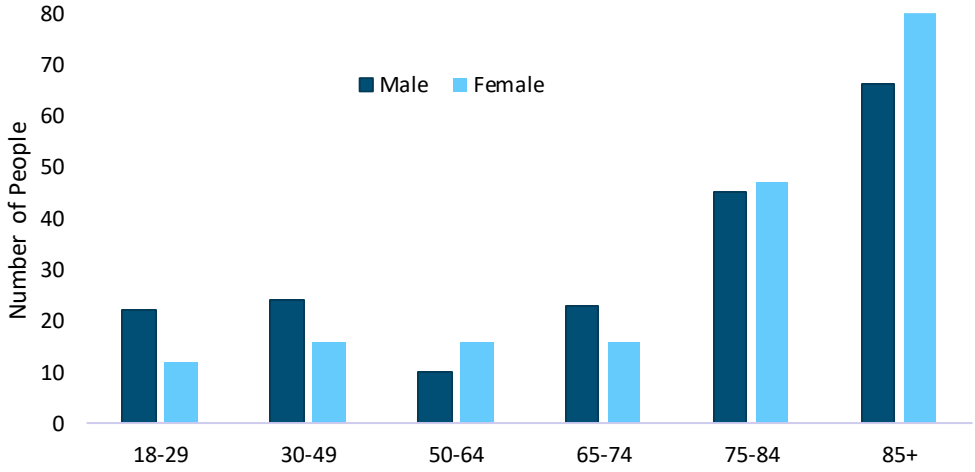
(Dundee Carers Engagement, 2020)

10.5 Respite Care

One way of supporting carers is to offer them a period of respite, where the cared for person is cared for away from their main carer, for an agreed period of time. This can be in their own home or in a residential respite or care home.

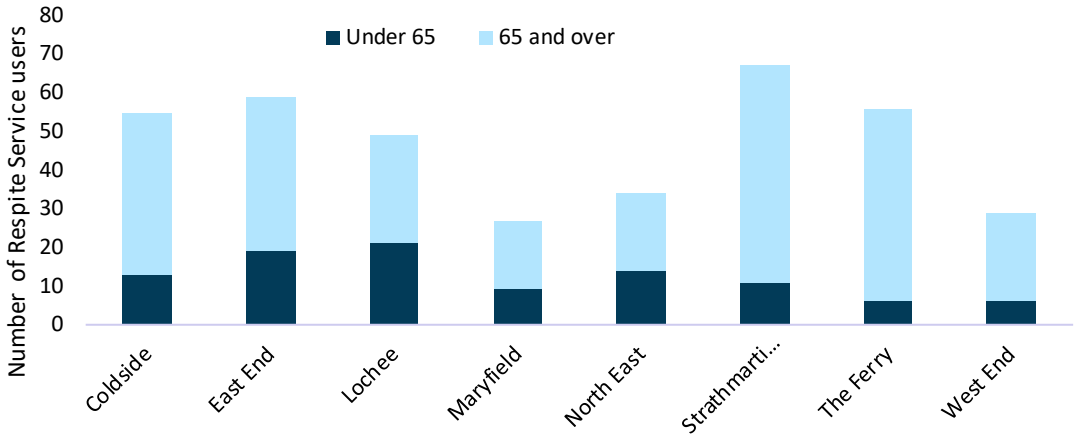
In 2019-20, overnight respite was provided to 377 people with a total of 1198 periods of respite, providing 10234 nights of respite to carers. In 2019-20, an average of 27 night of respite was provided for each person. Figure 119 shows the age and gender of those who received Respite.

Figure 119: Age and Gender of Respite service users, 2019-2020



Source: Social Work Information system 2019-20, Mosaic

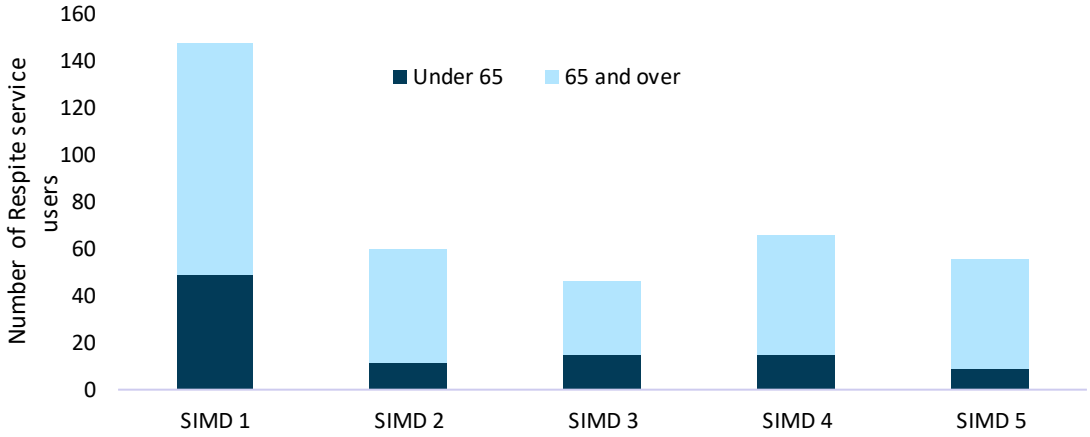
Figure 120: LCPP Areas of Respite Service User, by age group, 2019-2020



Source: Social Work Information system 2019-20, Mosaic

Figure 120 shows that just under a fifth (18%) of service users lived in Strathmartine. Lochee and East End had the highest proportions of under 65 and The Ferry had the highest proportion of people aged 65 and over.

Figure 121: SIMD Quintile of Respite Service User, 2019-2020

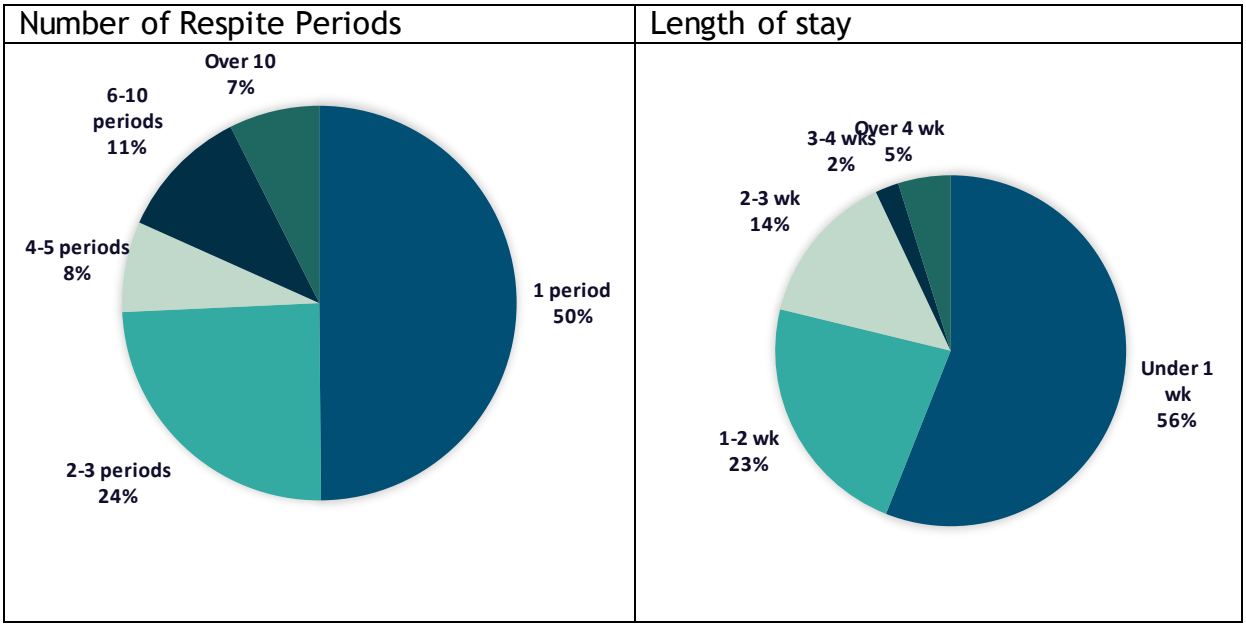


Source: Social Work Information system 2019-20, Mosaic

The majority of the service users were in the most deprived quintile SIMD 1. This was especially the case for people who are under 65.

The following charts show the number of periods of respite and length of respite.

Figure 122: Number of respite periods with length of stay



Source: Social Work Information system 2019-20, Mosaic

Half of the respite service users only had one period of respite. The correlation with age, shows that the younger service users have many periods of respite and the older people have fewer. For older people, often a period in respite can lead to long term care in a Care home.

Over half of the respite service users had respite periods of under a week. The correlation with age, shows that the younger service users had shorter periods of respite and older residents had longer respite stays.

Key Findings: Carers

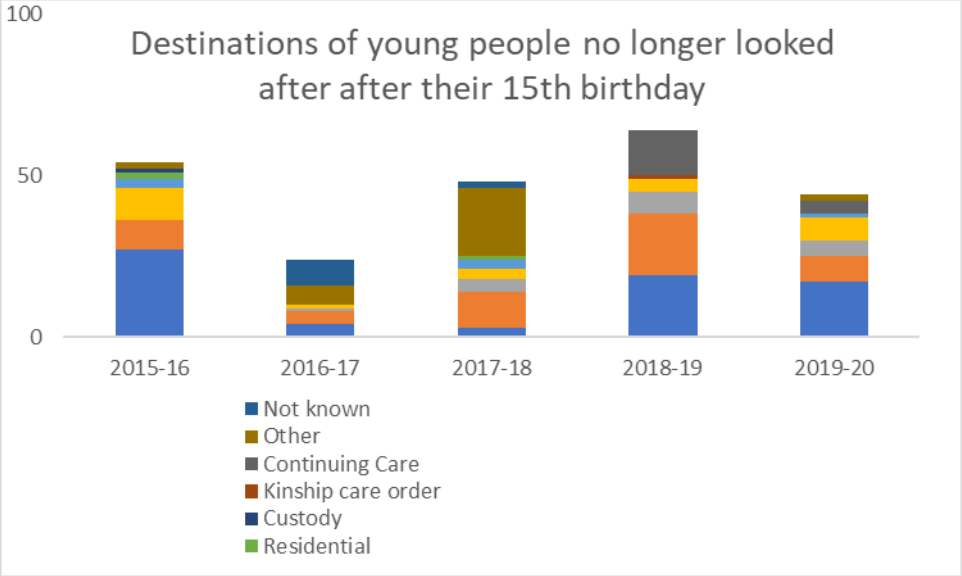
- A high proportion of the Dundee population provides unpaid care for a family member, friend or neighbour.
- The majority of carers were aged 50+ and one in five carers were aged 65+.
- There is variation in the proportion of carers providing 20+ hours of unpaid care across LCPP areas, with the carers who live in the most deprived LCPP areas providing the greatest proportion.
- Over half of carers who provided 35+ hours of unpaid care per week had one or more health condition themselves.
- Respite care provision in Dundee has increased over the last 3 years for the 18 to 64 age group, although there has been and a fall in respite for people who are aged 65+.
- In 19/20 Strathmartine had the highest number of Carers Allowance claimants and The Ferry had the lowest.
- 63% of Carers Allowance claimants are female
- The Ferry had the highest number of older carers with 40% providing 50 hours or more of unpaid care per week
- East End had 58% of older carers providing 50 hours or more of unpaid care per week
- In 19/20 respite was provide3d to 377 people, an average of 27 nights per person

11.0 CHILDREN AND YOUNG PEOPLE

11.1 Care Leavers

Figure 123 shows the number of children ceasing to be looked after (at home or away from home) who were aged 15+ on the day they left care. In line with Scottish Government guidance numbers under 5 are suppressed.

Figure 123: Number of care leavers aged 15+, by the type of destination accommodation



Source: Social Work Information Systems 2019-20

The number of young people leaving care at age 15+ is relatively stable around 50 per year. Young people born after 1st April 1999 are now eligible for continuing care and some choose to remain with former foster or kinship carers or even in residential accommodation with support by the local authority until the age of 21.

Please note that the graph above shows destination accommodation on the day they ceased to be looked after but many care leavers will change accommodation sooner after and together with the eleven young people living in independent living/supported accommodation require continued support to reduce their risk of homelessness, mental health issues and/or being exposed to increased risk of substance use.

Throughcare and Aftercare Services

The Throughcare and Aftercare (TCAC) Team in Dundee provides assessment, care planning and support to looked after young people and care leavers of school leaving age and beyond to support them into independence. The following are some key service statistics in relation to the TCAC service in Dundee:

- The total number of young people who receive a service from the Throughcare and Aftercare (TCAC) Team fluctuates. At national snapshot date 31st July 2020 there were 127 young people being supported, compared to 157 on 31st July 2019, and 104 on 31st July 2018.

- On 31st July 2020, 15 young people were in supported accommodation, compared to 11 on the same day in 2015.

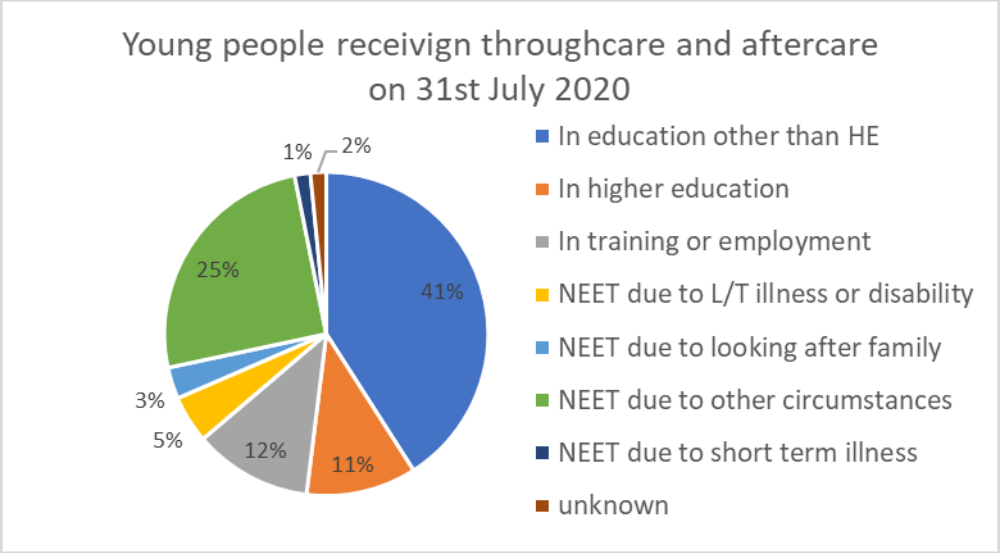
- 58 young people were living in their own tenancies on 31st July 2020, supported by a partnership between TCAC Team, Housing Services and Carolina Trust.

It is anticipated that the number of young people in need of TCAC services will continue to fluctuate, not least as this is a voluntary, not a statutory service and young people can choose to disengage.

Young people who are receiving support from the TCAC Team are a vulnerable group who can sometimes find themselves unable to manage independently and can become homeless. Twelve of the 127 young people eligible for aftercare had experienced one episode of homelessness (many not in the most recent year), a further four young people had experienced more than one episode of homelessness.

64% of young people receiving Aftercare on 31st July 2020 were in further education, training or employment. This is a great improvement on 54 in 2016 and below 50% in years before then.

Figure 124: Percentage of young people receiving Aftercare as at 31st July 2020



11.2 Children with Disabilities

For young people with enduring and significant health conditions and disabilities predictions can be made about their likely need for services when they reach adulthood. Such early identification has advantages for young people and their families, as work can be done to introduce adult services and help families anticipate and plan for the future. Agencies can also plan and budget more effectively when they have information about prospective service users.

Looked After Children with Disabilities

Between 15% and 20% of all looked after children have a disability (17.3% on 31st July 2020). This is lower for babies and young children and rises to between 10% and 25% of older young people, as some disabilities are only recognised or recorded later in a child's life. On 31st July 2020, 24% of young people in aftercare had a disability.

Key Findings: ***Care Leavers and Children with Disabilities***

- The number of young people leaving care at age 15+ is relatively stable around 50 per year
- Young people who are looked after and who opt for continuing care will now be supported by the local authority until the age of 21.
- 58 young people were living in their own tenancies on 31st July 2020, supported by a partnership between TCAC Team, Housing Services and Carolina Trust
- Young people who are receiving support from the TCAC Team are a vulnerable group of people who can sometimes find themselves unable to manage independently and may find themselves homeless.
- On average, around 9% of young people will experience one episode of homelessness
- 64% of young people receiving Aftercare are in further education, training or employment.
- Between 15% and 20% of looked after children have a disability. This rises to approximately 25% at the older end of the young person age range.

12.0 STRATEGIC PLANNING CARE GROUPS

Strategic planning and commissioning by care group is currently directed by care group Strategic Planning Groups (SPG). Dundee has the following SPGs:

Older People (including Older People with Dementia)
Learning Disability and/or Autism
Physical Disabilities
Sensory Impairment
Mental Health and Wellbeing
Carers
Homelessness
Dundee Alcohol and Drug Partnership

Data for each of these care groups is set out in this section, except for data about drug and alcohol use, which is set out in Section 3.

COVID-19

Access to Services

Engage Dundee reported that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%).

There were varying degrees of satisfaction expressed for using services; highest was for websites/self-help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use / alcohol support (16.3%). (Engage Dundee, 2020)

Good experiences of health services were highlighted including the Children's ward at Ninewells, proactive Shielding Services, and the Keep Well Nursing Team. However, a large number of respondents reported difficulties such as postponement of treatment resulting in need for emergency appointments/surgery; no physiotherapy following a broken leg; lack of follow up and monitoring after breast cancer treatment; a long wait to manage pain; no respite or help for people with significant disabilities; telephone appointments being less than satisfactory; difficulties receiving dental care and treatment.

10% of the total sample reported difficulties in accessing services and support (n=87) and slightly higher than average were the middle age groups. Long term sick and disabled were most likely to report difficulties at 30.4% (n=17). Also, higher than average were the unemployed, those on furlough and carers; however, numbers here were very small. 13.8% of respondents living alone reported difficulties (n=26) as did 16% of people on benefits (n=39).

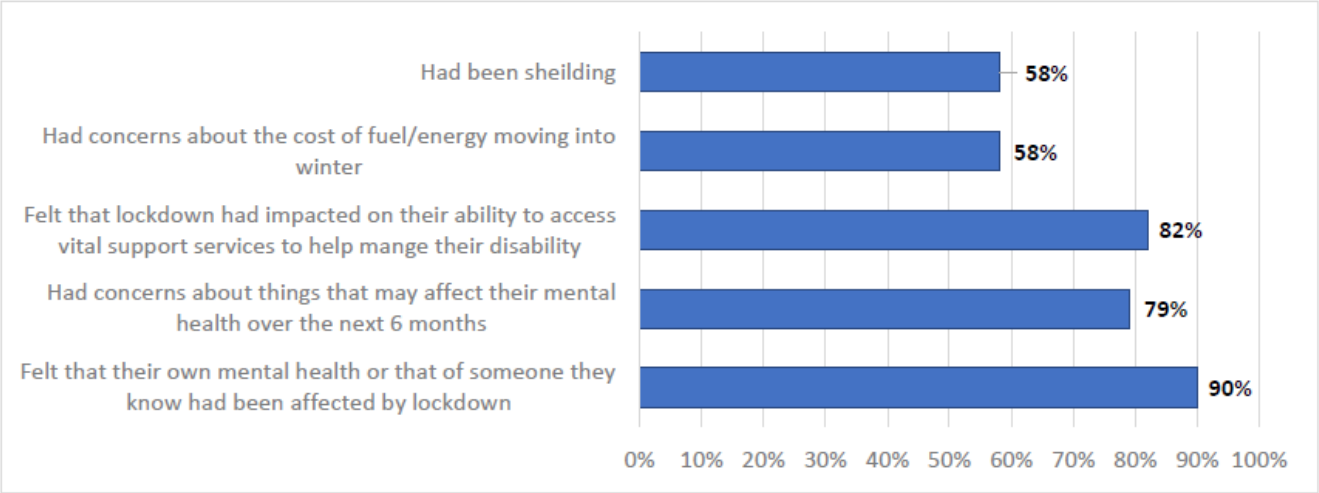
As highlighted in the Fairness Commission survey, respondents reported difficulties in getting appointments for health services including medical and dental care, optical and audiology, hyperbaric, physiotherapy and cancer services with some treatments being cancelled or postponed due to Covid-19 restrictions. This led to some respondents living with extreme pain or reduced mobility. There were reported difficulties with online appointments whilst others felt that telephone appointments for some services such as physiotherapy were not appropriate.

Common issues mentioned here and also highlighted elsewhere in the survey included lack of services for children with additional needs, limited childcare options, no access to antenatal classes and services for the deaf. The closure of local libraries and their central role in providing study space and internet access were highlighted and several negative changes to council services were again raised.

Engage Dundee asked respondents with a disability to think about the next 6 months and state concerns about things that might affect their day to day life due to the nature of their disability.

Of the 159 respondents who stated they had a disability, 144 (72%) had concerns as follows:

Figure 125: Reasons that people stated would affect their day to day life due to their disability



108 individuals gave information regarding causes for their concerns and although not all were expressed as being directly related to disability many were complex and multifactorial. 40 respondents highlighted concerns related directly to the Covid-19 virus and being fearful of travelling on public transport, social distancing and hygiene measures. Of these, 14 people expressed anxiety about going out and about whilst the virus is still around.

"I have also physical health problems and have stopped treatment as I do not feel safe going to hospital."

Ten respondents reported specific concerns about using public transport generally or to attend hospital/other appointments.

"I am afraid to have any social interaction until a vaccine has been introduced. I am not confident in travelling on public transport, as a result I feel isolated, lonely and depressed, I am frightened to tell the doctor about any health concerns because I am scared that she will refer me to the hospital and I am TERRIFIED of visiting the hospital."

Nine people expressed anxieties about the virus principally in relation to others' lack of care around social distancing, hygiene measures or infection control whilst others expressed concerns about the future particularly the unknown nature of the pandemic and fear of another lockdown.

"I just feel mentally I will not cope with another lockdown, and also I need to feel safe but see my family"

Thirty respondents expressed ongoing concerns around accessing support, services, therapy or treatment, including hospital, medical or dental appointments, social work or other types of support.

"As lockdown eases and more people return to normality, the impact on services will be horrendous and I'd imagine waiting lists have increased greatly during lockdown, so no telling how long we will have to wait for appointments and treatment."
"I used to be able to just pop into brooksbank and could usually get advice or use of phone, but they are having to keep doors locked and control entry appointment only. The staff are busy and I worry that when I need help setting up council tax and rent payments along with my debts that I can't get a face to face appointment after 5"

Many of the themes that emerged were interrelated particularly around impact on mental health. Thirteen individuals specifically highlighted their mental health worries whilst social isolation was a common theme mentioned by 18 respondents. The reasons for this included being distanced from family and friends and other social support networks no longer in place.

"*Missing Family who live further away and fear of travelling and being stranded away from home"*

Financial worries were a concern and 11 respondents expressed worries for the months ahead. The consequence of this on people's mental health were apparent in responses.

"The condition of my house - no insulation, cracks in the walls, can't retain heat, affects my autoimmune condition and means the kids are cold all the time. This affects money as I can't heat the house"

"I'm concerned about applying for jobs, the market was scarce prior to covid and is even worse now. The job centre have tried to push me into jobs that I cannot do due to my chronic fatigue and threaten to cut my benefit off."

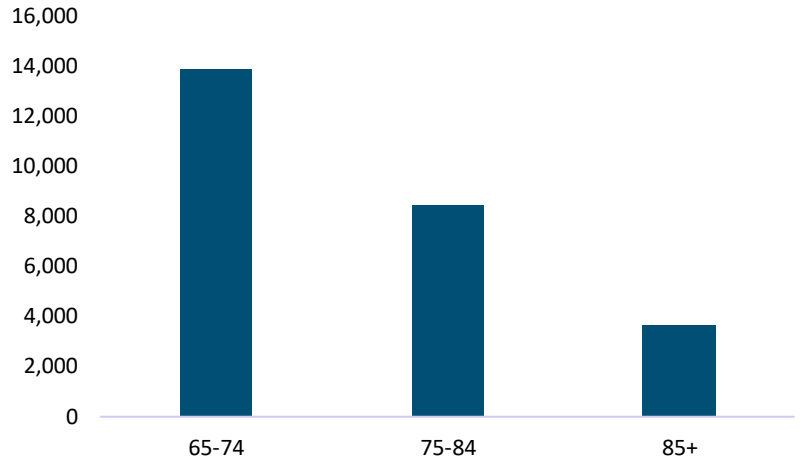
One significant anxiety was from an individual who was in quarantine in a care home and was unable to see their daughter or go home. They reported being upset, extremely confused, anxious and worried, particularly whilst their daughter tried to find a permanent care home when they could not visit. This resulted in the individual feeling deprived of making decisions about their own future.

"The lockdown has had a detrimental impact on my already deteriorating cognitive abilities."
There were also unresolved issues around costs and liability for payment, which impacted on the daughter's own physical, mental and emotional health. (Engage Dundee, 2020)

12.1 Older People

There are 25,967 people aged 65 and over living in Dundee. This is approximately 18% of the population, the same as Scotland as a whole. 10% of the over 65 population is female and 8% is male.

Figure 126: Population of Dundee aged 65 and over



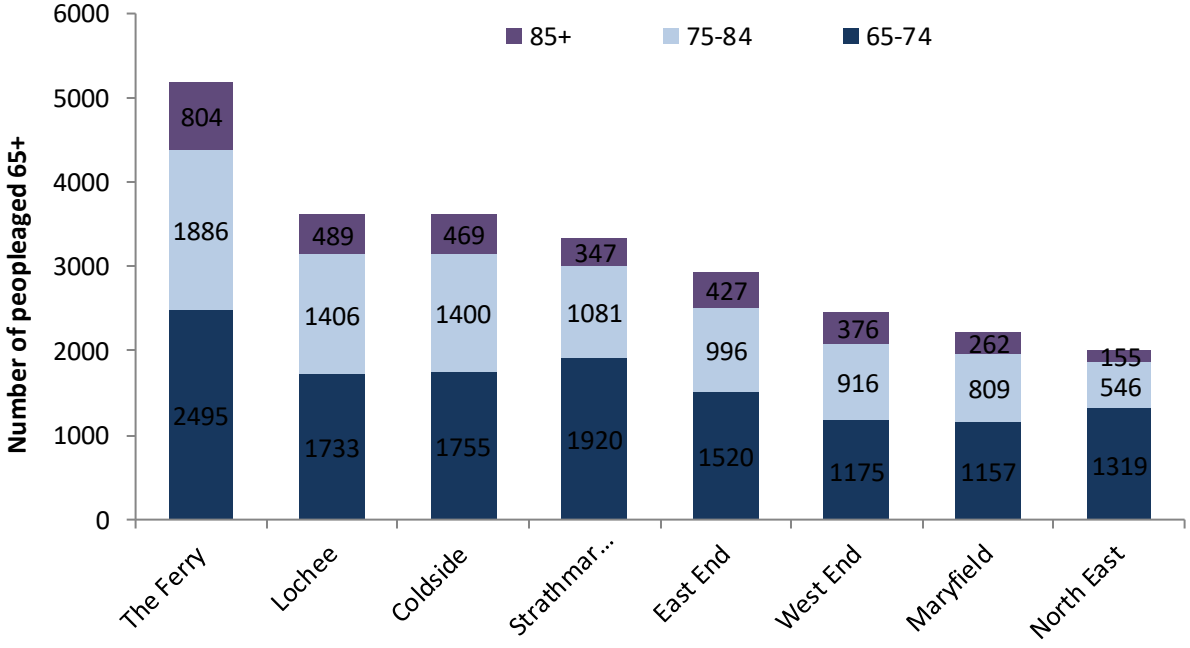
Source: Mid 2020 Population Estimates, NRS, 2020

By 2043, the Dundee 65+ population is projected to increase by 3.9%. The Dundee 75+ population is projected to increase by 37.5%.

Across most LCPP areas, the population is ageing. People are living longer, however the effects of deprivation will ensure that more people will develop one or more long term condition and many will require support at home to live independently.

Figure 127 shows the 65+ population, broken down into age groups, by LCPP area.

Figure 127: 65+ Population of Dundee by LCPP areas

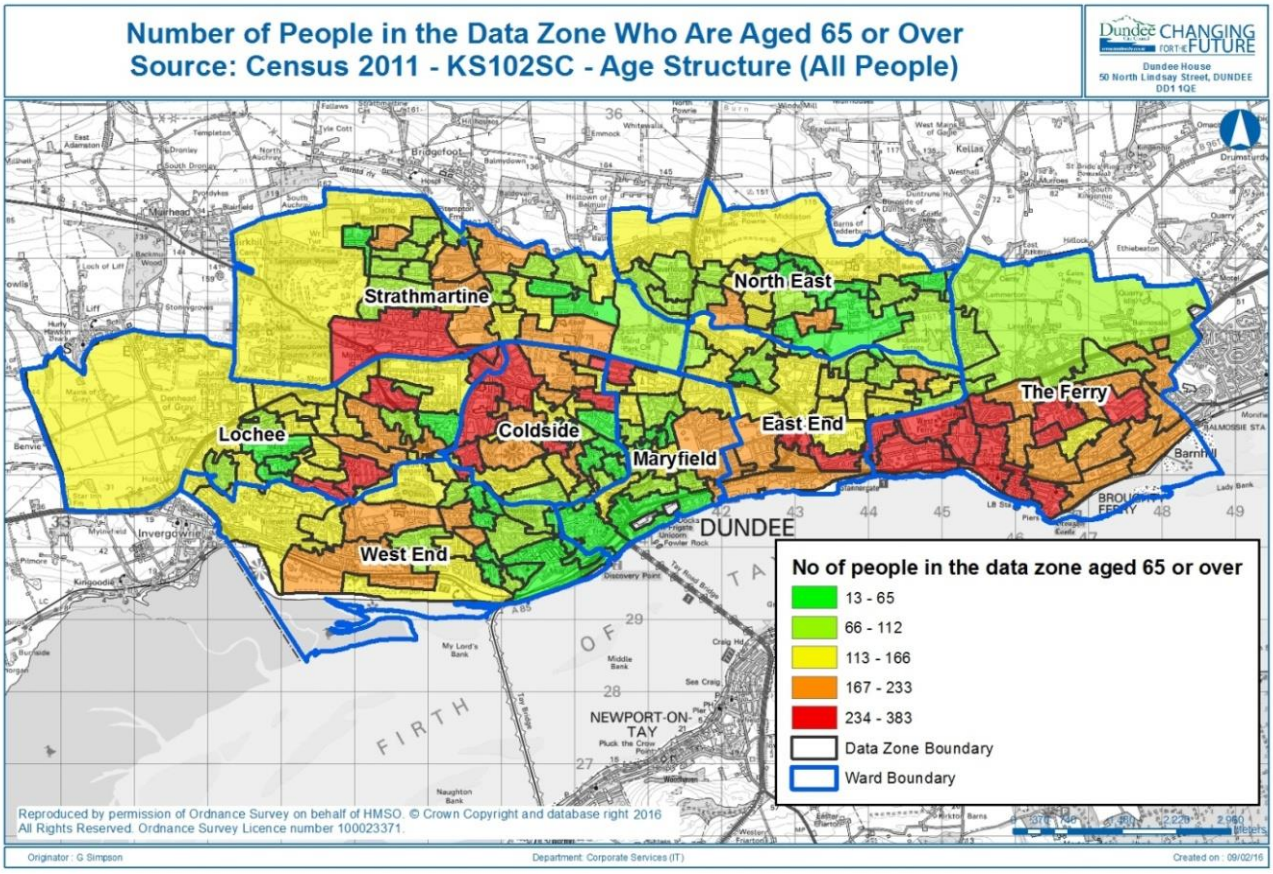


Source: Census 2011, scotlandcensus.gov.uk

Figure 127 shows that the 65+ population is not evenly spread across LCPP areas. 25.5% of The Ferry population is aged 65+ and The Ferry has the highest number of older people, especially in the 85+ age group. There are a number of care homes for older people in The Ferry, which is likely to be skewing the population figures. The North East has the smallest older people population. Maryfield has the lowest rate of older people, with only 11.4% of the population aged 65+.

Figure 128 shows the high concentration of older people living in The Ferry and a low concentration of older people in the North East.

Figure 128: People who are aged 65 and over in Dundee, 2011



Source: Census 2011, scotlandcensus.gov.uk

Figure 129 shows the type of health conditions prevalent for those who are aged 65+ by LCPP area. The LCPP areas with the highest and lowest figures for each health condition type have been highlighted.

Figure 129: Type of health conditions prevalent for people aged 65 and over, by LCPP, 2011

	One or more condition	Deafness or partial hearing loss	Blindness or partial sight loss	Physical disability	Mental health condition	Other condition
Coldside	71%	28%	9%	24%	4%	44%
East End	**72%**	**29%**	**10%**	24%	5%	45%
Lochee	69%	26%	9%	23%	6%	43%
Maryfield	66%	25%	8%	20%	**4%**	44%
North East	69%	25%	8%	**25%**	6%	**47%**
Strathmartine	67%	26%	9%	24%	5%	42%
The Ferry	**63%**	**24%**	**8%**	**17%**	5%	**40%**
West End	67%	27%	9%	22%	**6%**	42%
Dundee	**68%**	**26%**	**9%**	**22%**	**5%**	**43%**

Source: Census 2011, scotlandcensus.gov.uk

Figure 129 shows that the East End has the highest number of people aged 65 and over, who have deafness or partial hearing, blindness or partial sight loss. 72% of people aged 65+ in East End have one or more health condition.

The North East has the highest number of people who are aged 65+ with a physical disability and 'other' health conditions.

The Ferry has the lowest percentage of people with one or more health condition, and the lowest proportion of people aged 65+ with deafness or partial hearing, blindness or partial sight, physical disability and 'other' health conditions.

COVID-19

The Fairness Commission survey highlighted the importance of services for deaf people and users of British Sign Language was raised. Difficulties arose due to closure of support organisations, being unable to use telephone helplines and not having internet at home. One respondent appreciated support from Deaf Links who helped them access benefits, food parcels, prescriptions, and mental health and drug use support. It was emphasised that the Council needs to think about deaf people using BSL.

12.2 Dementia

Approximately 1,700 people aged 65+ are diagnosed and living with dementia in Dundee. Although dementia is a condition which can affect the young, the majority of people diagnosed are aged 65+. Approximately 1 in 10 people aged 65+ has dementia. A relatively small proportion of the population aged 65+ with dementia live in care homes (approximately 1 in 5).

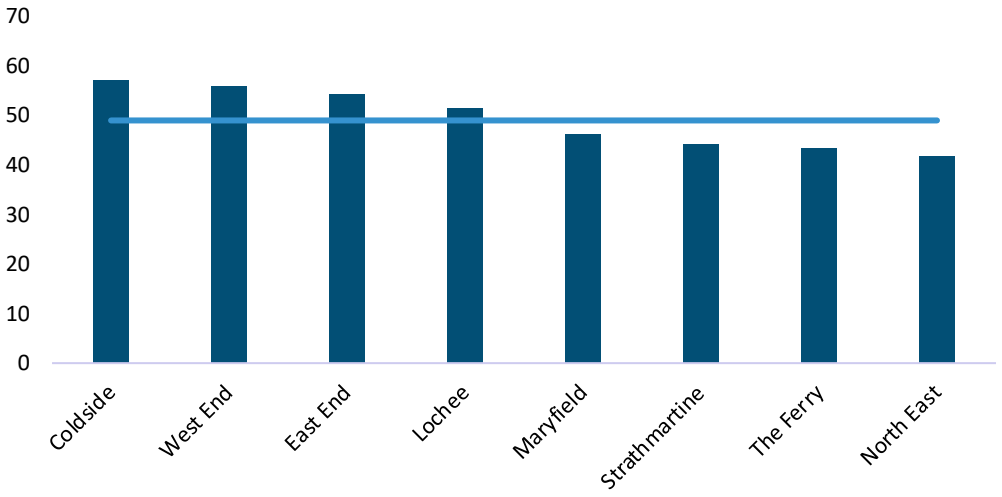
Care Homes

There were 400 people with a dementia diagnosis living in Dundee care homes. This is 60% of the care home population and the percentage has increased steadily since 2003.

Living at home

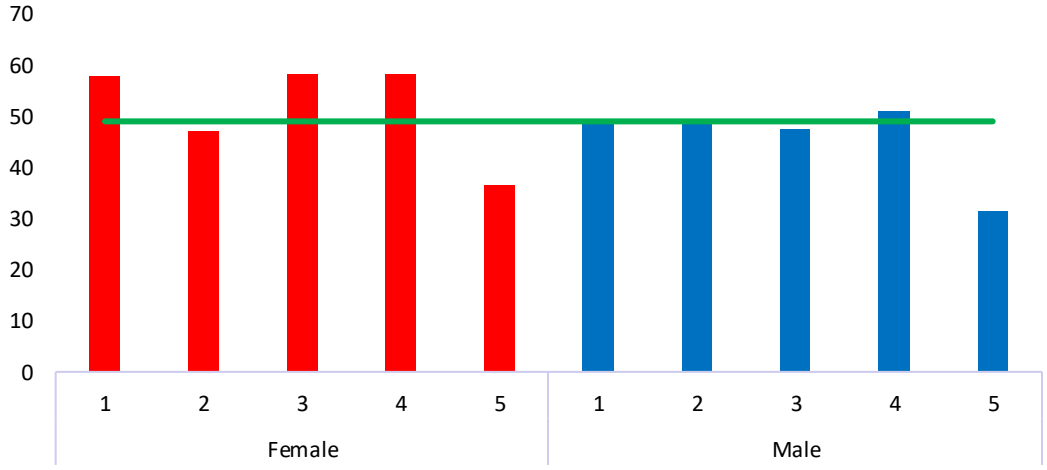
Approximately 1300 people with dementia live at home. A number of support services are available such as personal care, enablement, meals, laundry, handyperson and the Social Care Response Service.

Figure 130: Number of people living with Dementia per 1,000 65+ population at 31 March 2019 (excluding care home residents)



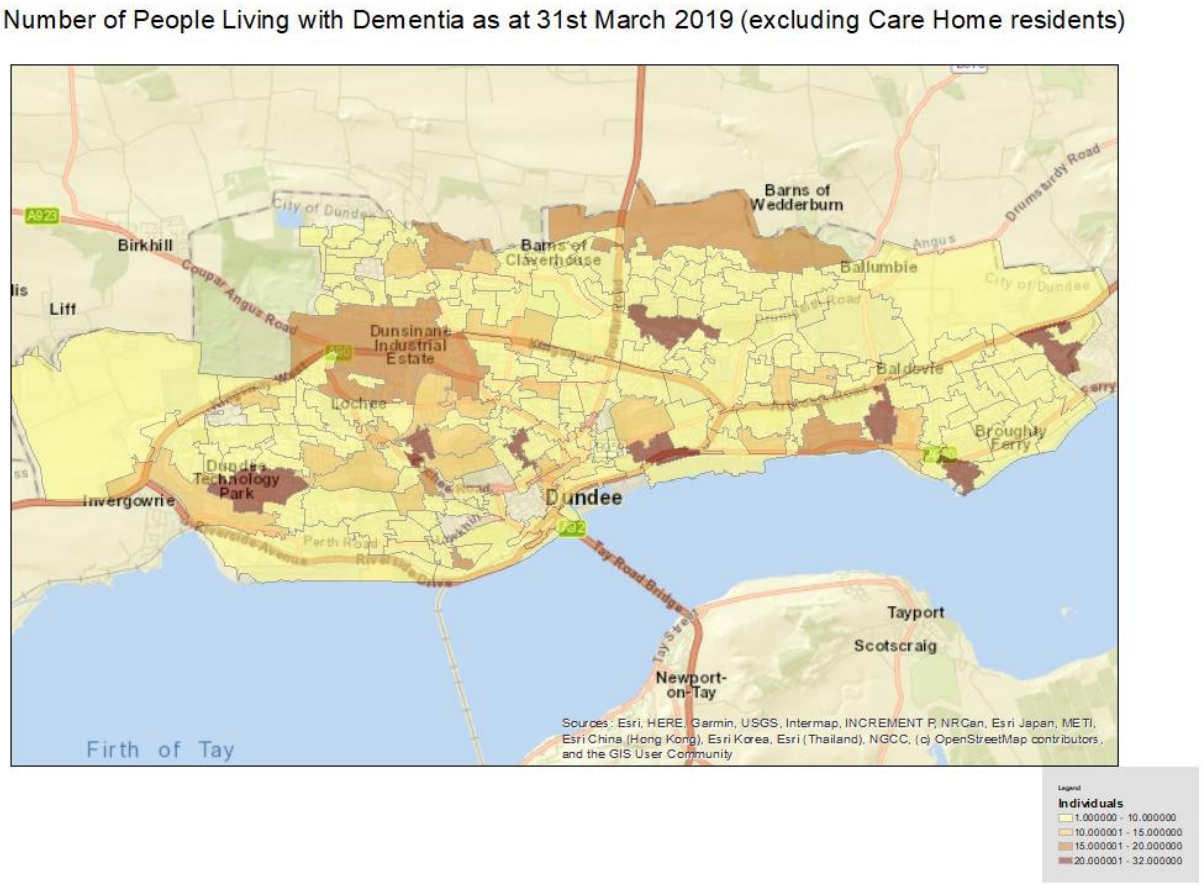
Source: Prescribing Information System (PIS), Scottish Morbidity Records for Inpatients (SMR01) and National Records of Scotland Death Records

Figure 131: Number of people living with Dementia as a rate per 1,000 65+ population as at 31 March 2019 (excluding care homes) by SIMD 1-5



Source: Prescribing Information System (PIS), Scottish Morbidity Records for Inpatients (SMR01) and National Records of Scotland Death Records

Figure 132: Number of people living with Dementia as at 31st March 2019

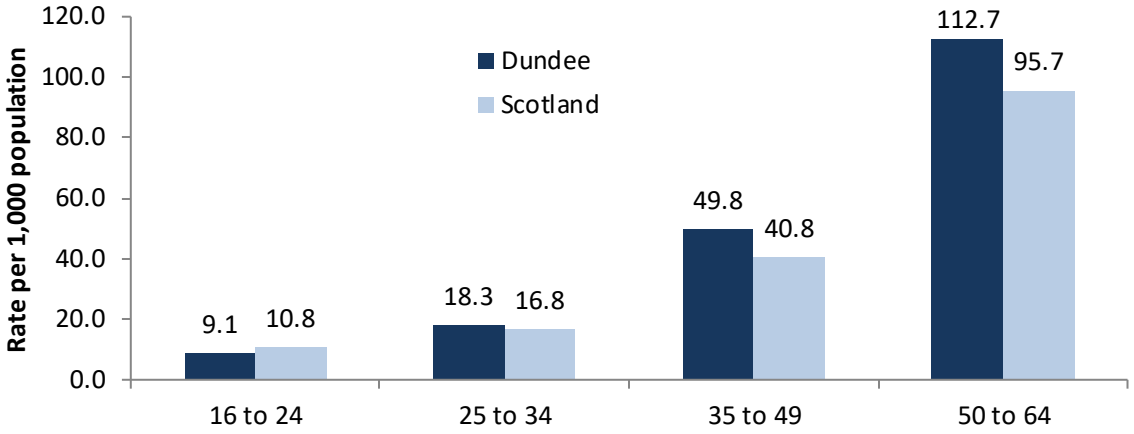


12.3 Physical Disabilities

The most recent Census, in 2011, asked people if they had a physical disability which was 'expected to last', the information was self-reported, and we know that some people do not recognise themselves as having a physical disability, the information does not include sensory impairment conditions.

10,590 people in Dundee identified themselves as having a physical disability. Of these, 5,404 people (51%) were aged 65+ and 243 people (2%) were under the age of 16. 49% of the people were male and 51% were female.

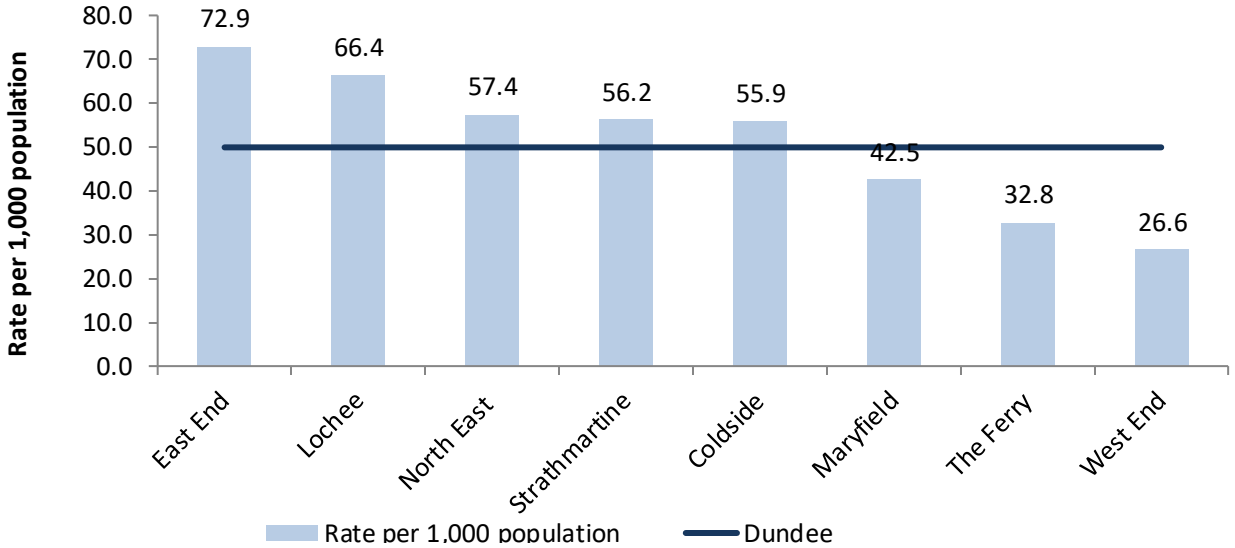
Figure 133: Prevalence of people with a physical disability by age group (16-64) and rate per 1,000 population, Dundee and Scotland, 2011



Source: Census 2011, scotlandcensus.gov.uk

Figure 133 shows the rate of adults aged 16-64 with a physical disability, by age group. Dundee had a higher rate of people with a physical disability across each age group, except for the 16-24 age group, when compared with the Scotland rate. 4,943 people in the 16 to 64 age group identified themselves as having a physical disability, this is a rate of 49.9 people per 1,000 population, and 5% of the 16-64 population.

Figure 134: Physical disability by LCPP area per 1,000 population (16 - 64 age group)

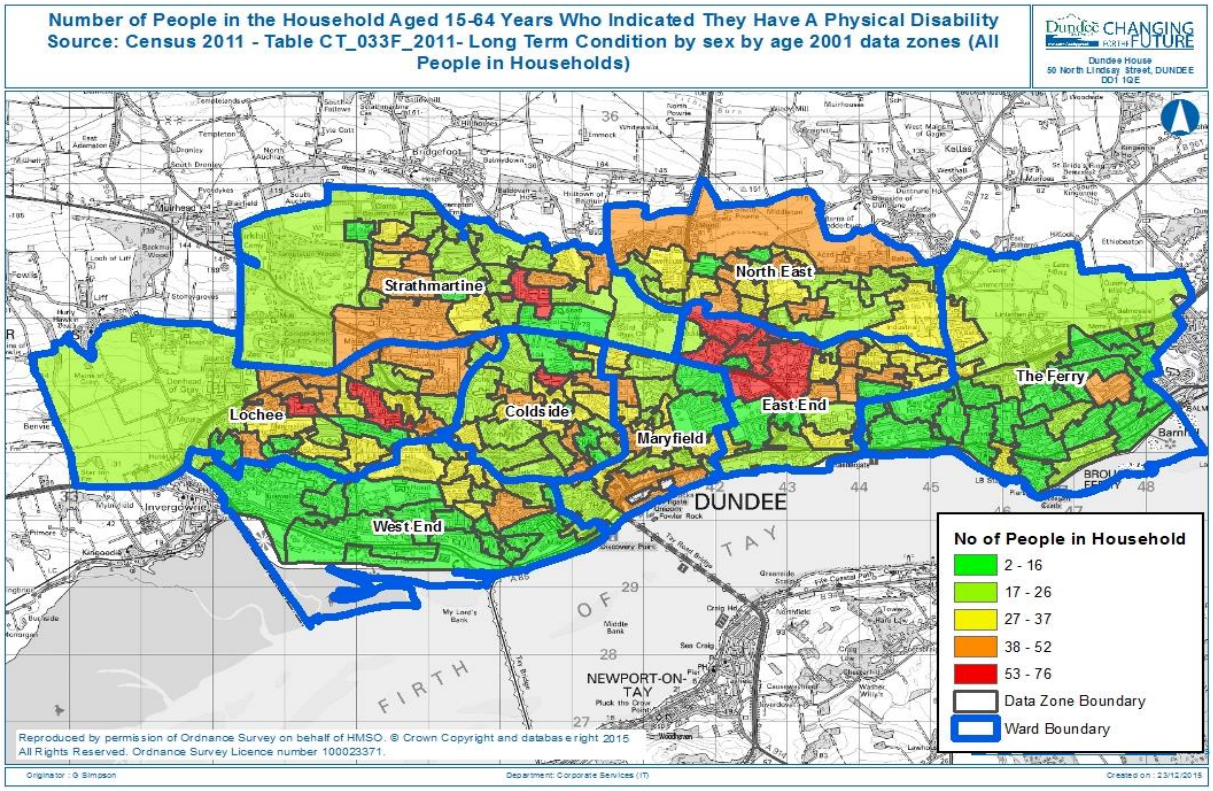


Source: Census 2011, scotlandcensus.gov.uk

There is variation in the rate of people with a physical disability across LCPP areas, figure 134 shows that five LCPP areas were above Dundee's average rate of 49.9 per 1,000 of the population, aged 16 – 64. East End and Lochee are the areas with the highest rate of people with a physical disability, East End with a rate of 72.9 and Lochee with a rate of 66.4 per 1,000 population, these areas are also classed as most deprived areas in Dundee.

Figure 135 shows a concentration of people with a physical disability in the East End. The large red section is Linlathen and Mid Craigie. All of the red areas in the map are in the 15% most deprived datazones.

Figure 135: Prevalence of people with a physical disability in Dundee



Source: Census 2011, scotlandcensus.gov.uk

54% of the people who identified themselves as having a physical disability live in the SIMD Quintile 1, which has the most deprived datazones in Dundee.

COVID-19

Engage Dundee reported that 18% of respondents indicated that their physical health had suffered during lockdown (n=156). Those in the 35-44 and 45-54 age groups were slightly more likely to report problems and all other age groups less likely. Long terms sick/ disabled (41.1%), carers (33.3%) and the unemployed (23.2%) were more likely to report difficulties. 24.2% of those in receipt of benefits reported challenges with their physical health compared to 14.8% of those who were not on benefits. 26.5% of those who lived alone experienced difficulties compared to 14.3% of those who lived with others. Respondents in the "other" category for living status had a high proportion experiencing challenges with their physical health (39.1%).

Figure 136: Percentage of people who experienced difficulties with physical health, by age group

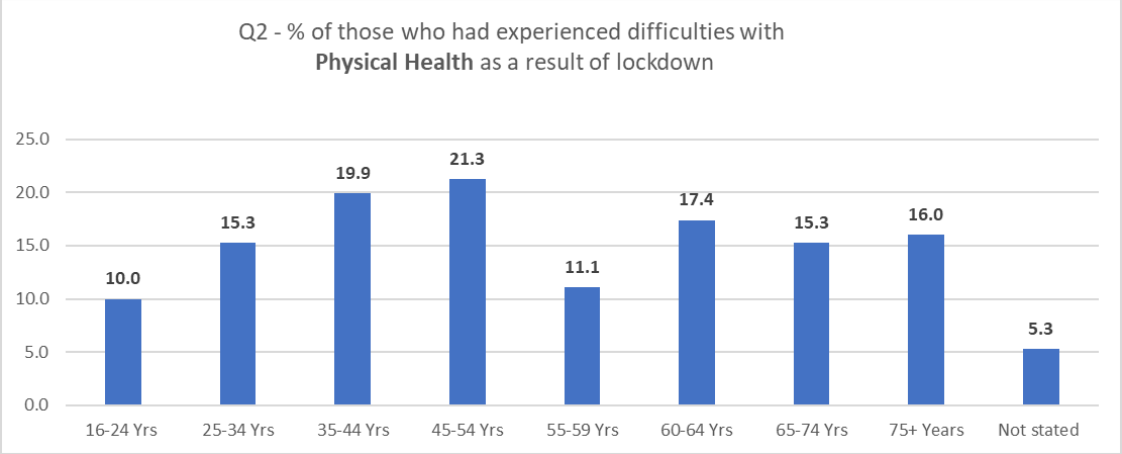


Figure 137: Percentage of people who experienced difficulties with physical health, by employment status

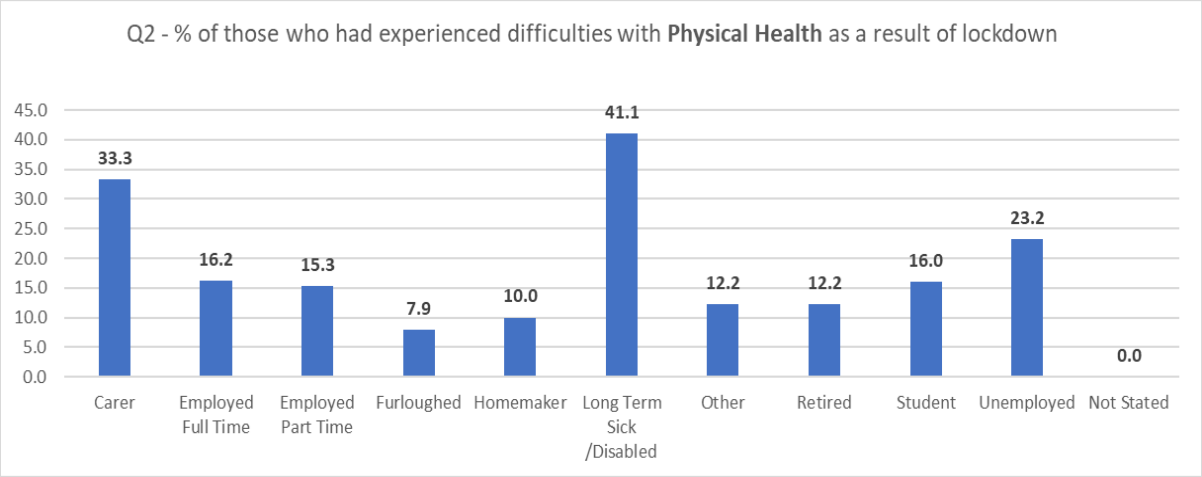


Figure 138: Percentage of people who experienced difficulties with physical health, by benefit status

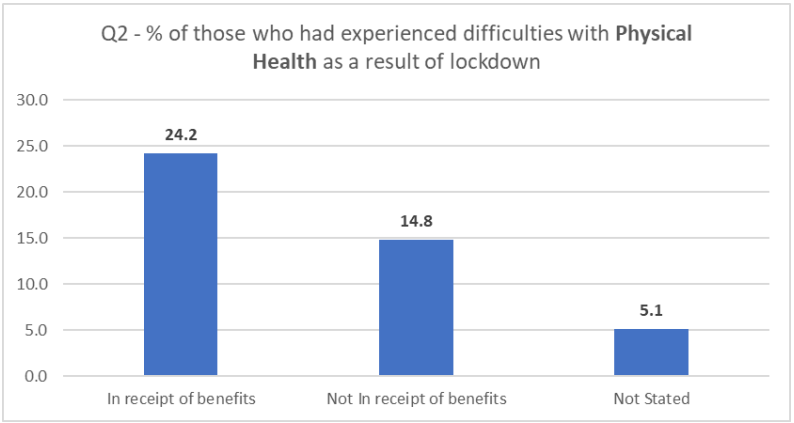
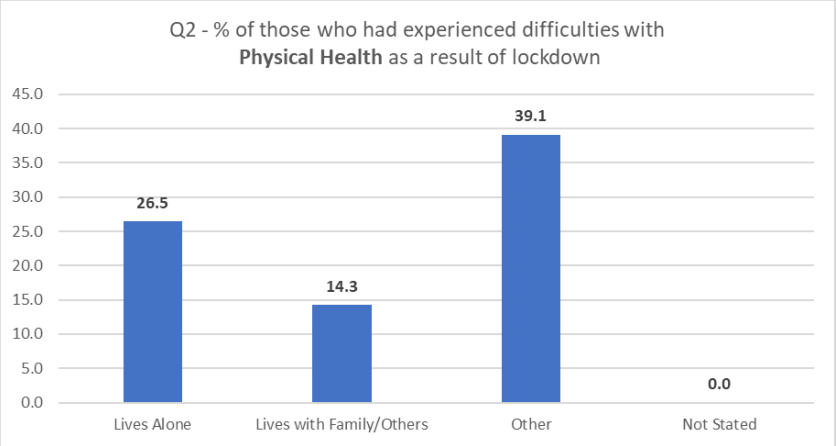


Figure 139: Percentage of people who experienced difficulties with physical health, by living arrangement



Cancellation of health appointments and lack of exercise were common reasons for people reporting difficulties with their physical health. The closure of leisure facilities was again highlighted as well as only being allowed out once a day for exercise. For one respondent this was challenging due to fatigue following medical treatment and the preference was for shorter bursts of exercise.

> *Had a telephone appointment with consultant who stated I need another scan but don't know when I will get it. Have struggled with physical exercise as have been in house for months.*
>
> *Living with someone with advancing Dementia has been very challenging. I am waiting for a hip replacement which has prevented sufficient exercise.*
>
> *Have had to miss twice weekly Hyperbaric sessions as it was closed so now having trouble walking.*

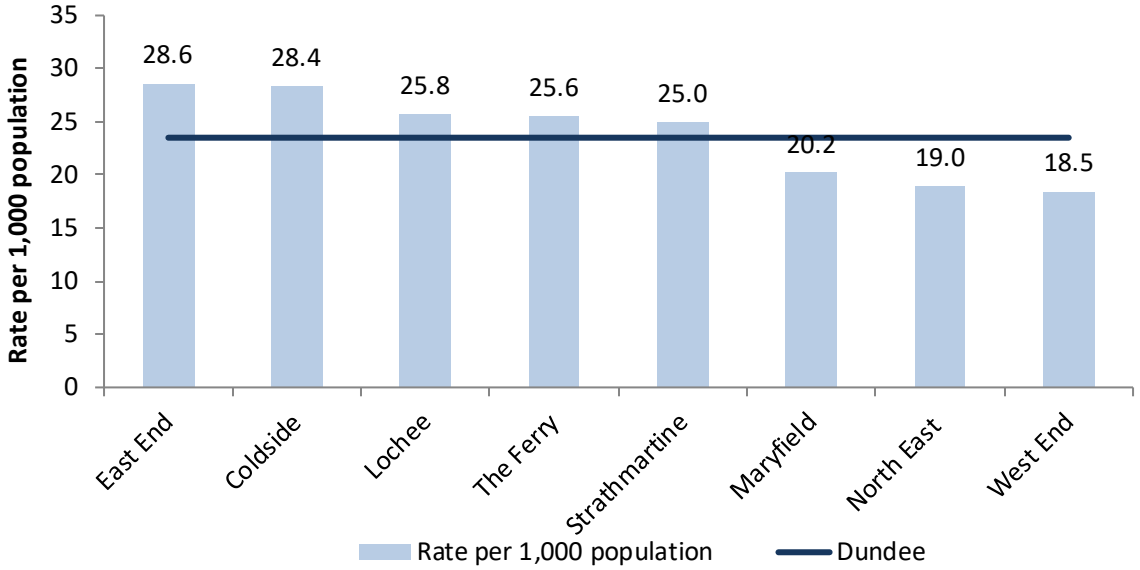
12.4 Sensory Impairment

The 2011 Census asked people whether they have blindness or partial sight loss, and deafness or partial hearing loss which is 'expected to last'. Some people do not recognise themselves as having a sensory impairment.

The information in this section covers people of all ages, including children.

Blind and Partially Sighted

Figure 140: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population (All ages)



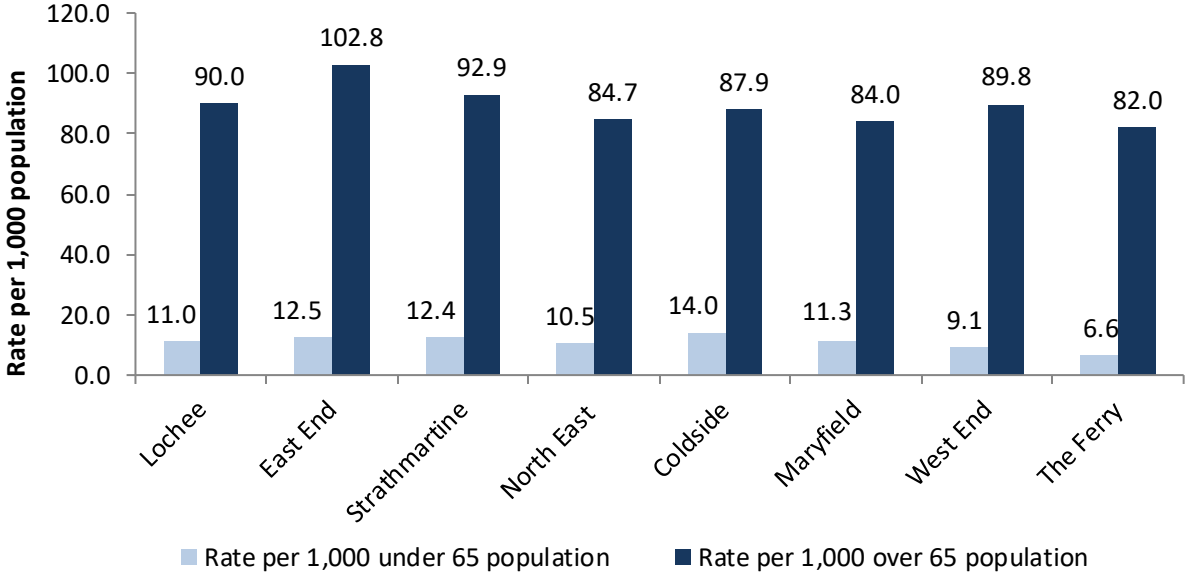
Source: Census 2011, scotlandcensus.gov.uk

Figure 140 shows that East End and Coldside had the highest number of people per 1,000 population who identified themselves as having blindness or partial sight loss.

The West End had the lowest number of people per 1,000 population who identified themselves as having blindness or partial sight loss. However, West End also had the highest under 65 population in Dundee (which is likely to be because of the student population in that area). The proportion of people with blindness or partial sight loss is lower in the under 65 age group.

Figure 141 displays the LCPP areas in order of the most deprived (on the left) to the least deprived (on the right).

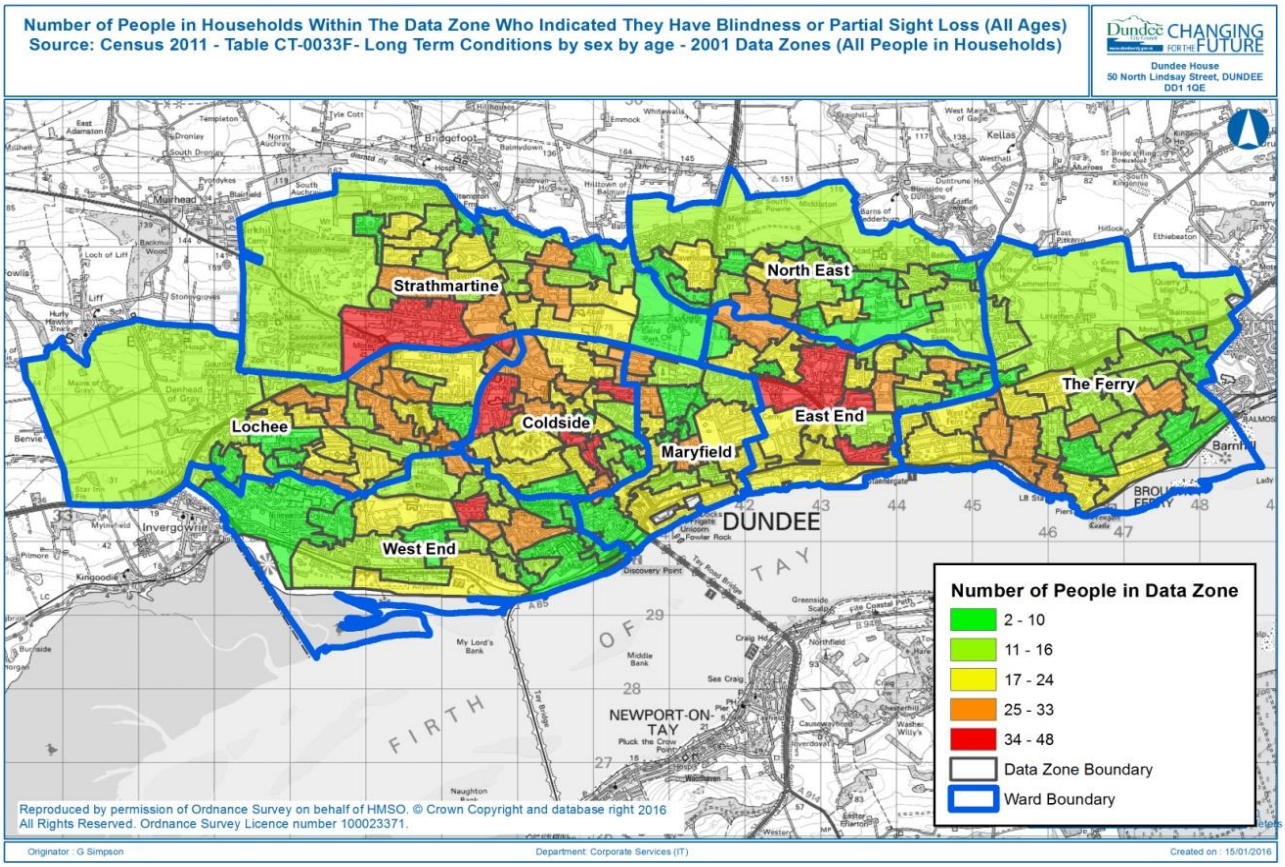
Figure 141: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population - comparison between under 65 and over 65 age groups



Source: Census 2011, scotlandcensus.gov.uk

Figure 141 shows Coldside as having the highest rate of people aged under 65 who identified themselves as having blindness or partial sight loss. Coldside, East End, Strathmartine and Maryfield had a higher than average population of people aged under 65 with blindness or partial sight loss. The East End had the highest rate of people aged 65+ who identified themselves as having blindness or partial sight loss. East End, Strathmartine and Coldside had a higher than average population of people aged 65+ with blindness or partial sight loss.

Figure 142: Prevalence of blindness or partial sight loss in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Figure 142 shows a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldside. The red areas on the map are Fairmuir, Ardler and St Mary's, Linlathen and Mid Craigie, Craigie and Craigiebank, Logie and Blackness, Law, The Glens, Douglas West and Hilltown.

A third of these datazones are in the 15% most deprived areas.

Dundee's North East Sensory Service

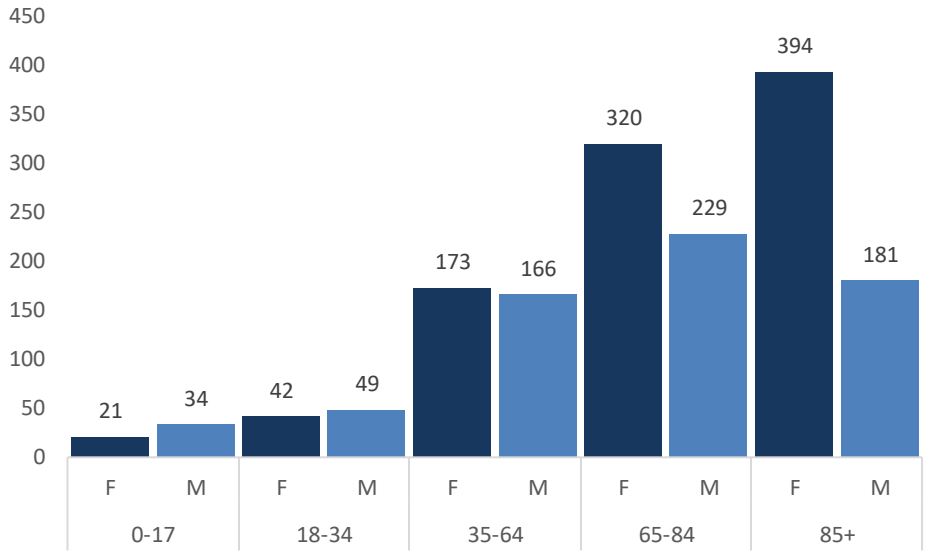
Dundee's North East Sensory Service (NESS) is an independent local charity and the first integrated joint sensory service. NESS provide services to help people overcome the effects of serious sight and/or hearing loss, as well as overcoming practical and emotional challenges and helping people to achieve independence.

The Young People's Sensory Service (YPSS) aims to support young people who have a sensory loss to get the most out of their childhood. Fun activities, social groups and trips help youngsters make friends and gain new experiences – at the same time as developing important life skills.

NESS also provides a range of practical and emotional supports including social work support, rehabilitation support, equipment that enables independent living and information and advice about living with a sensory loss for older people.

As at 9th February 2021, NESS had 1662 service users who were affected by both sensory losses.

Figure 143: NESS Service users by age group and gender

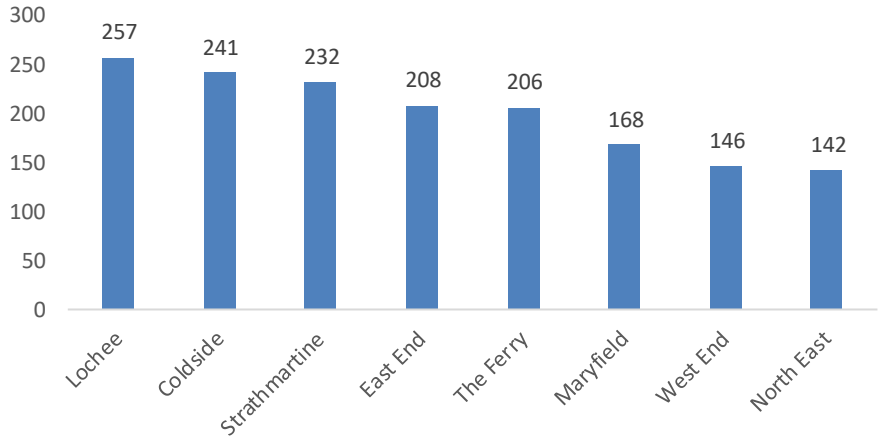


Source : NESS database, February 2021 (Age group 44-unknown and Gender 9-unknown)

The majority of people in Dundee known to NESS are over the age of 65, as shown in Figure 143. When we look at the breakdown, 549 people were aged between 65 and 84 and 575 people were aged 85+, combined, this accounts for 70% of the NESS service users.

980 of NESS service users were female and 673 were male, Figure 143 also shows that of those aged 85+ there are more than double the number of females receiving a service than males. Overall, we can see that the age groups 0-17, 18-34 and 35-64 the number of males and females receiving a service are relatively similar but of those aged 65+ there are significantly more females than males who receive a service.

Figure 144: Number of people receiving a service from NESS by locality



Source: NESS database 2021 (Locality - 62-unknown and Age - 44-unknown)

Figure 144 shows the number of people receiving a service from NESS by locality areas. Lochee has the highest number of people using the service followed by Coldside and Strathmartine, North East have the lowest number of people followed by West End.

Figure 145: Rate per 1,000 population aged under 65, by locality area

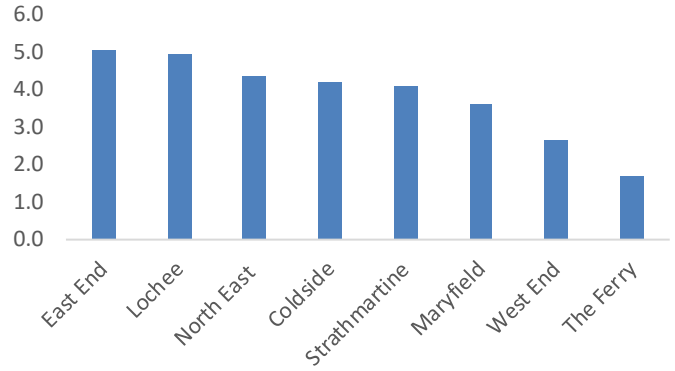
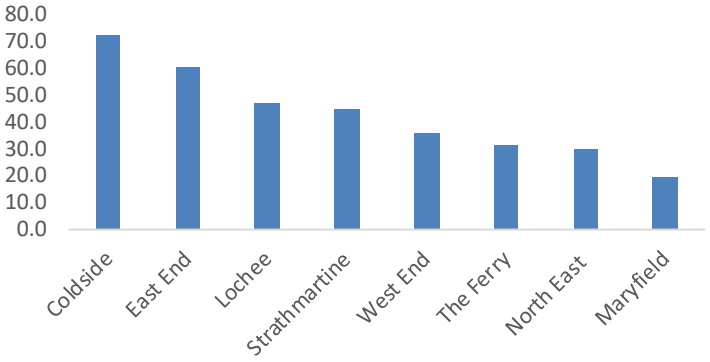


Figure 146: Rate per 1,000 population aged 65+ by locality area



Source: NESS database 2021 (Locality - 62 unknown and Age - 44 unknown)

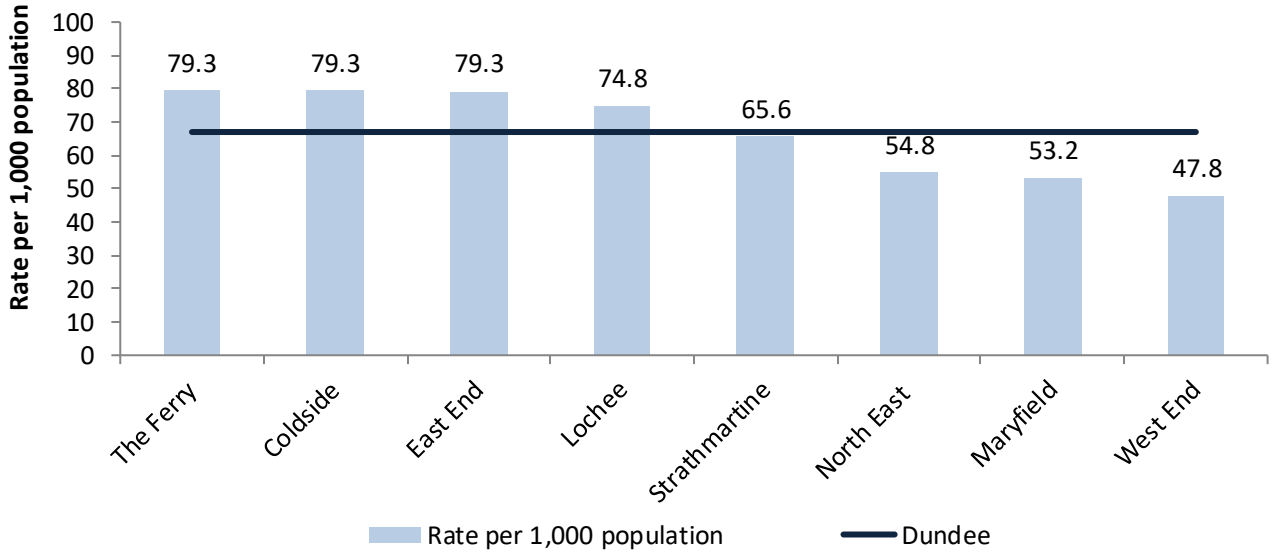
Figure 145 shows the rate of people aged under 65 per 1,000 locality population, East End and Lochee have the highest proportion of people who use NESS followed by the North East. The Ferry had the lowest rate.

Figure 146 shows the rate of people aged over 65 per 1,000 locality population, Coldside has the highest proportion of people who use NESS followed by East End and Lochee. Maryfield has the lowest rate.

Deafness or Partial Hearing Loss

Figure 147 shows the rate of people in each LCPP area with deafness or partial hearing loss.

Figure 147: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population (All ages)

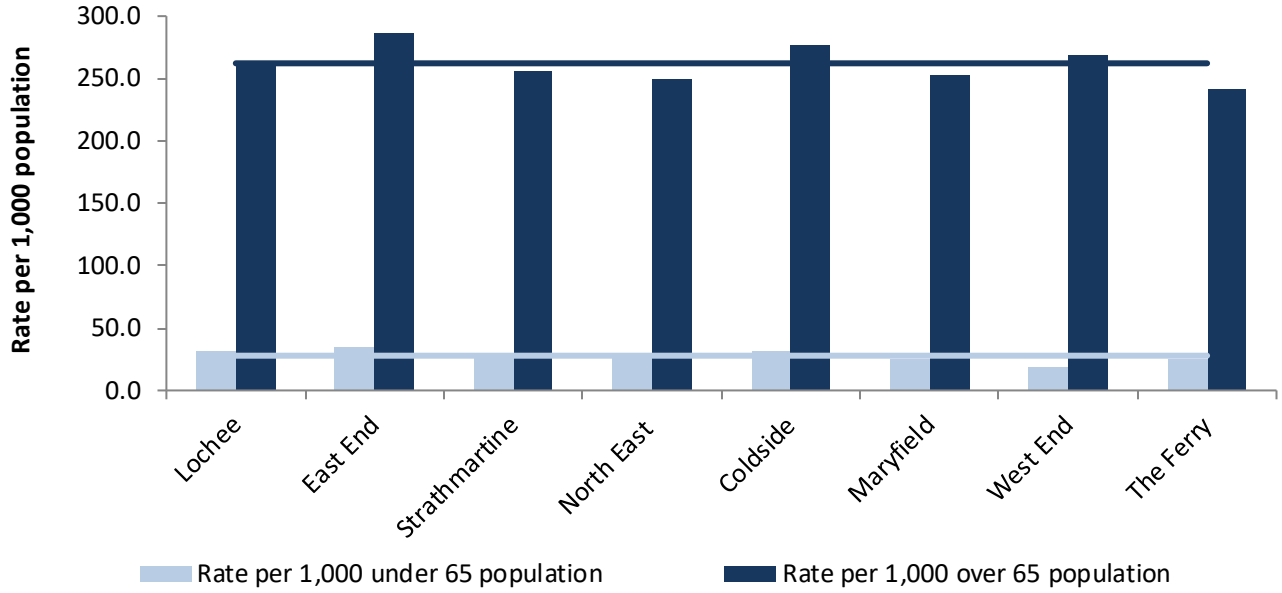


Source: Census 2011, scotlandcensus.gov.uk

Figure 147 indicates that East End, Coldside and The Ferry had the highest rates of people who identified themselves as having deafness or partial hearing loss.

Figure 148 shows the comparison between the deafness and partial hearing loss rates of the under 65 population and the 65+ population by LCPP area. It also shows the comparison between the overall rates for Dundee.

Figure 148: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population Comparison of Under 65 and 65+ age groups



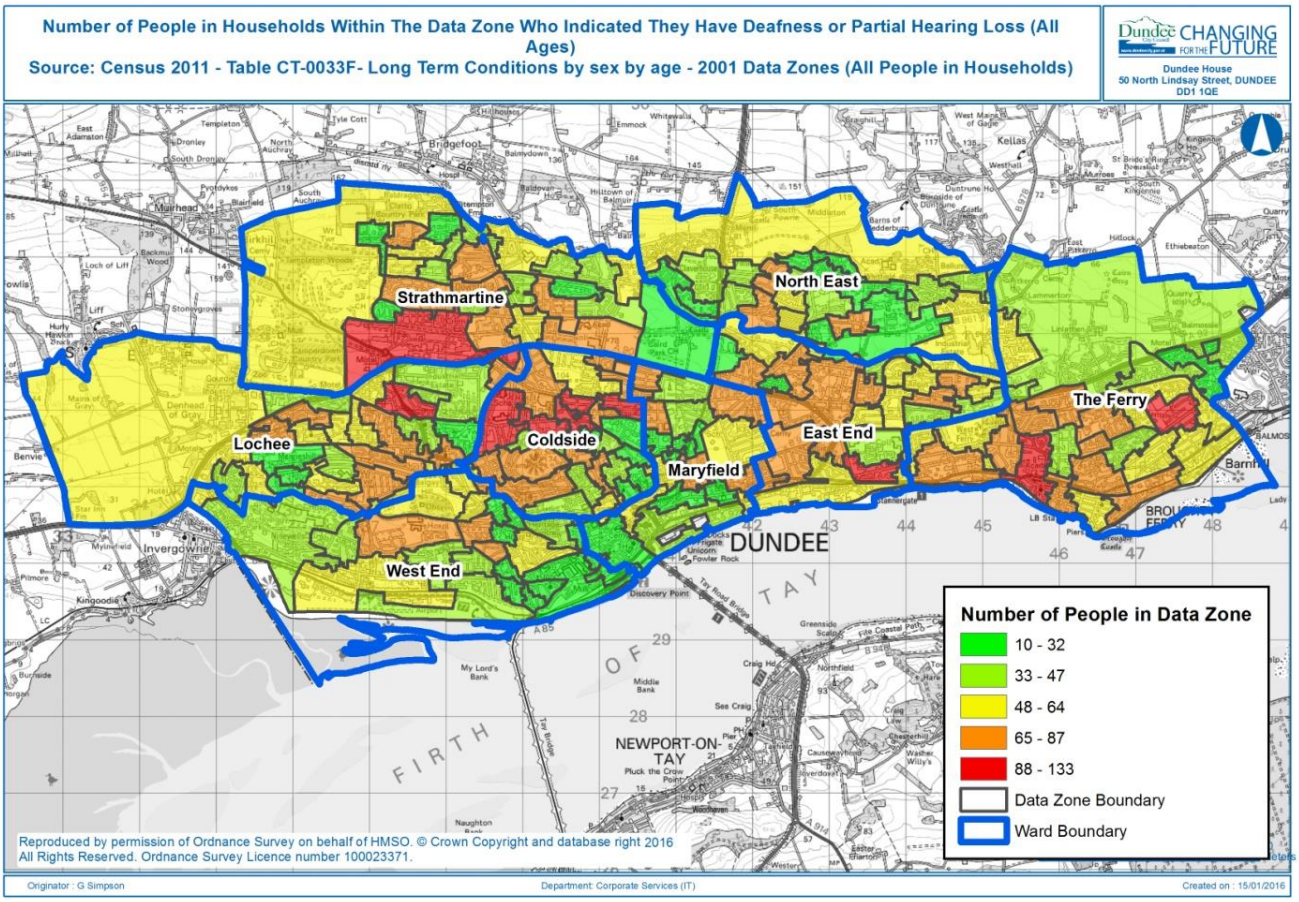
Source: Census 2011, scotlandcensus.gov.uk

These figures show that East End had the highest rate of people aged under 65 who had deafness or partial hearing loss. East End, Lochee, Coldside, Strathmartine and North East are all above the Dundee average for people aged under 65. These five LCPP areas are also the five most deprived LCPP areas in Dundee.

East End also had the highest rate of people aged 65+ who had deafness or partial hearing loss. East End, Coldside, West End and Lochee were above the Dundee average for people aged 65+ who had deafness or partial hearing loss.

Figure 149 presents a map which illustrates concentrations of people with deafness of partial hearing loss in Dundee. Datazones containing high concentrations of people with deafness of partial hearing loss are coloured in red and datazones with low concentrations are coloured in green.

Figure 149: Prevalence of deafness or partial hearing loss in Dundee



Source: Census 2011, scotlandcensus.gov.uk

The rates used to produce the map in Figure 149 were calculated by datazone. Therefore, there may be datazones with high rates within LCPP areas where the overall rate is low.

For instance, figure 148 shows that The Ferry LCPP area has one of the lowest rates of people with deafness or partial hearing loss; however, Figure 149 shows that there are two datazones (Barnhill and Broughty Ferry West) where the rate of people is in the highest group.

East End, Coldside, Strathmartine and Lochee also have datazones with the highest rates of people with deafness or partial hearing loss. These datazones, which are coloured in red are Fairmuir, Lochee, Ardler and St Marys, Hilltown, Craigie and Craigie bank, The Glens, Law and Hilltown. Four of these datazones are in the 15% most deprived areas.

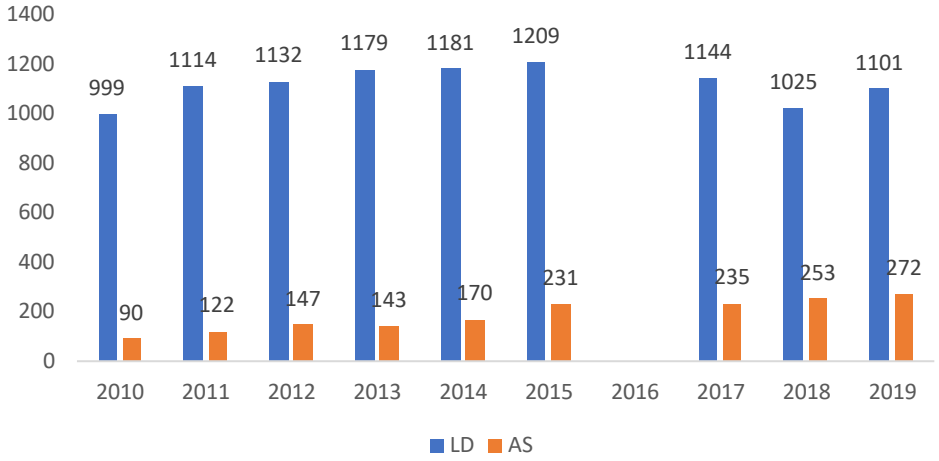
12.5 Learning Disabilities

The information provided in this section is taken from statistics from the Scottish Consortium of Learning Disabilities. Each partnership is asked to return data on people who are known to have a learning disability in their local authority area.

The latest report, published in December of 2019, reported that there were 23,584 adults known to local authorities across Scotland, in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Shetland Islands, Inverclyde and East Lothian.

Dundee had 8.8 adults per 1,000 population with a learning disability, compared to 5.2 adults per 1,000 population in Scotland as a whole. Perth & Kinross Council was lowest with 3.4 per 1,000.

Figure 150: Number of people with learning disability and/or autism

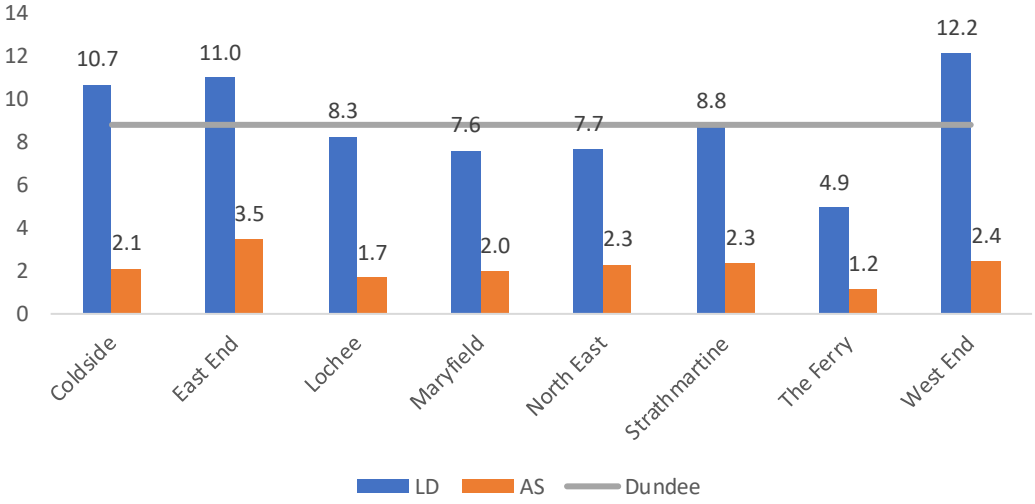


Source: Scottish Consortium for Learning Disability, Learning Disability Statistics 2019

The number of people in Dundee with autism has been increasing year on year as shown above in Figure 150, in part due to improved identification.

Figure 151 below shows that West End, Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Figure 151 also indicates that East End and West End were the LCPP areas with the highest rates of people with autism in Dundee.

Figure 151: Rate per 1,000 population of adults with a learning disability and/or autism



Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2019

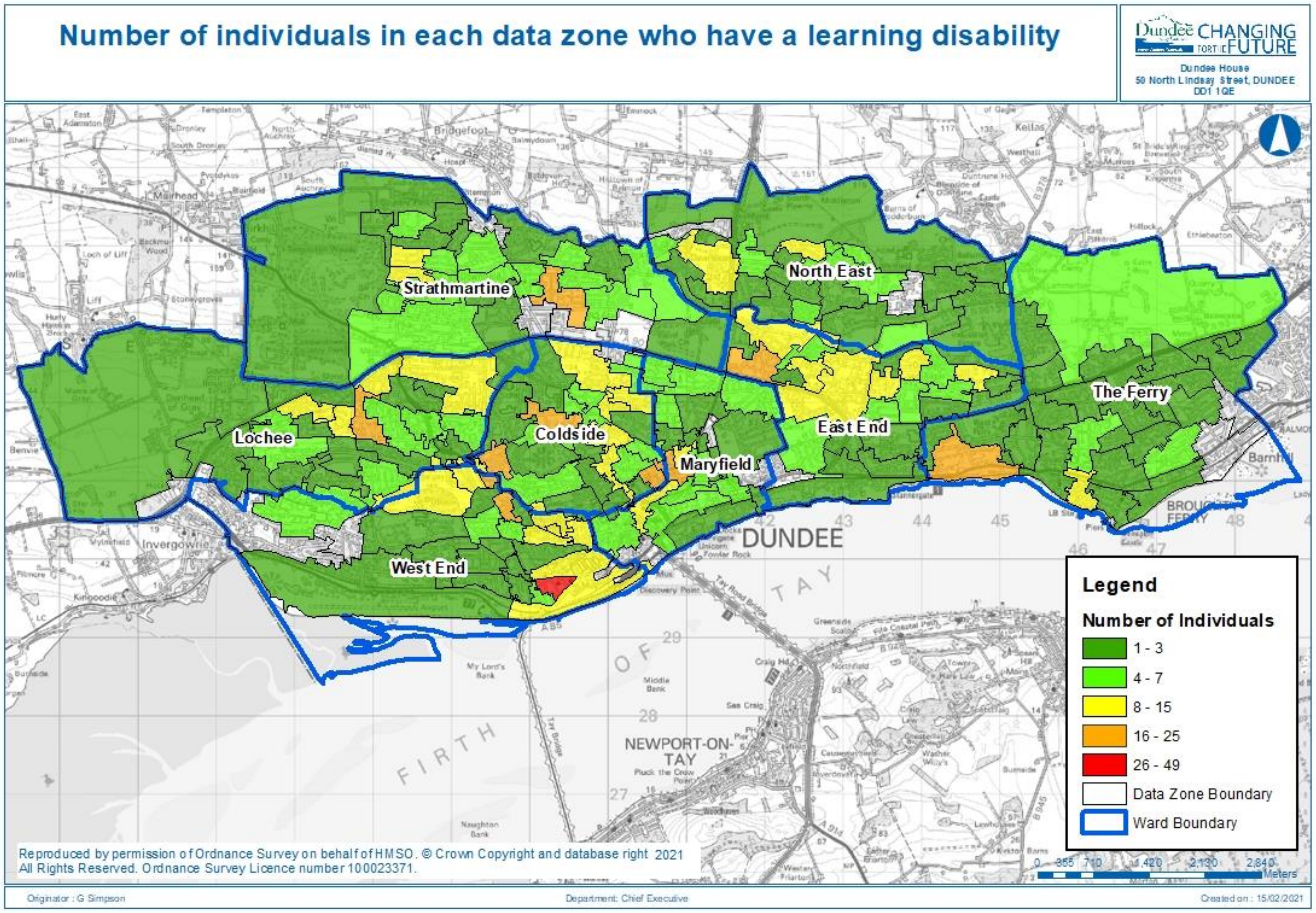
Coldside, East End and West End are shown to have had higher rates than the Dundee rate of 8.8 people with a learning disability per 1,000 of the adult population.

Coldside had 32% of people with a learning disability in the 16 to 34 age group, 49% in the 35 to 64 age group and 19% who were aged 65+.

East End had 60% of people with a learning disability in the 16 to 34 age group, 36% in the 35 to 64 age group and 4% who were aged 65+.

West End had 83% of people with a learning disability in the 16 to 34 age group, 17% in the 35 to 64 age group and 0% who were aged 65+.

Figure 152: Prevalence of adults with a learning disability in Dundee, 2019



Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2019

Figure 152 shows that in 2019, The Ferry and North East had the lowest number of people identified as having a learning disability. The area with the highest number of people with a learning disability was the Perth Road in Dundee's West End (red zone shown in figure 12), 32% of people identified as having a learning disability who reside in Dundee's West End are from the Perth Road area.

The areas highlighted in orange show locality areas where the concentration of people is fairly high (between 16 and 25 people):

40% of the Coldside population - The Law and Docks & Wellgate;
21% of The Ferry population - West Ferry;
19% of the East End population - Linlathen & Mid Craigie;
18% of the Maryfield population – Stobswell;
16% of the Strathmartine population - Caird Park;
15% of the West End population - Logie & Blackness;
13% of the Lochee population – Lochee;

North East did not have any concentration areas in the orange zone.

Prevalence of Learning Disability in Dundee
In 2019 the number of people with a Learning Disability in Dundee was 1,101. In 2015 there were 1,181 people which increased to 1209 in 2016, however the following two years reported a reduction in the number of people identified. In 2019 figures show an increase of 7.4% from 2018. Which can be partly attributed to improved identification of disability, but also due to increased survival rates of premature babies, who are more likely to have complex health issues, as they grow older.

Life Expectancy
"Keys to Life", the Scottish Government Learning Disabilities Strategy published in 2013, reported that the life expectancy of people with a learning disability is 20 years earlier than the general population. Life expectancy in Dundee is 76.9 years, but for people with a learning disability this is significantly lower.

A briefing paper was published by The Scottish Learning Disabilities Observatory (SLDO) in October 2020, a study is currently underway to uncover the mortality rates in Scotland.

Deprivation and Ethnicity
47% of people with a learning disability in Dundee live in the most deprived areas (SIMD 1). 94% of people with a learning disability are White (Scottish or British background) and 2% are Asian. For the 16 to 34 age group, 91% are white (Scottish or British background), 3% are Asian.

Self-Reported Health and Wellbeing
The 2011 Census asked households about how they rate their health. Fewer people with a learning disability rated their health as good or very good compared to the overall Dundee population. Higher proportions of people with a learning disability said they had bad health and this was especially the case in areas of high deprivation, such as Lochee and East End.

Carers
One of the questions that The Scottish Consortium of Learning Disability asks is whether a person lives with their carer. In 2019, 371 or 33.7% live with a family carer. (These statistics from the Scottish Consortium of Learning Disability do not include children).

Provision of Social Work Services
As at the 31st of March 2021 there were 613 people open to the Learning Disabilities Social Work Team aged 16 and over. Of these 49% of people were aged 16-34 and 44% of people were aged 35-64 and a small percentage aged 65+, 8%. There are just over 100 people open to the Learning Disabilities Team who are living in a Care Home (17%).

Children and Young People
Data from Dundee's Children and Families Services shows that at the beginning of the school year 2021, 603 pupils of secondary school age (mainstream and non-mainstream schools) have a recorded need of either 'Autistic spectrum disorder' and/or 'Learning disability', which is an 8% increase since January 2020 (556) and does not include specific learning difficulties such as dyslexia or numeric difficulties.

Figures include 90 pupils at Kingspark and 38 pupils in off-site education services. In total there were 189 pupils at Kingspark, so just above 50% of Kingspark pupils continue to be of primary school age

12.6 Mental Health

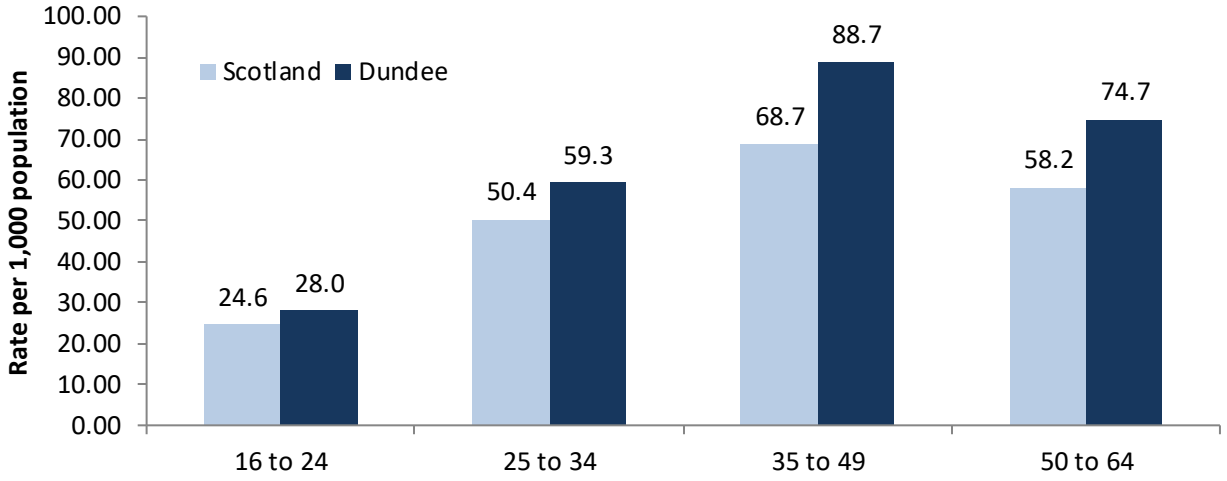
The 2011 Census asked people whether they have a mental health condition which was 'expected to last'. It is acknowledged that some people do not recognise themselves as having a mental health condition.

The information in this section is based on people between the ages of 16 to 64 only.

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.

Figure 153 shows Dundee has a higher proportion of people with mental health conditions across every age group, in comparison to Scotland as a whole. 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.

Figure 153: Prevalence of people with a mental health condition by age groups and rate per 1,000 population



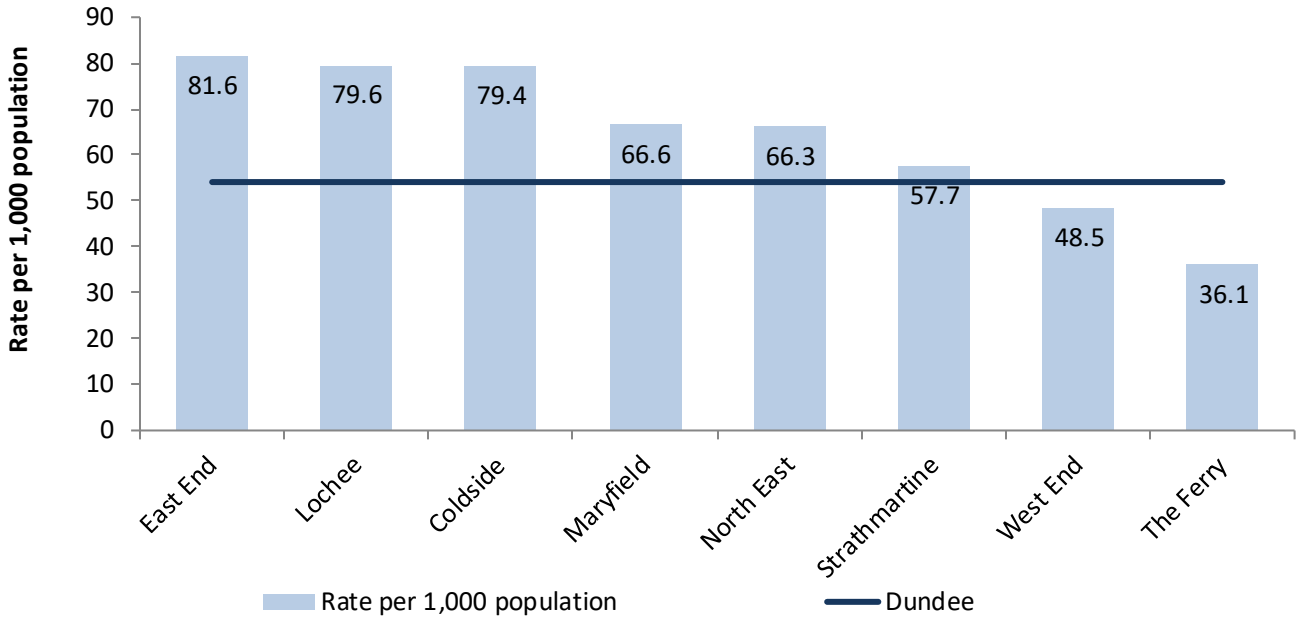
Source: Census 2011, scotlandcensus.gov.uk

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.

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

Mental health conditions are more prevalent in areas of multiple deprivation and people are less likely to be in employment than the general Dundee population.

Figure 154: Prevalence of people with mental health conditions, by LCPP area, per 1,000 population (16 to 64 age group)



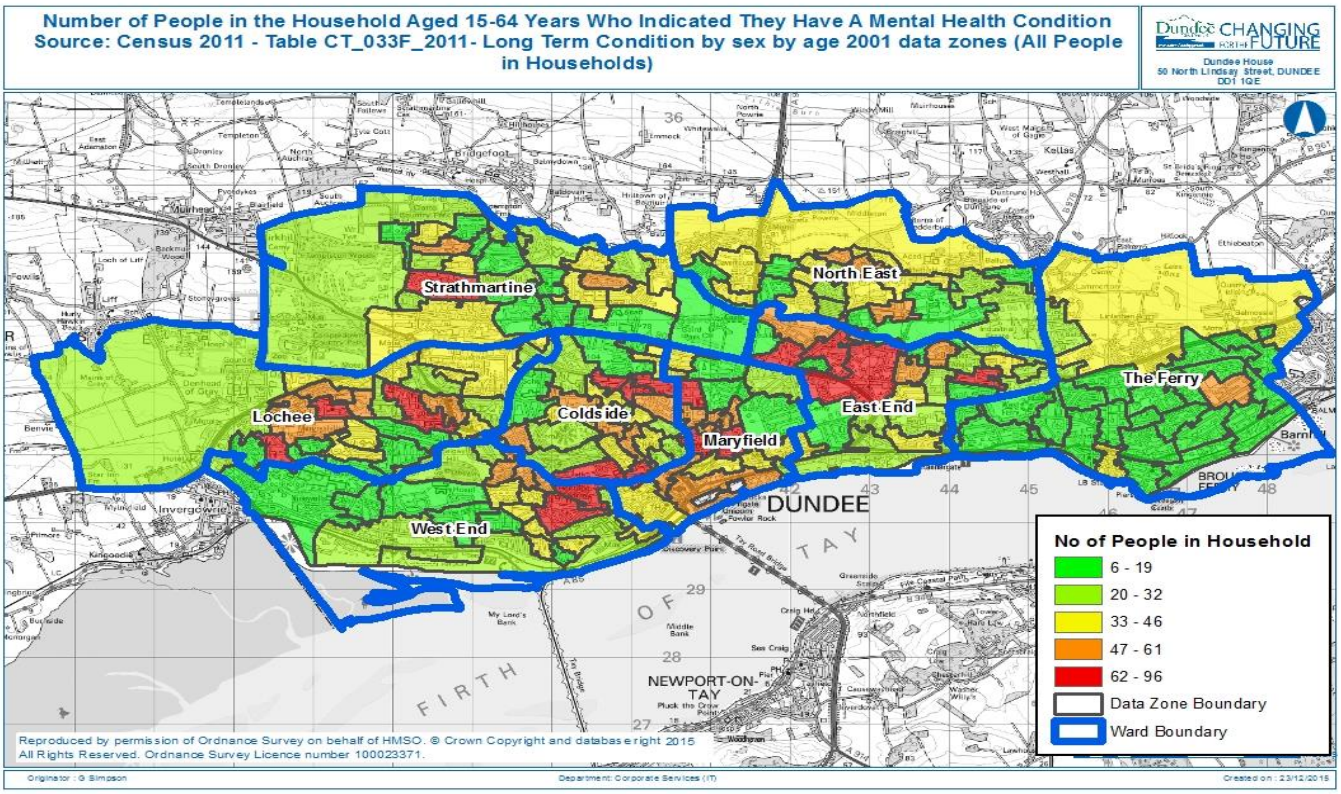
Source: Census 2011, scotlandcensus.gov.uk

Figure 154 shows that six LCPP areas are above the Dundee average rate per 1,000 of the population (16 to 64 age group). There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside. East End has more than double the rate of people with a mental health condition, compared with The Ferry.

Self-Reported Mental Health and Wellbeing

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.

Figure 155: Prevalence of people with mental health conditions in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Figure 155 shows that East End had a higher concentration of people with mental health conditions. Those marked in red are datazones in Linlathen and Mid Craigie, Douglas East, City Centre, Hilltown, Stobswell, Perth Road, The Glen, Lochee, Charlestown and Ardler and St Marys.

14 out of 17 of these datazones are in the 15% most deprived datazones in Scotland. 54% of people with a mental health condition live in SIMD Quintile 1, the most deprived areas.

Provision of Social Work Services

During 2020/21, 283 mental health assessments were completed for people referred to the Mental Health Officer Team in Dundee. Of these, 71% were for people aged under 65 and 29% were for people who were aged 65+.

Figure 156: Number of Mental Health Assessments completed

Number of Mental Health Assessments Completed	Under 65 years	Over 65 years
2019 – 2020	69%	31%
2020 – 2021	71%	29%

Pharmaceutical Interventions for Mental Health

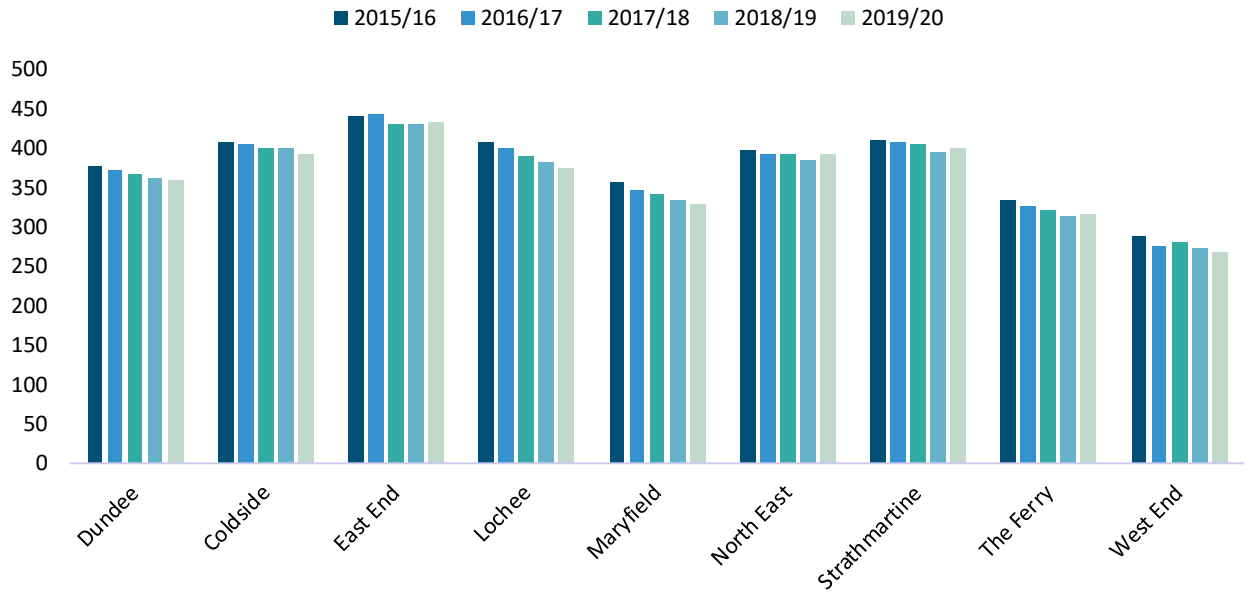
Pharmaceutical data has been reviewed, in order to ascertain a proximal indication of the rates of people living with depression and anxiety in Dundee.

Drugs for Depression include Tricyclic and Related Antidepressant Drugs, Manoamine-Oxidase Inhibitors, Selective Serotonin Re-uptake Inhibitors and Other Antidepressant Drugs (BNF Chapter 0403)

Drugs for Anxiety include Non-Opoid Analgesics and Compound Preperations, Opoid Analgesics, Neuropathic Pain and Antimigraine Drugs (BNF Chapter 0407)

Figure 157 shows the number of people who were prescribed items for depressions and anxiety per 1,000 population

Figure 157: Number of People Prescribed Items for Depression and Anxiety as a Crude Rate per 1,000 Population



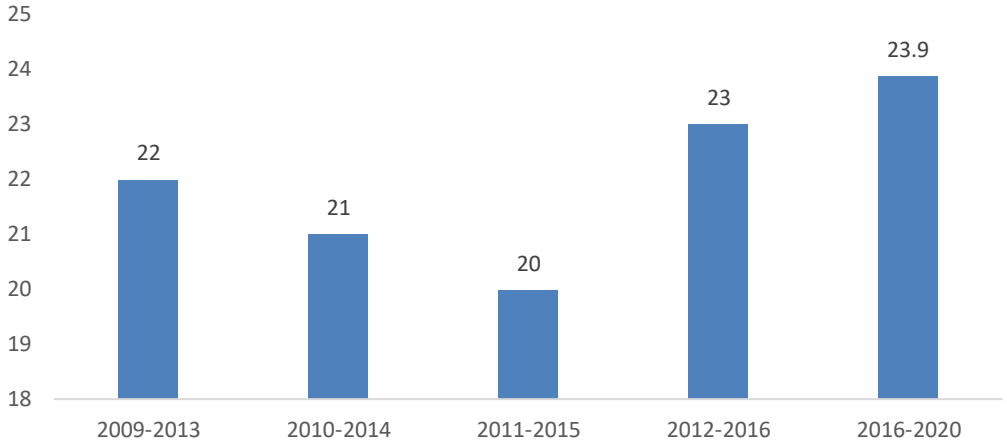
Source: PIS Dataset extracted on 9th Dec 2020

Figure 157 illustrates that the number of people receiving prescriptions has decreased for every LCPP since 2015_16. There is variation between LCPPs and based on the 2019_20 data the highest rate of people receiving prescriptions for depressions and anxiety was in East End, followed by Strathmartine. The LCPPs with the lowest rate of prescriptions are West End and The Ferry which are the least deprived LCPPs in the city.

Incidence of Suicides in Dundee

Figure 158 is based on the changes in suicide rates between 2009-2013 and 2016-2020. It shows that there was a downward trend in Dundee from 2013 – 2015, however in 2016 the average rate of suicides in Dundee increased. Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

Figure 158: Changes in suicide rates, between 2009-2013 and 2016-2020, for Dundee



Source: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides

Four council areas[12] had suicide rates that were significantly higher than the average for Scotland as a whole. The areas that were higher than Scotland (14.1 deaths per 100,000 people) were:

- Dundee City (23.9)
- Highland (21.8)
- Falkirk (17.1)
- Glasgow City (15.6)

COVID-19

Research by The Samaritans shows a higher risk of suicide due to the effects of the pandemic. People with pre-existing mental health conditions have increased suicide risk, and our research shows the extra challenges of accessing support, whether from mental health services, friends and family, or community services, have been a key cause of distress. Young people have faced rising self harm and suicide rates in recent years, and during the restrictions our research shows they have struggled with family tensions, a lack of peer contact and negativity about their future prospects. Middle aged men have faced the highest suicide rates for decades and our research shows key risk factors for this group, such as relationship breakdown and unemployment, alongside a perceived need to cope alone, is affecting this group's wellbeing.

Also, people in prison faced much higher suicide rates than the general population before the pandemic began, and our findings show that increased cell time, reduced activities and a lack of family visits resulting from the pandemic have impacted on their wellbeing. (Samaritans, 2021) A Mental Health Foundation Survey reported anxiety related to financial and food insecurity and showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment.

[12] National Records of Scotland, Probable Suicides 2020 Report

12.7 Mental Health Officer Services

Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Figure 159 shows the number and type of orders made from 2016 to 2021.

Figure 159: Number/type of detention orders made

Type of Order (New orders)	Emergency detention in hospital (up to 72 hours) **S36**	Short term detention in hospital (up to 28 days) **S44**	Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) These orders may be community or hospital based **S64**
2015-16	90	148	39
2016-17	76	141	23
2017-18	87	146	42
2018-19	115	177	41
2019-20	89	158	42
2020-21	123	194	52

Source: Mosaic 2021

These figures demonstrate a significant increase from 2017-18 to 2020-21 for Emergency detentions in hospital and Short-term detentions in hospital.

Criminal Procedures (Scotland) Act 1995

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act.

If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order.

The figures for those subject to these measures as at 31st March 2021, alongside the same figures for the past 5 years, are shown in Figure 160.

Figure 160: Criminal Procedures (Scotland) Act 1995

Type of Order	Compulsion Orders with Restriction Order **S57a7**	Compulsion Orders **S57a**	Assessment Orders **S52d**	Treatment Orders **S52m**	Transfer for Treatment Direction **S136**
31.3.2016	12	7	3	2	2
31.3.2017	12	10	5	2	1
31.3.2018	12	9	6	3	0
31.3.2019	12	10	5	3	1
31.3.2020	12	13	6	3	0
31.3.2021	13	13	6	5	1

Source: Mosaic, 2021

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. It allows other people to make decisions on behalf of adults, subject to safeguards. These Orders are mainly used for older people or those with learning disabilities, and are generally private, in that an adult who has a relevant interest is appointed as guardian. If there is no such relevant adult, the Chief Social Work Officer (CSWO) is named as guardian.

On 31 March 2020 there were 15,973 individuals on a guardianship order in Scotland, of these 633 (4%) were for individuals in Dundee. Comparing Dundee to its neighbouring Local Authorities, figure 161 below shows Dundee have the highest number of current guardianship orders, closely followed by Perth and Kinross.

Figure 161: Current number of guardianship orders active, 2019/ 2020 by Local Authority

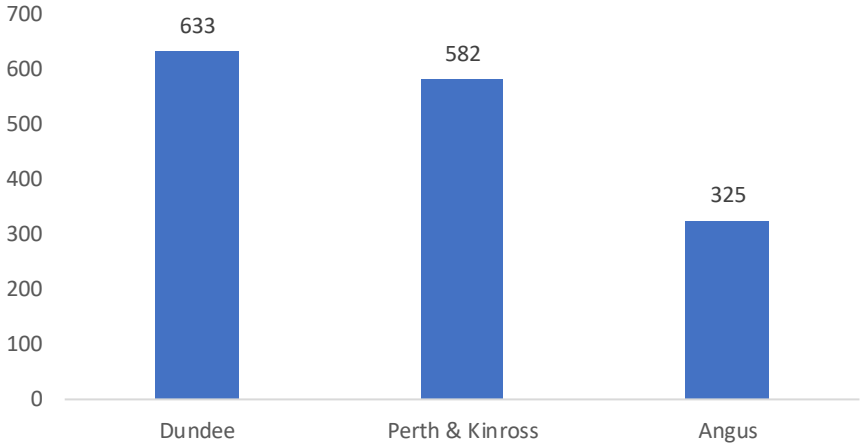
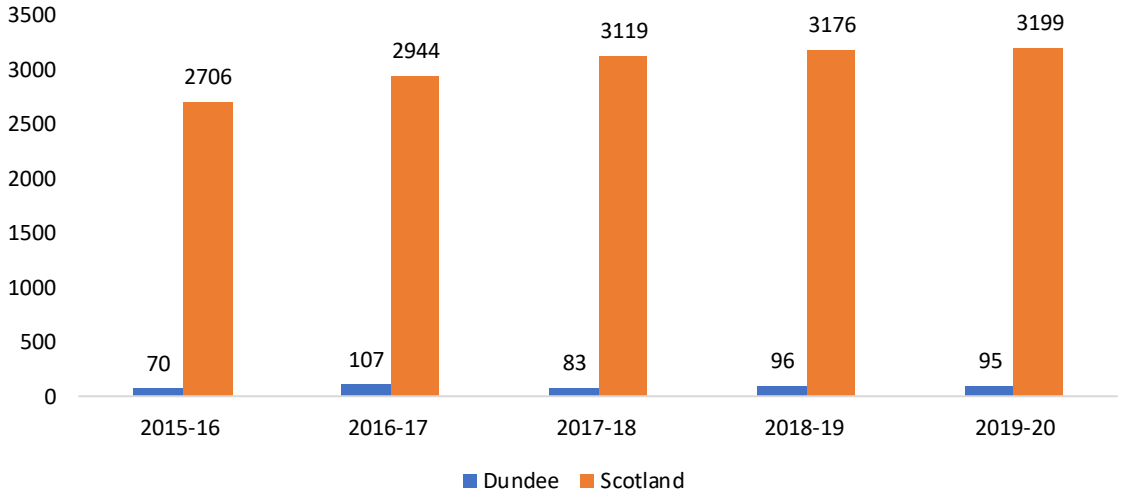


Figure 162 shows that the number of guardianships granted in Scotland has continually increased year on year for the past 5 years. Dundee's figures have overall increased over the past 5 years. 2016/17 shows a significant increase from 2015/16 (37) then a more gradual increase over the following 3 years.

Figure 162: Total number of guardianships granted per year, from 2015 to 2020



The majority of guardianship orders granted in 2019-20 were for private guardians, which is a trend over the past five years. The remainder of orders granted were for the local authority as shown in Figure 163 below. These figures indicate that the demand for guardianships continue to be high and, overall both type of guardianships, have increased since 2015.

There has been a particularly evident increase in private orders granted since 2015, an overall increase of 81%, from 21 orders granted in 2015 to 38 granted in 2020. Local authority orders granted have also seen an overall increase by 16% from 49 orders granted in 2015 to 57 granted in 2020.

Figure 163: Total number of guardianships granted by year, and by guardianship type from 2015 to 2020

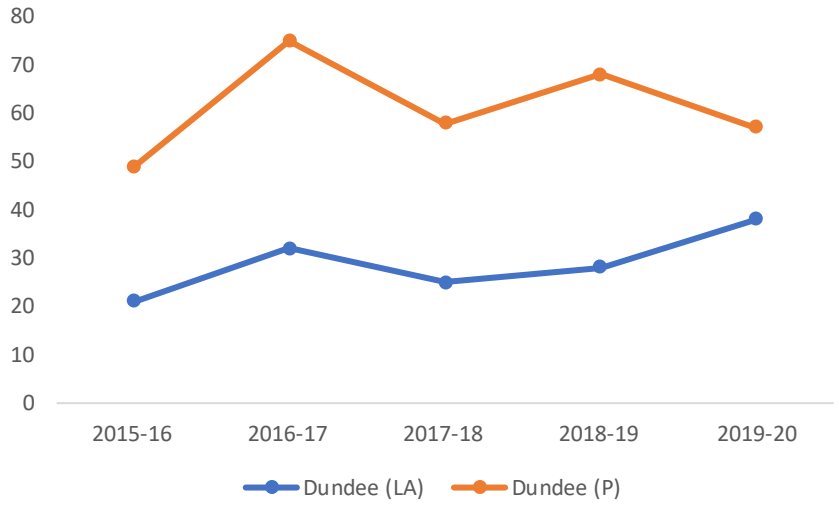
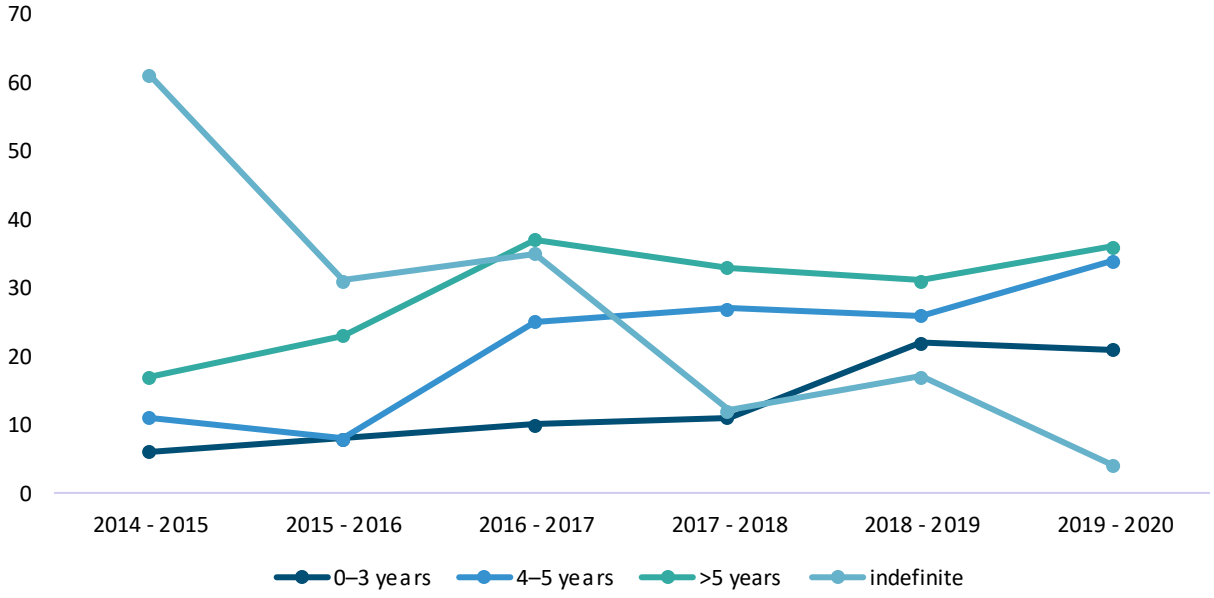


Figure 164: Number of guardianships granted for Dundee by length of guardianship, from 2015 to 2020



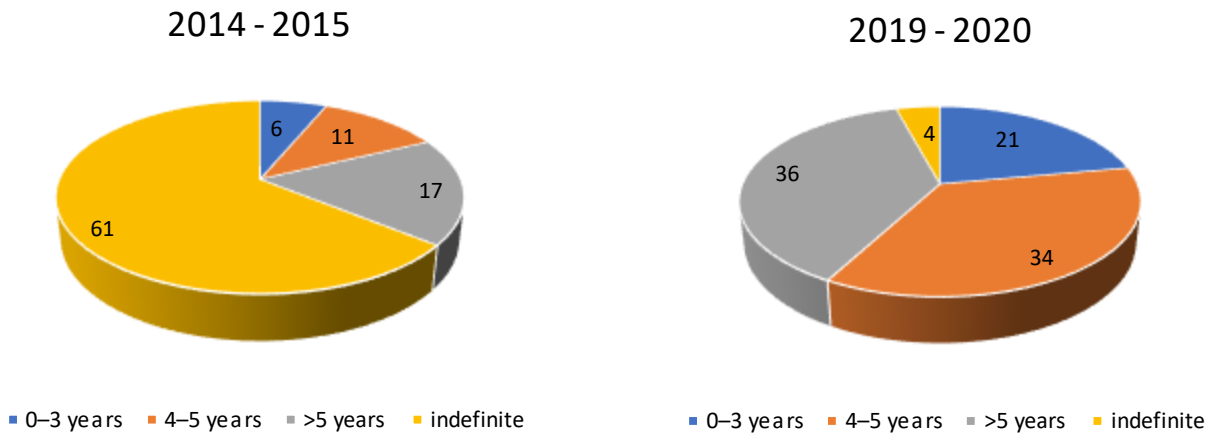
Information provided by the Mental Welfare Commission together with Public Health Scotland Delayed Discharge Data in figure 164, demonstrates that Dundee has:

- Over the past five years the number of local authority guardianships granted on an indefinite basis have significantly reduced. In 2015, 61 indefinite guardianships were

granted in Dundee, the following two years seen the figures decrease by around half and then in 2020 a total of 4 orders were granted, the lowest number granted yet which is a huge reduction of 93%.

- The total number of guardianships granted in 2014-15 and 2019-20 were the same (95), however the proportion of the length of the orders granted have changed somewhat. There are more orders being granted on a basis of 0-3, 4-5 and 5+ years and much less orders being granted on an indefinite basis.

Figures 165 and 166: Number of orders granted by length of guardianship in Dundee for 2014-15 and 2019-20

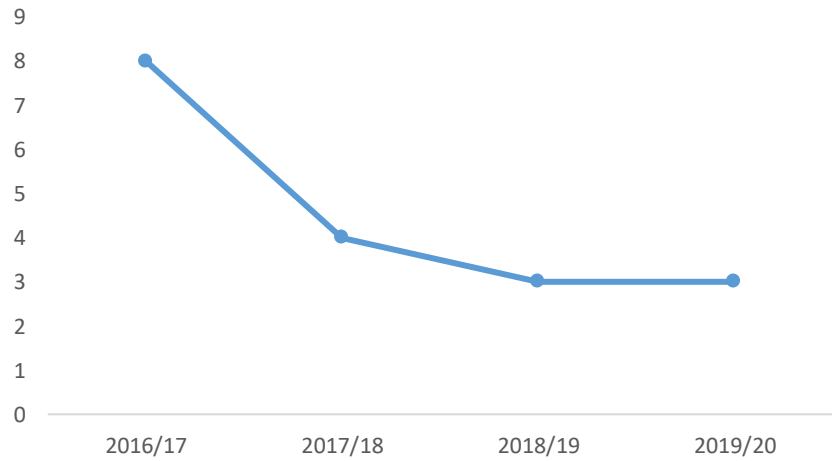


To date the provision of the MHO report within the 21-day timescale required by statute is 40% of reports being completed within 20 days.

Adults (aged 18+) who are deemed clinically ready for discharge but need to remain in hospital because they are going through the Guardianship Order process are recorded as 'Adults with Incapacity Act' (Code 9/51X). These people may experience a longer delay due to the required legal processes and procedures encountered in these cases.

Figure 167 shows a decrease in the average number discharge delays from 8 in 2016/17 to 3 in 2019/20, due to AWI.

Figure 167: Average number of discharge delays across censuses for the past 4 years



Source: Public Health Scotland Delayed Discharge Data

COVID-19

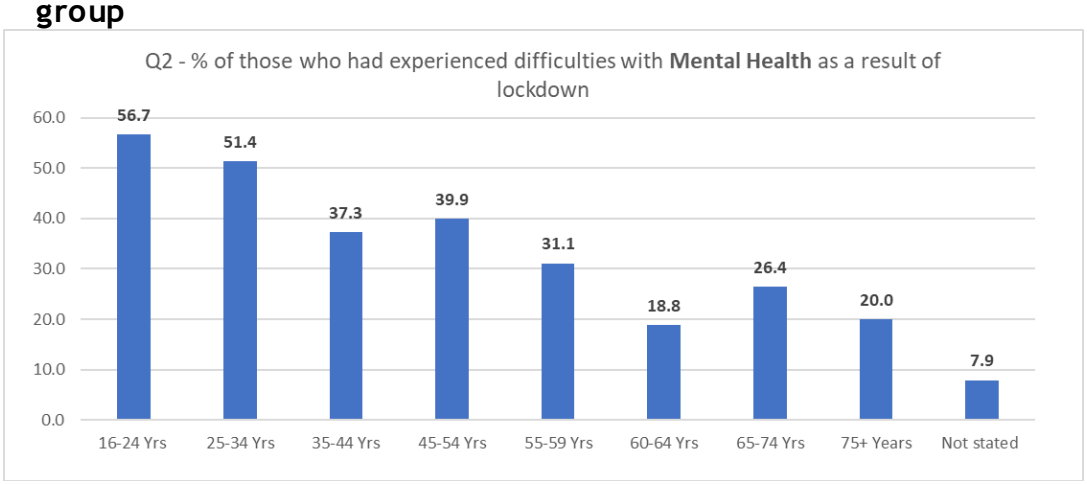
Over a third (36%) of those from the Indian ethnic group reported increased or persistent loss of sleep over worry, compared with less than a quarter (23%) of White British respondents and 18% of those in the Other White ethnic groups. Around a third of those from the Black, African, Caribbean or Black British ethnic group (35%) also reported this. (ONS, 2021) Around a quarter of people from the White Irish and Indian ethnic groups reported either continuing to feel lonely often or to experience an increase in feelings of loneliness between 2019 and April 2020. (ONS, 2021).

84% of Dundee Carers reported negative impacts on physical, mental, and social wellbeing and 60% reported feeling socially isolated (60%) (Dundee Carers Engagement, 2020). 82% of Dundee Carers reported feeling more worried and anxious about the future (Dundee Carers Engagement, 2020) Samaritans reported that mental ill-health was the most common concern during the year since restrictions began, and increased slightly compared to last year.

The mental health of people with pre-existing mental health conditions appears to have been affected most. Contacts about loneliness and isolation were most strongly linked to coronavirus, being more than twice as likely to be about coronavirus than other contacts. The protracted nature of restrictions appears to have had a cumulative effect on people's feelings of loneliness. Contacts about family concerns were 50 per cent more likely to involve specific concerns about coronavirus, with people's concerns ranging from worries about being separated from loved ones to the negative impact of living in close quarters.

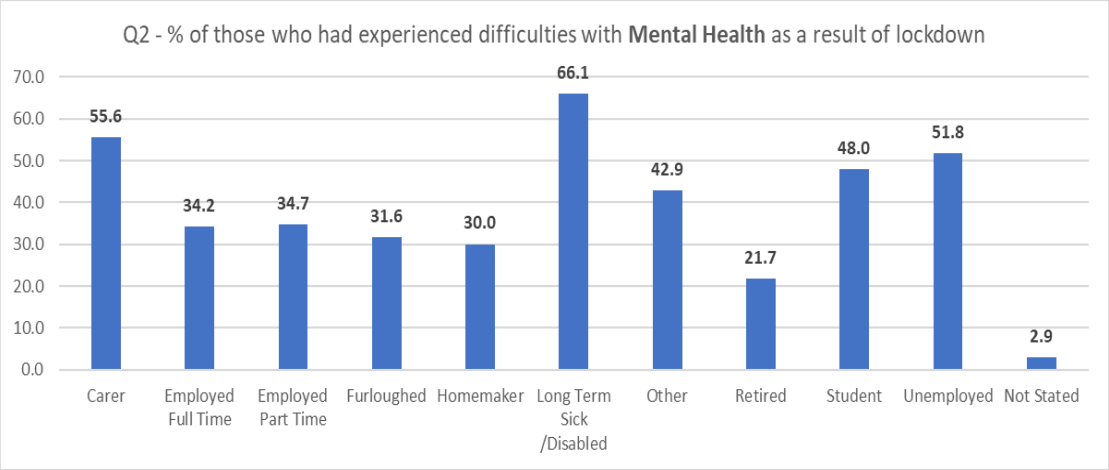
Healthcare workers have experienced a significant and direct impact on their life and work as a result of the pandemic. Our research finds that stress and burnout, fears of infecting family members and anxiety about attending work have all been common features of Samaritans contacts. (Samaritans, 2021) Engage Dundee reported that 37% of respondents reported difficulties with mental health (n=321); however, the sub groups with the biggest proportion of respondents experiencing difficulties were the 16-24yr and 25-34yr age groups (56.7% and 51.4% respectively), long term-sick and disabled (66.1%), the unemployed (51.8%), carers (55.6%), those in receipt of benefits (49.6%), and those that live alone (49.2%).

Figure 168: Percentage of people who experienced difficulties with Mental Health, by age group



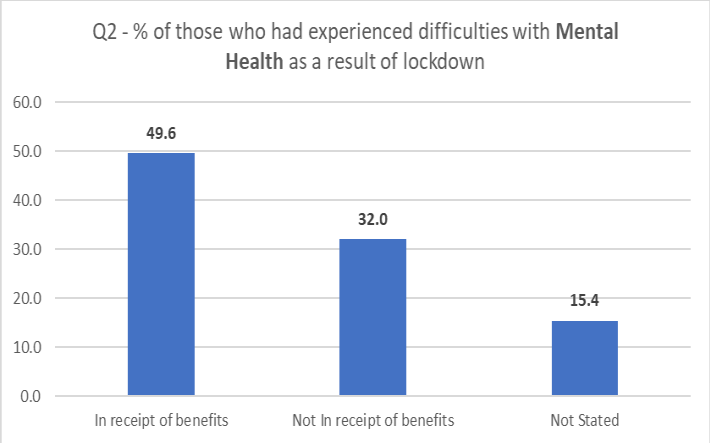
Source: Engage Dundee 2020

Figure 169: Percentage of people who experienced difficulties with Mental Health, by employment status



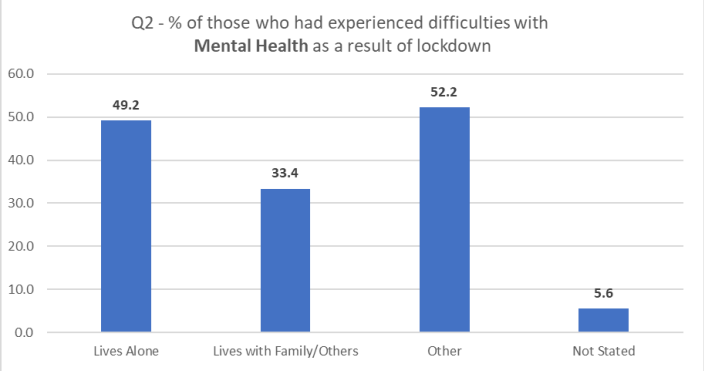
Source: Engage Dundee 2020

Figure 170: Percentage of people who experienced difficulties with Mental Health, by benefit status



Source: Engage Dundee 2020

Figure 171: Percentage of people who experienced difficulties with Mental Health, by living arrangement



Source: Engage Dundee 2020

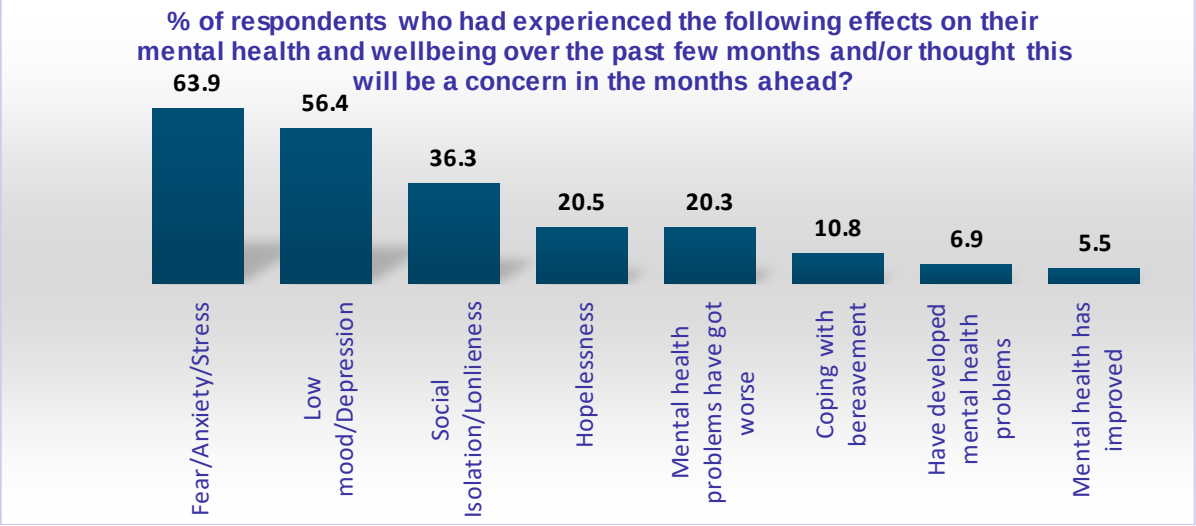
Some respondents reported worsening mental health conditions such as anxiety and depression whilst others without an existing condition reported a decline in mental health due to isolation, inability to socialise, unemployment, work stress/ home working, concern for family members including children, or uncertainty about the future. A couple of individuals reported that isolation

contributed to unhealthy food choices and binge eating. Limited or inadequate access to mental health services was highlighted.

> *My mental health got really bad during the lockdown. I found myself alone in a tiny flat. I had very negative thoughts and for a while couldn't see the end of the tunnel.*
>
> *Not enjoying working from home now. It's having a really negative impact on my health and wellbeing. Although my employer has been really good, I feel quite isolated and missing the day to day interaction with colleagues.*
>
> *My job was ended as a result of COVID, my mental health has been extremely compromised, I find myself wanting to hyperventilate on a daily basis. I feel very anxious which stems from the fact that I am not sure when the restrictions will end life will return to "normal".*

The burden felt by unpaid carers impacted negatively on mental health and those living with people with dementia found the situation particularly challenging. Others struggled to support elderly parents due to distance or work commitments.

Figure 172: Percentage of people who are concerned for the type of mental health they may suffer in the months ahead



Source: Engage Dundee 2020

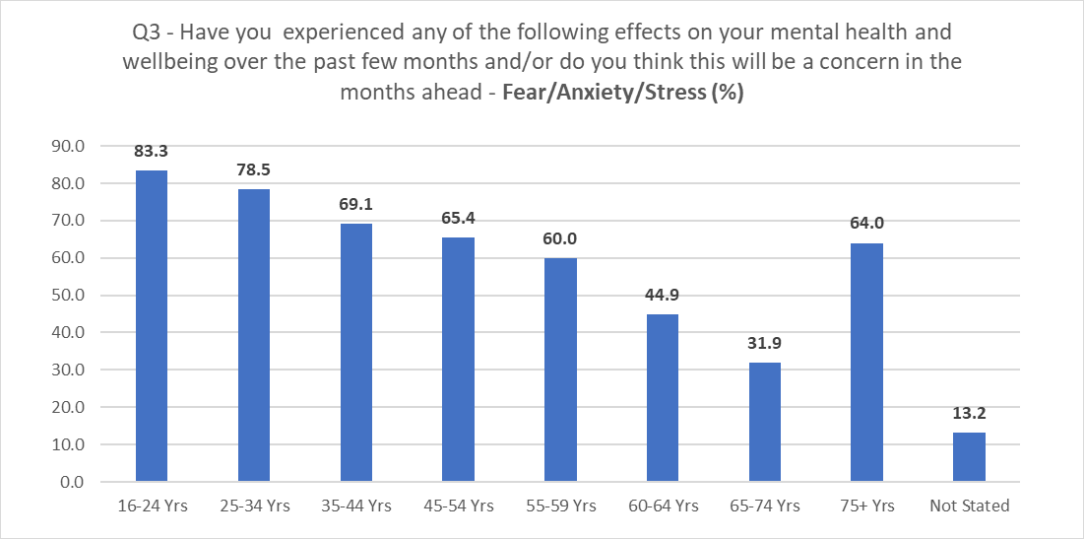
Engage Dundee reported that the most common effects experienced were fear/anxiety/stress (63.9% n=553), low mood/depression (56.4% n=485) and social isolation/loneliness (36.3% n=315). Those experiencing these effects were more likely to have a long-term health condition, live alone and be the recipient of benefits. They were also more likely to have reported that an existing mental health condition had worsened in recent months.

Of the 553 respondents stating they were experiencing fear/anxiety/stress, 411 were also experiencing low mood and depression and 269 social isolation. Of the 411 respondents with both fear/anxiety/stress and low mood depression, over half had a long-term health condition and over a third stated their existing mental health issues had got worse. More than one-third were in receipt of benefits and just under a third were experiencing difficulty with income and money. Almost one-third were experiencing difficulties with family/household relationships and a quarter lived alone.

Fear, anxiety, stress or worry was the most common reaction experience by respondents due to the pandemic and lockdown with 63.9% reporting the above symptoms (n=553). There was a

relationship with age group whereby feelings of fear and anxiety decreased with age apart from in the 75+ age group.

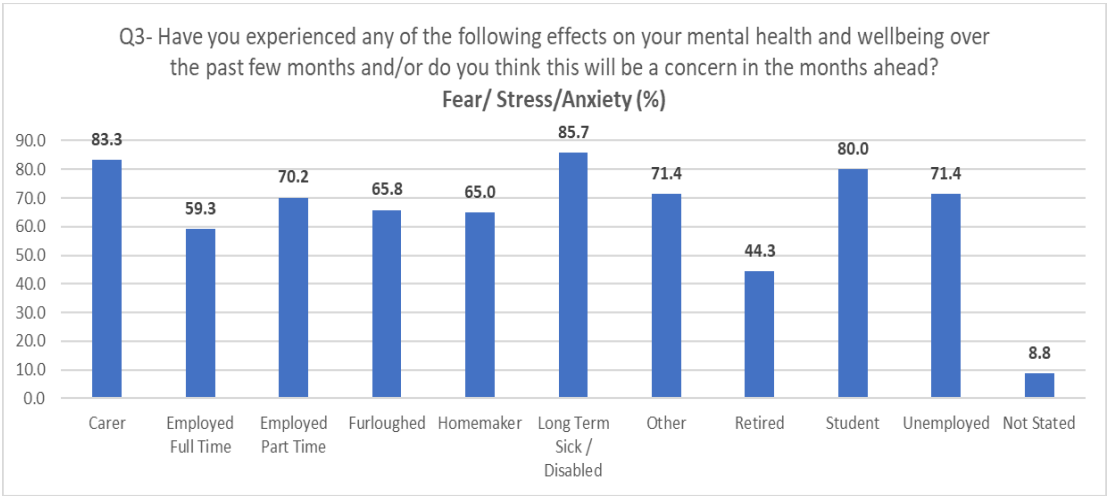
Figure 173: Percentage of people who experienced difficulties with their mental health, by age group



Source: Engage Dundee 2020

In terms of employment status, the sub groups experiencing significantly higher than average levels of symptoms were the long term sick and disabled, carers, students and the unemployed.

Figure 174: Percentage of people who experienced difficulties with their mental health, by employment status



People in receipt of benefits had higher than average levels of fear and anxiety at 73.8% compared to 59.9% of those not on benefits. There were no significant differences between those who lived alone or with others (65.1% compared to 64%).

A wide range of causal issues were reported including safety concerns, fear of exposure to the virus in various settings, and whether others were adhering to public health guidance. Settings mentioned included schools, workplaces and the community. Fear of transfer of infection from school to home was of great concern for some whilst others worried about working in the community and the perceived disregard of management to their anxieties. Many respondents

worried about the health of loved ones including older or vulnerable relatives, family who work in frontline jobs, or keeping their children safe during the pandemic. Fears were also expressed about personal health and not being able to care for others if illness struck. As stated previously juggling work, caring duties and home schooling caused enormous stress for some individuals. Other major stressors included money, job security or unemployment. Several expressed anxieties about the future and fear of the unknown.

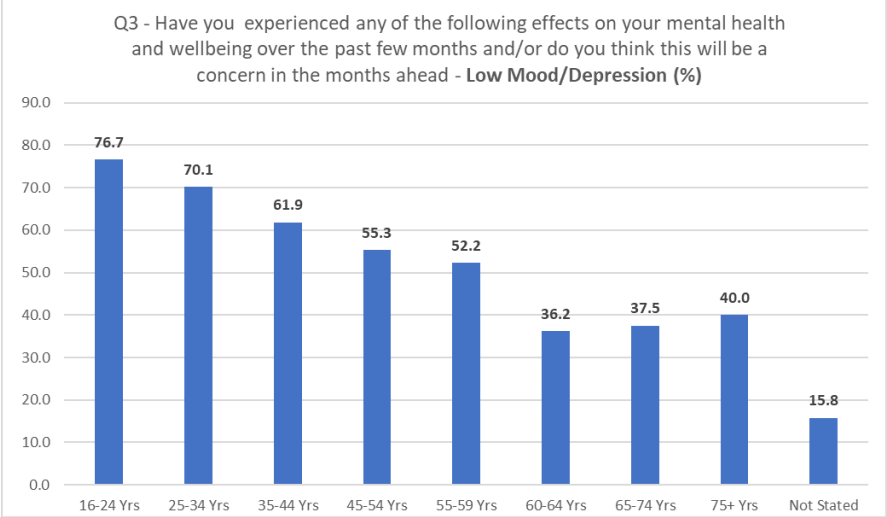
The Samaritans found that Healthcare workers were much more likely to raise concerns about work compared to other people contacting Samaritans. Concerns about work or study were raised in half of healthcare worker contacts (51%) compared to 10 per cent of other contacts to Samaritans. The data we collected in both November 2020 and March 2021 relating to our conversations with healthcare workers identified stress, exhaustion and burnout as a common theme.

Volunteers generally cited three main causes: working long shifts, the nature of the work, and the length of the ongoing pandemic. Volunteers told us that callers often discussed working extremely long shifts which could be physically and mentally demanding. As a result, many volunteers had received contacts from healthcare workers at the end of a shift, who wanted to 'offload' or 'vent'. As well as the time spent working, the nature of the work was contributing to stress, exhaustion and burnout. Volunteers noted that callers were under extreme pressures at work and were struggling to deal with such high volumes of death and critical care. In addition, volunteers spoke about callers who had been re-deployed as experiencing additional pressures, for instance working in jobs they did not feel adequately trained for, worrying about doing a bad job, and being forced into excessive responsibility in a short amount of time. Despite feeling stressed, exhausted and burnt out, volunteers described guilt being common among frontline healthcare callers. This included guilt about the burden on their colleagues if they were not able to work due to shielding or healthcare issues, including time off for mental health problems. Among those who were able to work, volunteers described callers' strong sense of guilt at not being able to do more to help patients. Particularly, volunteers cited callers feeling guilty about families and loved ones being unable to visit those who were dying, at not being able to prevent more deaths and at not being able to show compassionate responses to patients and families such as hugging, due to social distancing restrictions. Volunteers also heard from callers who said their exhaustion and burnout meant they were unable to give their best support to patients.

Low mood/ depression

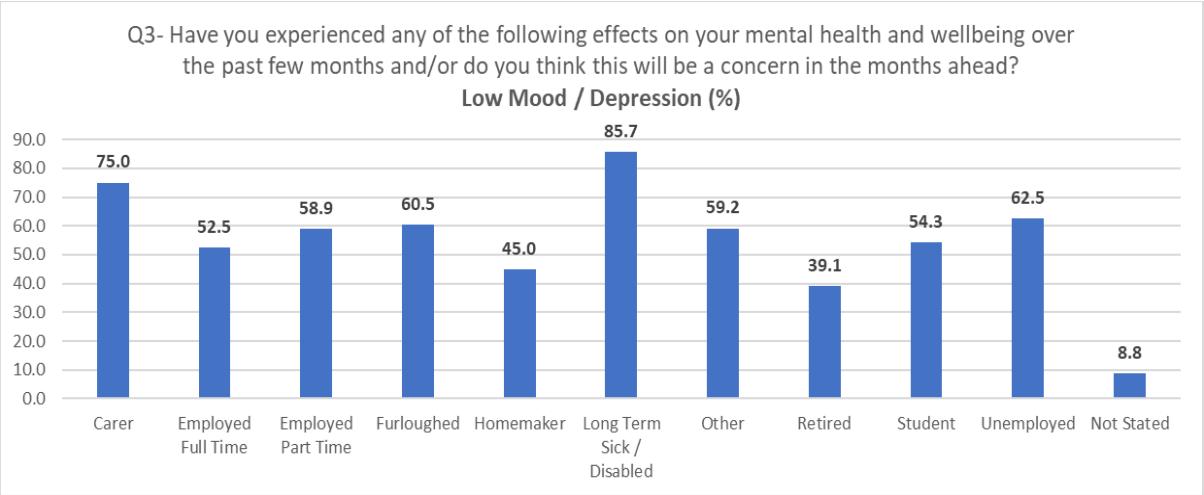
This was reported by 56.4% of respondents (n=485). Again, there was a relationship with age group with symptoms generally decreasing with age, and respondents aged 45+yrs reporting lower than average levels of low mood and depression. As above, the younger age groups seemed to be suffering most.

Figure 175: Percentage of people who reported they might find difficulty with their mental health in terms of low mood, by age group



There was significant variation in relation to employment status with long-term sick/disabled and carers scoring considerably higher than average and those in other categories. Homemakers and retired people scored lowest for symptoms of low mood and depression.

Figure 176: Percentage of people who reported they might find difficulty with their mental health in terms of low mood, by employment status



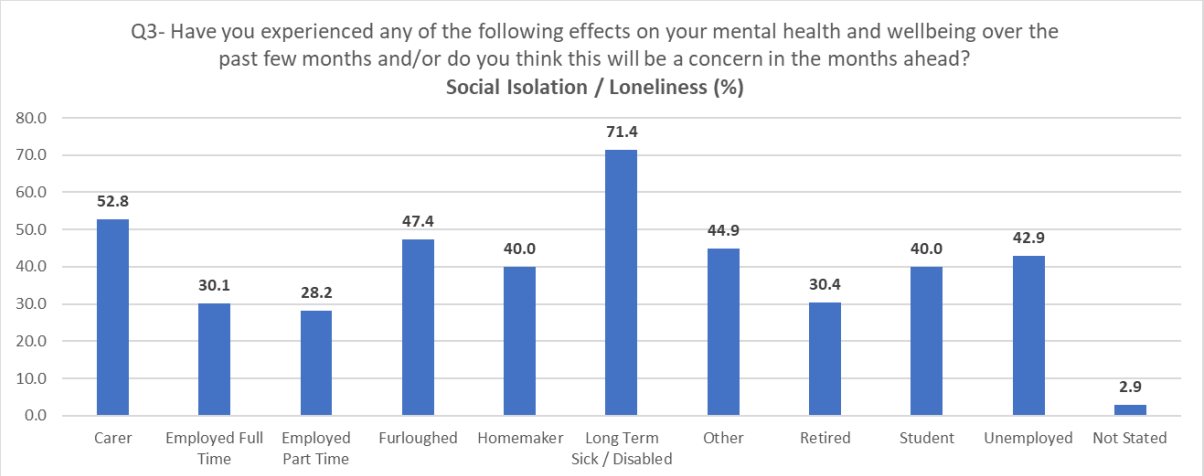
Those on benefits scored higher than average at 69.7% compared to 50.9% of those not on benefits. There were minimal differences between those who lived alone (65%) or with others (64%). Several respondents reported low mood and depression due to lockdown restrictions, boredom or lack of things to do. Some people's mood improved once amenities opened and contact and support from family re-established. Working from home without the usual social activities to relieve workplace stress was highlighted as well as struggling to get motivated when days seemed to merge together. Living with ill health, recovering from injury or waiting for surgery also exacerbated depression.

Social isolation/loneliness

Over one-third of respondents (36.3% n=315) reported feeling isolated and lonely during lockdown; however, there was considerable variation. Those aged 75+yrs were much more likely to feel this way (52%) whilst all other age groups scored lower than average apart from the two youngest age groups which were slightly higher (40% aged 16-24 and 46.5% aged 25-34yrs).

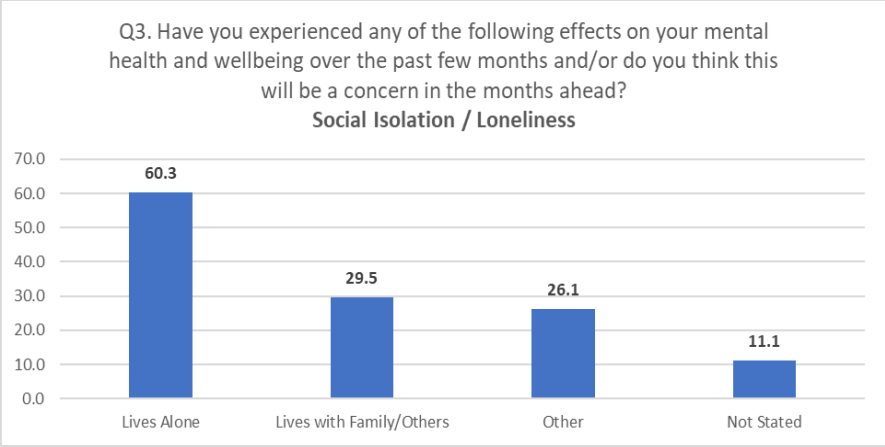
Certain employment status categories scored higher than average with the long-term sick and disabled almost twice as likely to report social isolation and loneliness. Carers, those on furlough and the unemployed commonly reported feeling isolated.

Figure 177: Percentage of people who reported they might find difficulty with their mental health in terms of social isolation/ loneliness, by employment status



50.4% of those on benefits reported social isolation/ loneliness compared to 30.2% of those who were not on benefits. Perhaps unsurprisingly those who lived alone were much more likely to experience isolation at 60.3%.

Figure 178: Percentage of people who reported they might find difficulty with their mental health in terms of social isolation/ loneliness, by living arrangement



In describing their situation, many respondents felt deeply the lack of social connections and usual groups and activities due to restrictions or shielding. The lack of connecting with others, particularly in a meaningful way, was raised repeatedly as being very detrimental to people's mental health, causing depression, anxiety and loneliness. Working from home also raised feelings of isolation and loneliness with some individuals who live alone indicating that they have spent every day of the pandemic with no direct contact with others.

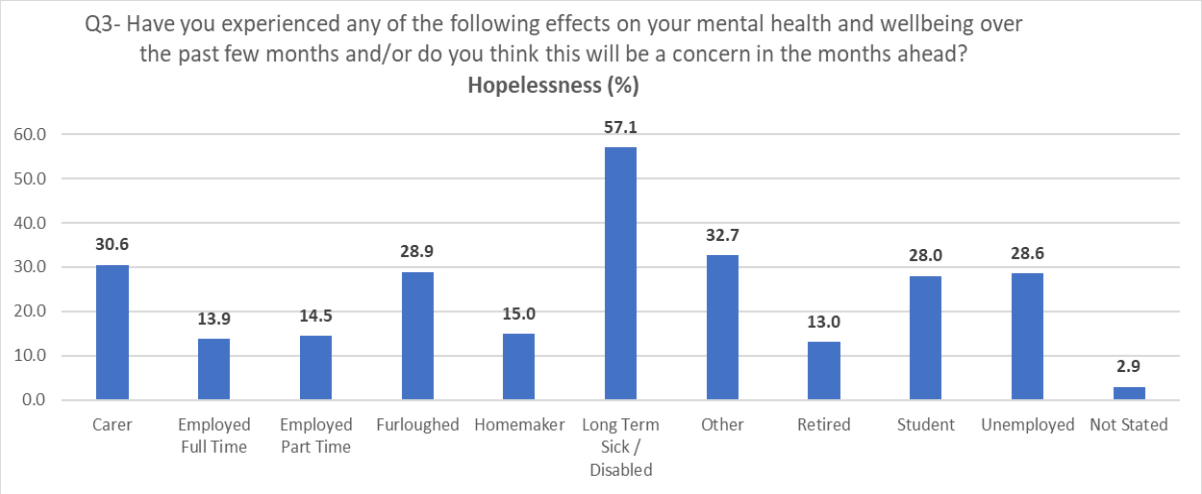
Samaritans also reported that *Loneliness and isolation* were a concern in 29% of emotional support contacts during the 12 months since restrictions began. This was a total of over 680,000 contacts and a 9% increase compared to the previous year. Phone calls about *loneliness and isolation* were also the strongest predictor of having concerns about coronavirus. Calls concerning loneliness or isolation were 2.4 times more likely to involve specific concerns about coronavirus, compared to calls where *loneliness and isolation* were not raised even after adjusting for other factors.

Hopelessness

1 in every 5 respondents (20.5% n=178) reported feelings of hopelessness due to the pandemic. However, over twice this proportion in the 16-24yr age group reported feeling this way (46.7%). The 25-34 age group and the over 75's were also above average at 30.6% and 24% respectively. All other age groups had below average levels.

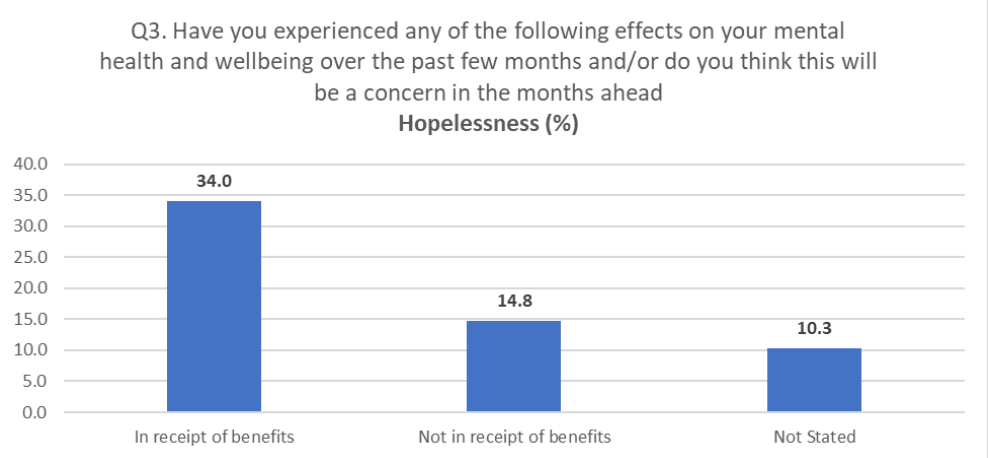
The long-term sick and disabled were 2.5 times as likely to report feeling hopeless. Other employment status categories were much lower although some were still higher than average (carers, furloughed, students, unemployed and "other").

Figure 179: Percentage of people who reported they might find difficulty with their mental health in terms of hopelessness, by employment status



34% of people on benefits reported feelings of hopelessness, which is higher than average and considerably higher than those not on benefits (14.8%).

Figure 180: Percentage of people who reported they might find difficulty with their mental health in terms of hopelessness, by benefit status



Similarly, those who lived alone scored higher than average at 32.3% and much higher than those who lived with other people (17.1%).

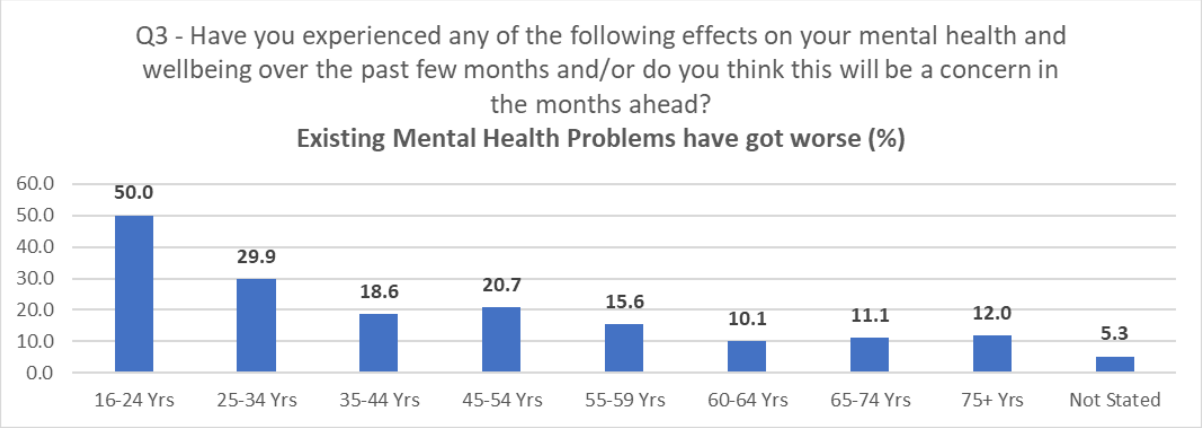
Media stories of unrelenting doom were exhausting for some respondents whilst others felt that positive stories made ordinary coping feel inadequate and induced feelings of guilt and worthlessness. A few respondents felt that isolation was damaging and that public buildings like schools, community centres and libraries should be opened in safe way to counteract this. One respondent with a challenging work situation was in despair made worse by the lack of available support groups and activities. Unable to process the stress of his situation he suffered in silence and turned to substance use to cope. The hopelessness of being denied quality time with loved

ones in Care Homes was highlighted alongside providing emotional telephone support for family with no answers or solutions available.

Existing mental health problems have got worse

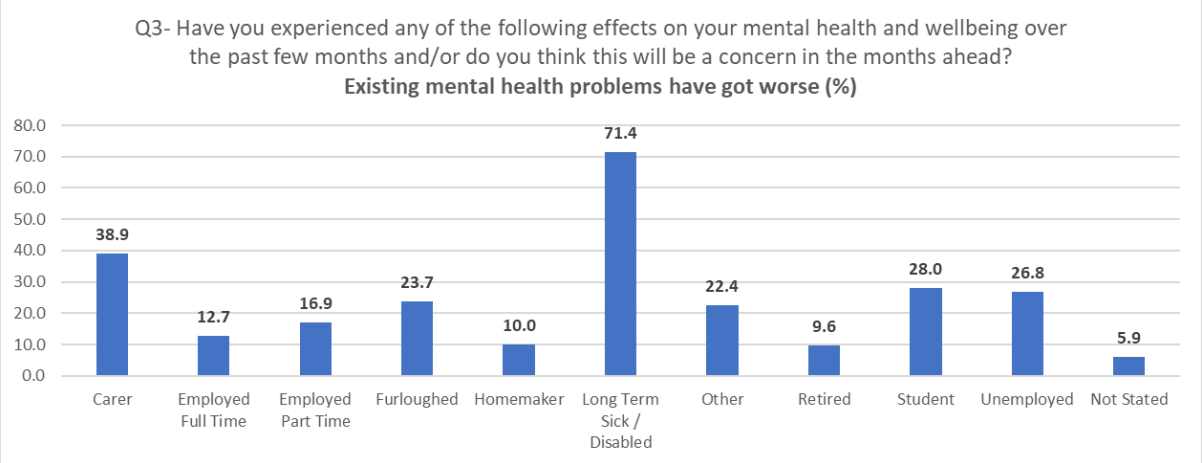
1 in 5 respondents reported a worsening of existing mental health conditions (20.3% n=176); however, sub analyse reveals significant variation. The youngest age group was 2.5 times more likely to report deterioration in mental health and those in the 25-34yrs were also above average (29.9%).

Figure 181: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by age group



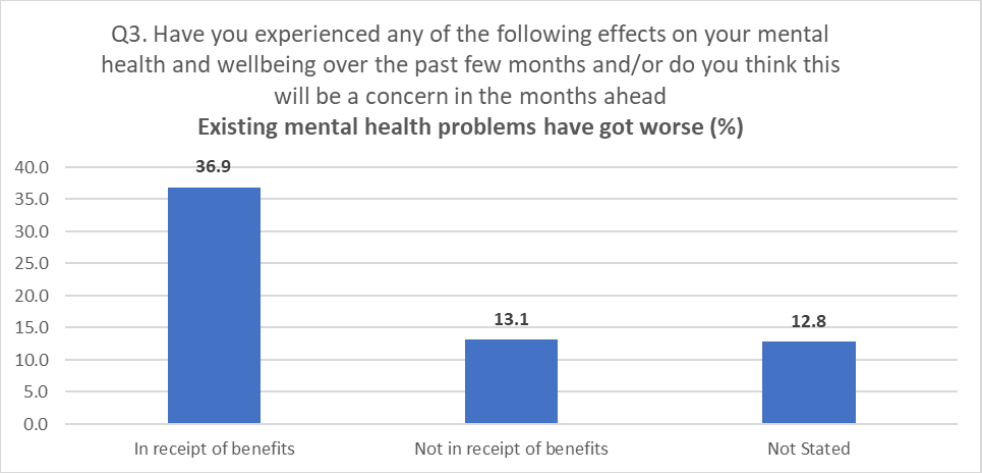
Looking at employment status, those who were long term sick or disabled were 3.5 times more likely to report a worsening of existing mental health condition; it may be that this category had the highest number of respondents diagnosed with an existing condition compared to respondents in other categories. Also, higher than average were carers, furloughed, students, and the unemployed.

Figure 182: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by employment status



Again, those in receipt of benefits were more likely than average to report a deterioration in mental health conditions and considerably more likely than those not in receipt of benefits.

Figure 183: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by benefit status



Respondents living alone scored higher than average (28.6%) and higher than those who lived with other people (17.2%).

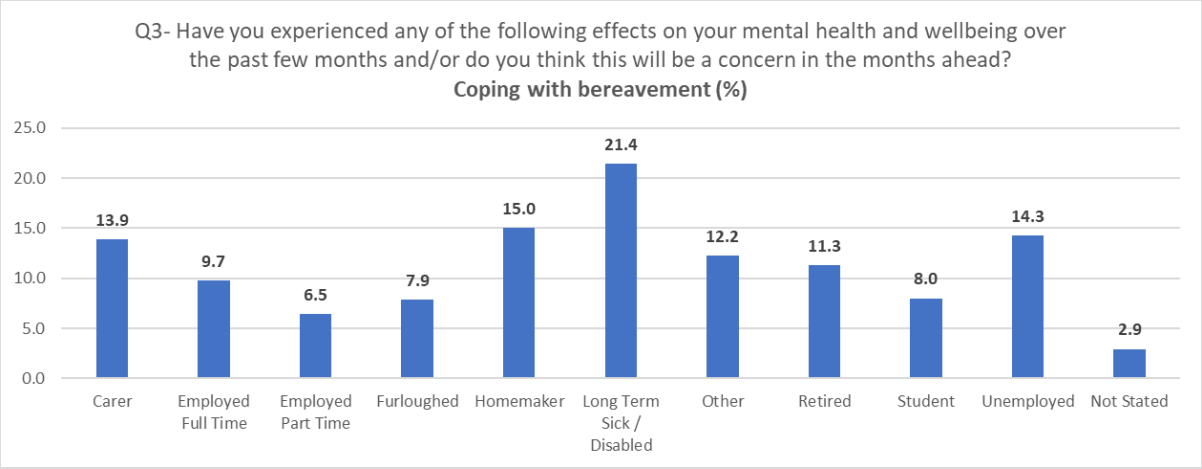
Worsening of mental health problems was compounded by limited access to help and support from mental health services. Lockdown and being unable to leave the house impacted mental health, and in some cases physical health, for people with pre-existing conditions. Some respondents with anxiety reported being fearful of leaving the house and one person reported agoraphobic tendencies that did not exist previously. Another respondent with long term mental health problems who was shielding found the experience of taking exercise outside extremely challenging and not enjoyable.

Coping with bereavement

Sadly, some respondents suffered bereavement during the pandemic with one in 10 reporting having lost someone due to Covid-19 or other conditions. In terms of age groups, the range was relatively small at between 8.1 and 13.3%. The two youngest age groups had the highest proportion reporting the loss of a loved one at 13.2% and 13.3%.

Looking at employment status, the long term sick or disabled were twice as likely to have suffered a bereavement during the pandemic compared to the average. Carers, homemakers and the unemployed also scored highly.

Figure 184: Percentage of people who reported they might find difficulty with their mental health in terms of coping with bereavement, by employment status



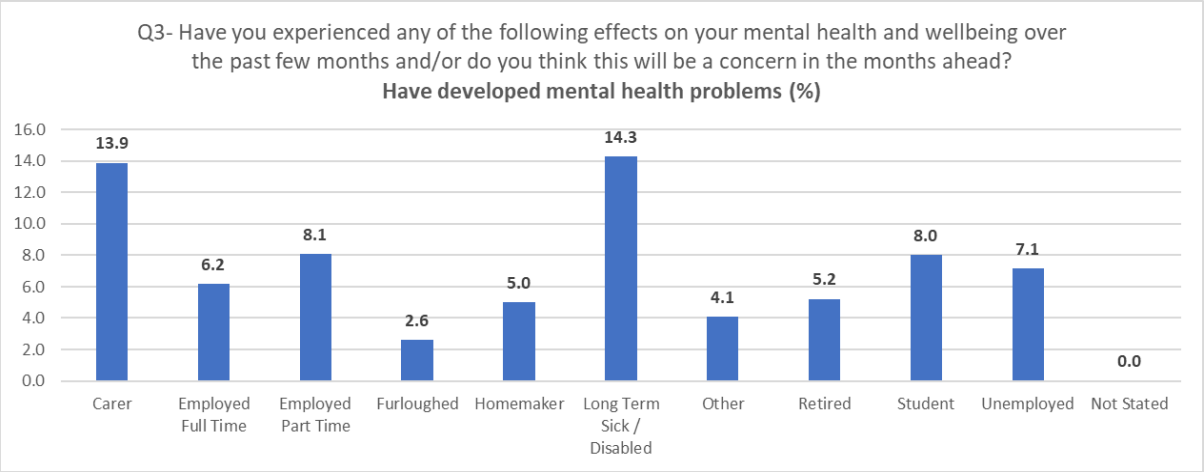
Of note were those on benefits with 13.5% of respondents reporting a bereavement alongside 14.8% of those who lived alone.

Bereavement was compounded by Covid-19 restrictions and the grief and loss reported by respondents was immeasurable. One Locum Minister spoke of dealing with many more funerals than normal due to the pandemic. People struggled to organise funerals with restrictions in numbers of mourners, or by being unable to attend a funeral for this reason. Loved ones were prohibited from the norms of hugging and comforting each other.

Have developed mental health problems

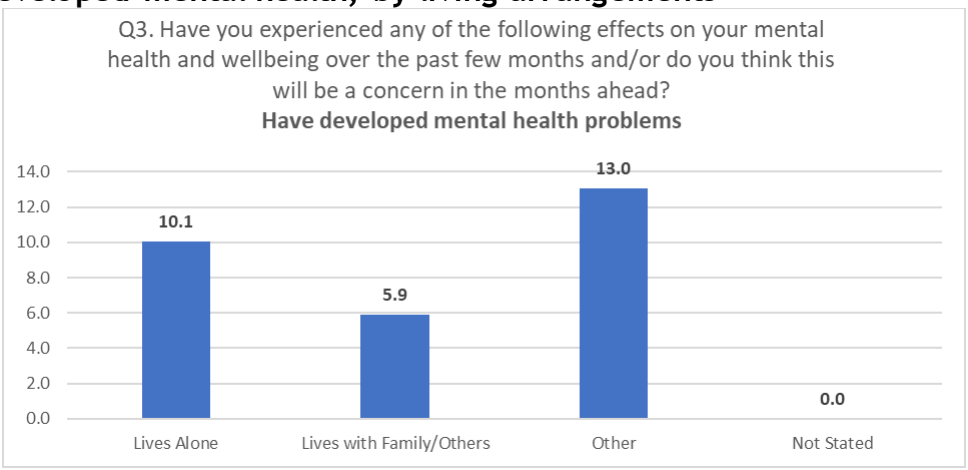
6.9% of the total sample reported the development of mental health problems during the pandemic; however, this increased to 1 in every 5 of those aged 16-24yrs (20%). Those aged 25-34 and 35-44 were also more likely than average to report problems at 9% and 7.2% respectively. Also scoring highly were carers (13.9%) and long-term sick or disabled (14.3%). Part-time employed, students and the unemployed were slightly more likely to report having developed a problem.

Figure 185: Percentage of people who reported they might find difficulty with their recently developed mental health problems, by employment status



Those in receipt of benefits were more likely to report new mental health problems and almost twice as likely as those not on benefits (10.2% compared to 5.7%). People living alone were also more likely to report issues.

Figure 186: Percentage of people who reported they might find difficulty with their recently developed mental health, by living arrangements



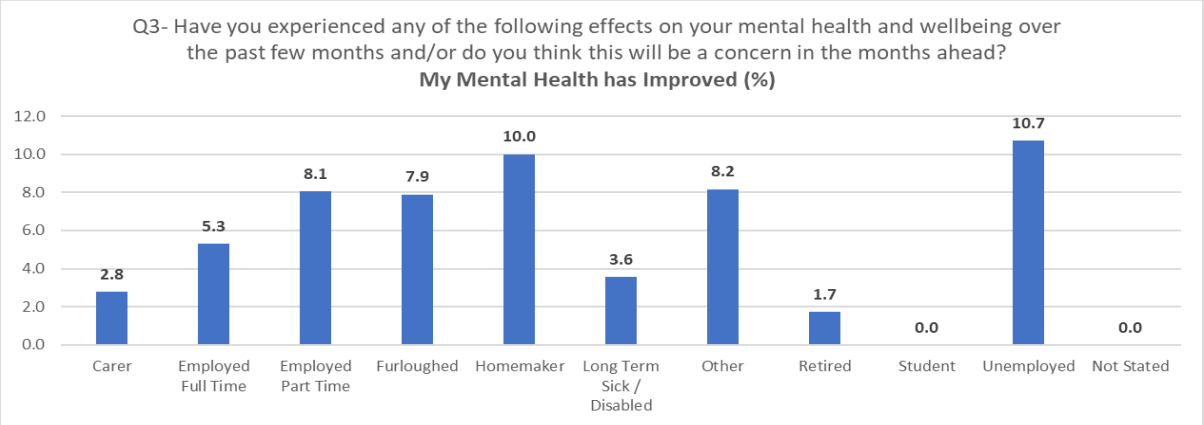
As highlighted earlier, one individual with a mental health condition developed agoraphobia whilst others without existing problems developed these or were concerned about this happening to family members. A parent spoke of their child sleepwalking and having nightmares which only improved with the return to school and seeing friends again. For some, unhealthy behaviours

resulted in poor physical health which then impacted on mental health. As reported previously the lack of work/life balance when home working also impacted mental health. Two individuals spoke about developing postnatal depression and support being unavailable.

My mental health has improved

A relatively small proportion of respondents reported an improvement in mental health during lockdown (5.5%). The least likely to report an improvement was the 16-24yr age group and most likely were those aged 35-44yrs (7.6%). There was more variation in employment status; least likely to report improvements were carers, long term sick/ disabled and retired people (2.8%, 3.6% and 1.7% respectively) and most likely were homemakers, part-time employed and those on furlough. Interestingly, and in contrast to other analyses showing that the unemployed experienced negative impacts due to lockdown, in this instance they scored higher than average at 10.7%. This may be related to reduced expectations of job search and other commitments during the pandemic.

Figure 187: Percentage of people who reported that their mental health has improved, by employment status



Reasons for improvements in mental health during the pandemic included spending time in green space, increased walking and exercise, improved diet and more time for hobbies. Others reported improved mental health whilst working from home due to saving money and commuting time, a better work/life balance, ability to take breaks when required, exercising more, and shared childcare due to the flexibility of employers. Some respondents appreciated the mental health benefits of a faster response from health services and getting assistance over the phone. For others, lockdown gave them peace and quiet and alleviated anxieties and pressures related to being around other people.

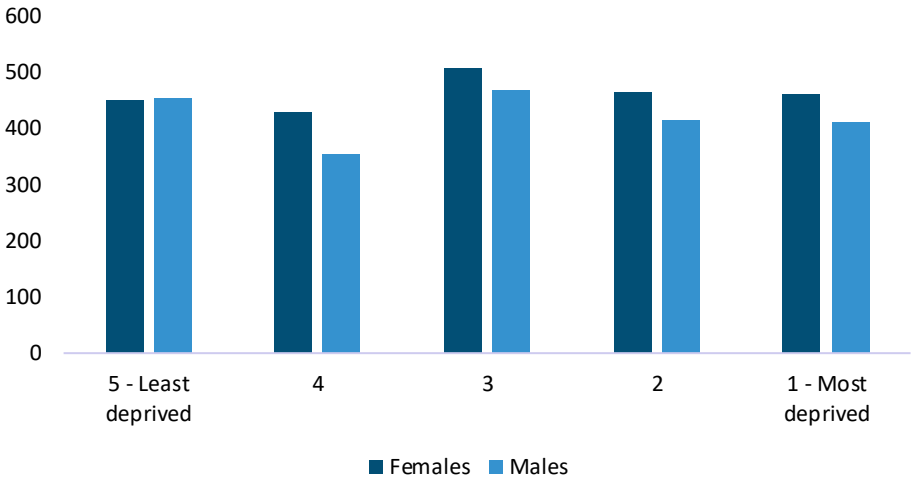
The Samaritans reported that Health and social care organisations have worked hard to maintain support services during the pandemic, but some of our callers said that the mental health support available to them was inadequate. In the early months of the first lockdown our callers started to report that the mental health support they received was patchy and unreliable. In the months that followed, we heard that the lack of face-to-face support in particular was a concern among callers, with online support confusing and much less effective for some. The uncertainty around if and when care will resume to 'normal' and feelings of abandonment were major concerns among people trying to access support for their mental health. Since early in the pandemic, callers spoke to our volunteers about feeling neglected by mental health services, and as time progressed this increasingly generated feelings of frustration and hopelessness.

12.8 Cancer

The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes.
Cancer incidence is defined as the total number of new cases (registrations) for the given time period.

Incidence Rates
Between 2014 and 2018 there were a total of 4,416 incidences of malignant neoplasms. (ICD-10 C00-C96 exclC44). Broadly speaking, the cancers with the highest incidence in Dundee is very similar to those for Scotland as a whole.

Figure 188: Dundee City Cancer Registrations by Sex, All Ages and SIMD 2016 Deprivation Quintile for the Period 01 January 2014 to 31 December 2018



Source: Public Health Scotland

All Persons:

Figure 189: Dundee City Cancer Registrations of Top Common Tumours by Stage, All Ages and SIMD 2016 Deprivation Quintile for the Period 01 January 2014 to 31 December 2018

Type	Total incidence 2014-2018 Dundee City	Incidence rank in Scotland 2014
Lung (ICD-10 C34)	848	1
Female Breast (ICD-10 C50)	588	2
Colorectal (ICD-10 C18-C20)	532	3
Male Prostate (ICD-10 C61)	406	4
Malignant melanoma of the skin (ICD-10 C43)	124	6
Female Corpus uteri (ICD-10 C54)	90	5
Head and Neck (ICD-10 C00-C14, C30-C32)	88	9
Totals		
All malignant neoplasms excl C44	2676	

Source: Scottish Cancer Registry, Public Health Scotland (PHS)

Figure 189 shows that these cancer types accounted for over 60% of all cancers in Dundee.

European Age Sex Standardised Rate
In order to prevent bias due to uneven age group and gender proportions across localities, rates have been age and sex standardised using European Age Sex Standardised Rate (EASR) methodology.

Incidence Rates by LCPP area
In order to prevent bias due to uneven age group and gender proportions across localities, rated have been age and sex standardised. This will be referred to as EASR (European Age Sex Standardised Rate)

Figure 190 shows the age and sex standardised rated per 100,000 of cancer in Dundee by locality.

Figure 190 : Age and sex-standardised rates per 100,000 of cancer in Dundee by locality.

Type	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End
All malignant neoplasms excl NMSC	685.9	733.4	652.8	596.1	735.1	711.9	581.7	612.1
Trachea, bronchus and lung	151.4	171.1	121.0	115.9	173.0	145.2	64.3	102.8
Breast (females only)*	153.0	149.2	175.7	144.7	138.1	163.4	168.0	134.4
Colorectal	89.6	83.5	76.3	75.3	105.2	80.6	65.2	91.0
Prostate*	91.6	124.2	128.4	129.7	90.4	107.6	132.6	105.6
Head and Neck	35.4	41.6	30.4	27.7	36.0	28.5	20.3	15.8
Malignant melanoma of skin	13.3	19.0	20.3	13.5	23.3	30.1	36.7	26.5

*Female breast cancer only, rate relative to female population only
**Rate relative to male population only

There is a clear correlation between incidence of cancer and locality where the diagnosed person lives.

Incidence rates (EASR) of cancers of the trachea, bronchus and lung as well as pancreas and head and neck cancers are highest in the most deprived SIMD 1. The rate of colorectal cancer is highest in the least deprived SIMD5. West End and The Ferry are the LCPP areas with the least deprivation and the EASR rate of colorectal cancer is lowest across the city in The Ferry and highest across the city in West End.

Incidence rates (EASR) of skin and prostate cancers are highest in the least deprived SIMD 5 and The Ferry has the highest rates across the 8 LCPP areas. West End is the 2nd least deprived LCPP area, however the EASR rate of prostate cancer incidence is amongst the lowest of all 8 LCPP areas.

Incidence rates (EASR) of breast cancer is highest in SIMD 3 and the LCPP areas with the highest (EASR) incidence rate are Lochee (175.5 incidences per 100,000 people) The Ferry (168.00 incidences per 100,000 people) and Strathmartine (163.4 incidences per 100,000 people). The lowest (EASR) rate of breast cancer is found in West End which is one of the LCPP areas with the lowest deprivation.

There is an undoubted link between these trends and lifestyle and the prevalence of other conditions associated with deprivation. The increased prevalence of multi-morbidities and the type of cancer greatly impacts survival rates and this is analysed later in this section.

Stage of Cancer

The stage at which a cancer is diagnosed varies by cancer type and where the diagnosed person lives.

Lung cancer is most frequently diagnosed at stage 4 and the proportion of stage 4 cancers in the LCPP areas varied from 30% in Maryfield to 48.4% in West End. This is consistent with the finding that SIMD 5 (least deprived) is the quintile with the highest rate of diagnosis at stage 4.

Breast Cancer is most frequently diagnosed at stage 1 and the proportion of breast cancers within each deprivation group diagnosed at stage 1 varied between 30% in SIMD 4 to 44% in SIMD 5. Similar to lung cancer, SIMD 5 (least deprived) is the quintile with the highest rate of diagnoses at stage 4.

No clear linear relationship of deprivation and stage of colorectal cancer was observed, although lower rated of Dukes' A cancers (10%) were observed in the most deprived two quintiles compared to the other quintile groups. Higher rates of Dukes' D cancers were observed in SIMD 1 (most deprived) (21%) compared to other deprivation groups.

Prostate cancer is most frequently diagnosed at stage 4. Incidence rates by stage was not available by LCPP area or SIMD quintile. The largest proportion of diagnosis at stage 4 were in the 80+ age group.

Cancer Mortality

Cancer mortality is defined as the number (or rate) of patients who died in a given period where the primary cause of death was cancer. The mortality statistics presented here are based on date of registration of the death rather than the date on which the death occurred (this is in line with information published by National Records Scotland and cancer statistics presented on the ISD website). By law, deaths should be registered within 8 days.

When looking at data across a 3 year rolling average, cancer mortality differs greatly by LCPP area. Where 2013 was the middle year of a 3-year average, the order by which cancer mortality had the highest EASR rate was the same order as the LCPP areas with the highest proportion of deprivation.

Figure 191: Incidence Rate of Cancer, by locality

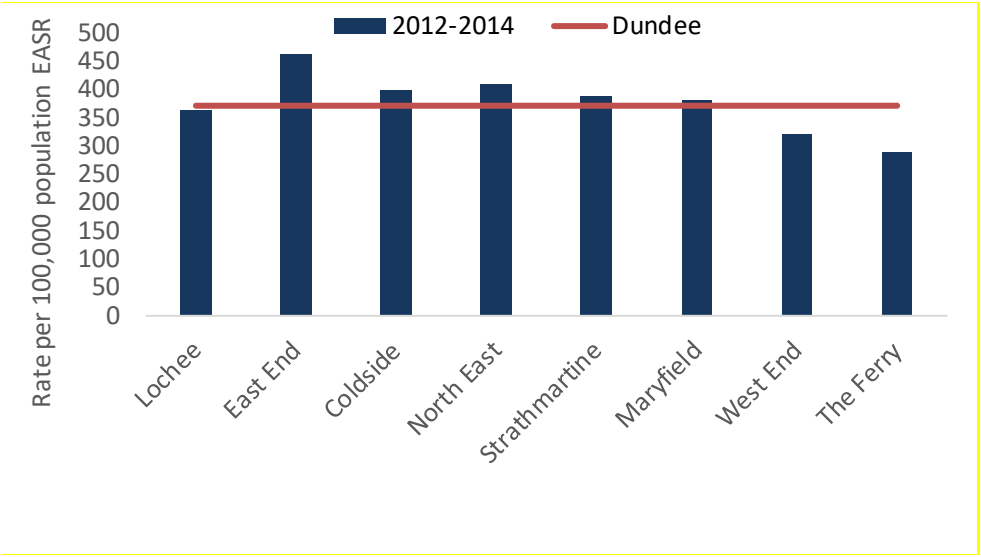


Figure 192: Cancer mortality in Dundee by locality and rolling 3-year average: EASR per 100,000

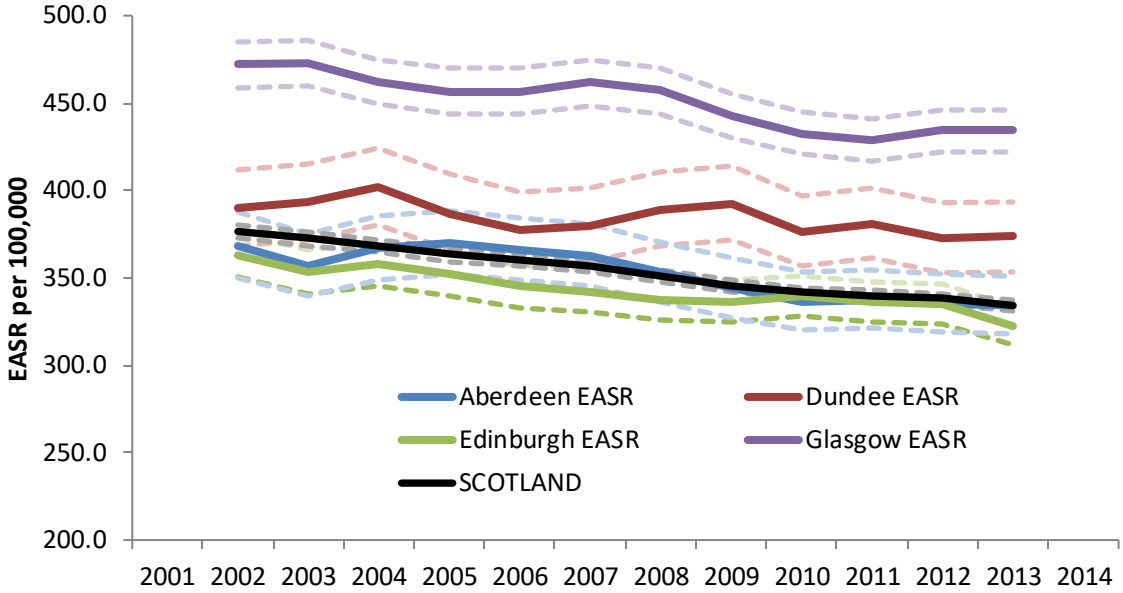
Middle year	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End	Dundee
2002	400.0	438.5	361.0	408.9	429.5	476.9	287.4	405.8	**388.6**
2003	412.0	408.6	381.4	403.6	403.5	481.4	310.3	404.6	**391.7**
2004	432.2	422.5	399.0	412.7	401.2	454.6	324.7	394.4	**400.3**
2005	419.6	404.9	368.5	424.0	334.4	440.3	298.2	391.3	**385.4**
2006	384.5	425.5	386.9	431.8	348.0	404.7	273.4	362.5	**375.7**
2007	421.4	441.0	380.7	359.6	335.4	388.6	314.7	343.6	**377.4**
2008	421.8	481.8	420.9	336.8	360.9	396.2	319.0	345.7	**387.8**
2009	440.1	460.6	405.3	322.1	393.1	413.8	324.2	374.4	**390.9**
2010	401.4	446.9	370.1	347.3	441.7	406.7	284.1	370.4	**375.5**
2011	411.7	462.5	369.7	382.7	449.1	417.0	288.5	329.9	**379.6**
2012	403.2	480.5	361.4	368.1	469.2	387.3	281.4	304.0	**370.8**
2013	398.1	462.2	362.5	383.6	411.3	388.0	291.4	323.1	**371.7**

Cities Comparison

In comparison with the other 3 Scottish cities – Aberdeen, Edinburgh and Glasgow, Dundee had the second lowest EASR of cancer incidence in the period 2010-14, however when broken down by cancer type Dundee has a higher EASR rate than Aberdeen and Edinburgh in the incidence of cancers of the trachea, bronchus and lung and also head and neck cancer.

Despite having a lower EASR of cancer incidence than Aberdeen and Edinburgh, Dundee has a slightly higher mortality rate than these cities. Dundee's cancer mortality rate however, is lower than the rate observed in Glasgow.

Figure 193: Trend in the EASR age-sex-standardised cancer mortality for Dundee and other Scottish cities: 3 year rolling average: 2001-2014



Dundee's mortality rate has fallen over the time period (by 4%) but it appears to be diverging from the Scottish average. The trend in mortality rate in Aberdeen (9%) and Edinburgh (11%) closely follows that of Scotland overall (11%). Glasgow's mortality rate remains much higher than average for the whole time period, but the trend in rate appears to more or less follow the Scottish average trend (with a fall of approximately 8%), so mortality rates are not currently diverging any further from the average in Glasgow.

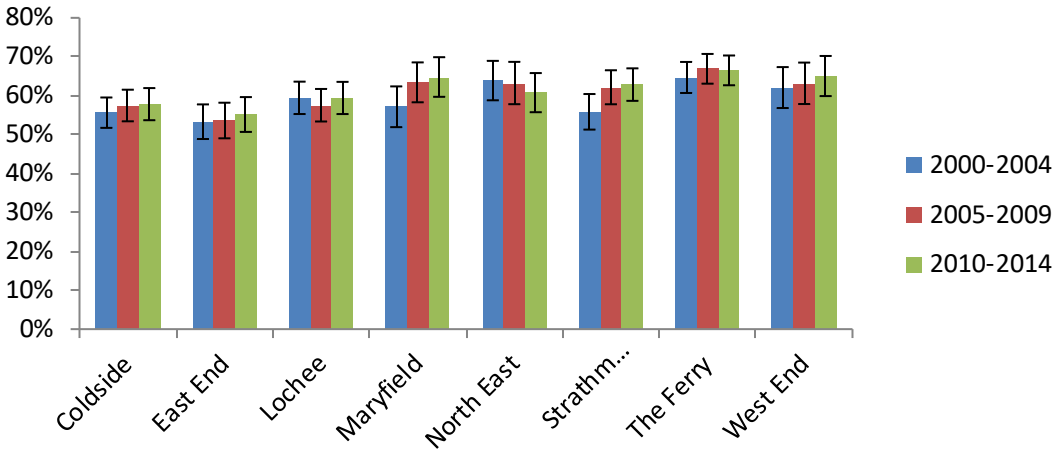
Mortality rate from breast cancer is higher in Dundee than Edinburgh, Aberdeen and Glasgow and Dundee has the second highest mortality rate for lung and colorectal cancer. The mortality rate for prostate cancer is however the lowest of the 4 cities and is significantly below the Scotland rate.

Cancer Survival

Observed cancer survival is the proportion of people alive after a defined period of time following their cancer diagnosis divided by the population with a cancer diagnosis. It gives a measure of how many people who had a cancer diagnosis were alive following a cancer diagnosis but such analysis does not take account of age of person at the time of cancer diagnosis or the type of cancer in question (unless specified). It also does not consider that people may die of causes other than cancer (so deaths measured may be unrelated to any cancer diagnosis).

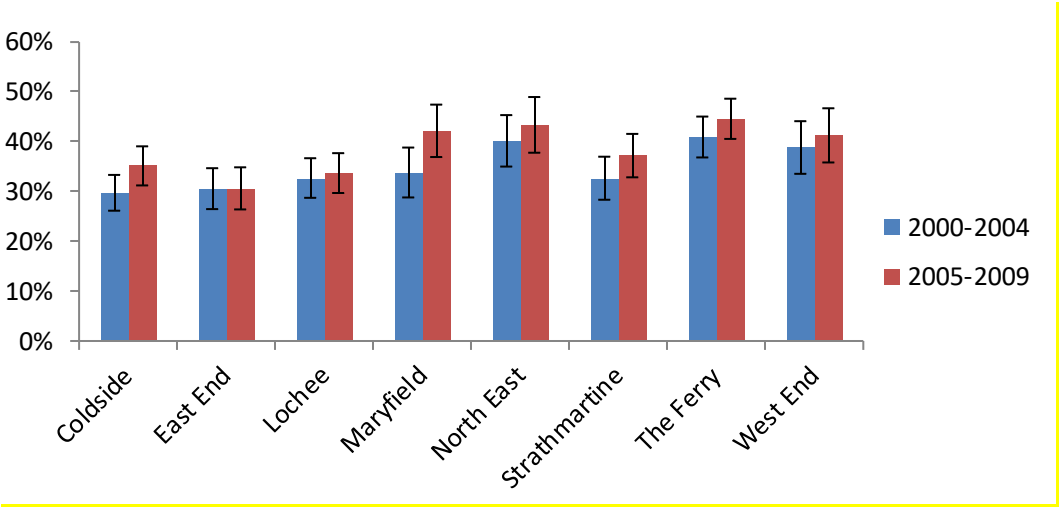
There is some variation in survival rates for all cancers by locality. This probably largely reflects the cancer types most prevalent in these areas alongside the differing age, sex structure across these areas (which are not adjusted for using observed survival). For people diagnosed between 2010-2014 survival rates at one year varied between 55% in East End to 67% in The Ferry. Those areas with the lowest survival rates also have the highest percentage of cancers diagnosed as lung cancer.

Figure 194: One-year survival rates for all persons with cancer in Dundee, 2000-2014, by LCPP



The Ferry and West end had the highest one and three year observed survival rates. The Ferry had significantly higher five-year survival rates than Coldside, East End and Lochee in persons diagnosed in 2005-2009. The Ferry has an older population profile than other areas, however it has a the lowest % of cancers that are lung and head and neck cancer and a high % of cancers in this area are breast and prostate cancers, which have much better survival rates in general. The West end has the second lowest % of cancers that are lung cancer, and also has a very young age profile.

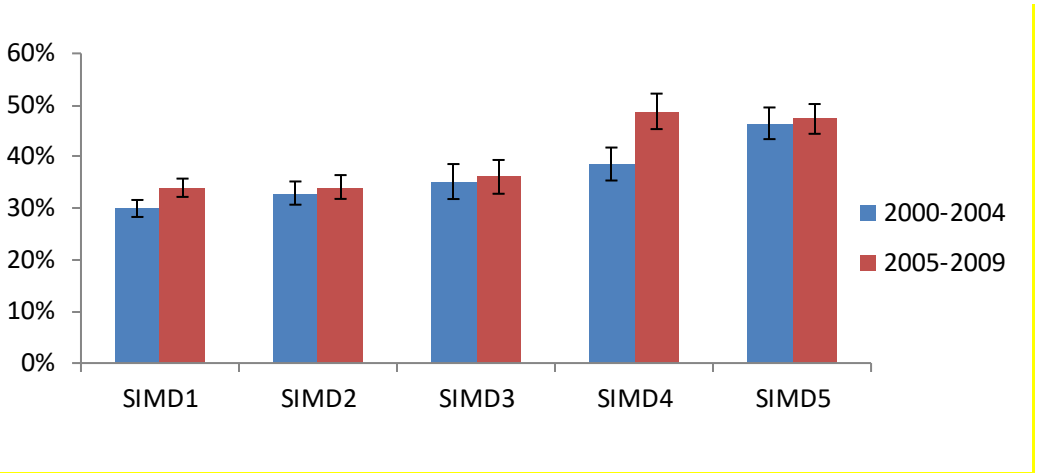
Figure 195: Five-year survival rates for all persons with cancer in Dundee, 2000-2009, by LCPP



**2010-2014 not shown as there is only one year of data, making estimates highly uncertain*

There is a definite trend with lower survival rates for all cancers in more deprived areas in one, three and five year survival. The gap does not appear to be narrowing over time. This is likely at least partly due to the underlying differences in the incidence of different cancer types between deprived and less deprived areas. The proportion of lung cancer diagnoses, which has low survival rates, might especially be affecting overall survival rates from all cancers. In Dundee in 2010-2014, 24.7% of cancer diagnoses in the most deprived areas (SIMD 1) were lung cancer diagnoses, compared to 10.2% of cancer diagnoses in SIMD 5 areas.

Figure 196: Five-year survival rates for all persons with cancer in Dundee, 2000-2009, by deprivation



The average annual registrations of cancer in Tayside were around 2,128 between 1998 and 2002, and this rose to 2,388 between 2009 and 2013.

One and three year survival from all cancer for Dundee and other Scottish cities for cancers diagnosed between 2000-2004, 2005-2009 and 2010-2014 is shown in the charts below. Increases in survival over the time period are observed in all cities, although the increase over time in Dundee does appear to be less than in other cities. Overall for cancers diagnosed between 2000-2004 one-year survival was lower in Glasgow (55%) than in Dundee (59%) but by 2010-2014 survival was lowest in Dundee (61%) whereas Glasgow one-year survival was 63%. A similar picture is seen for three-year survival where for cancers diagnosed between 2000-2004 observed survival was 42% in Dundee compared to 38% in Glasgow whereas by 2010-2014 survival in Dundee was 45% compared to 47% in Glasgow. However, as previously mentioned, observed survival takes no account of the sex or age structure of the populations which reside in these cities and such adjustments are advised for comparisons of this nature.

Figure 197: One-year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014

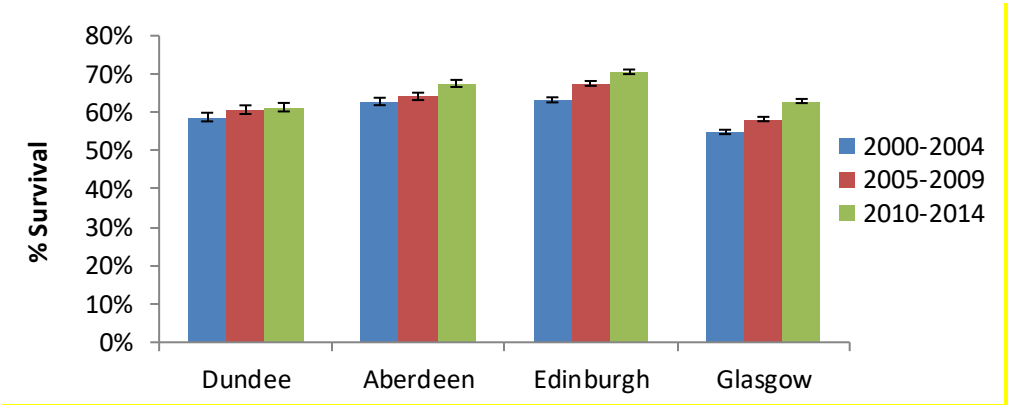
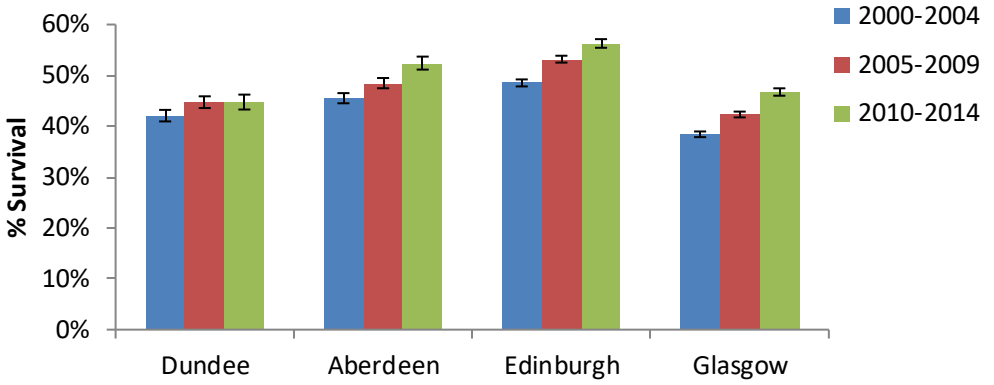


Figure 198: Three-year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014



Key Findings: Older People, Dementia, Physical Disabilities, Sensory Impairment, Learning Disabilities, Mental Health and Cancer

- Across most LCPP areas the population is ageing and the effects of deprivation mean that people are at high risk of developing one or multiple long-term conditions.
- 76% of people diagnosed with dementia live at home.
- Dundee has a higher prevalence of people with a physical disability when compared with Scotland as a whole. There is variation in prevalence across Dundee when comparing LCPP areas.
- There is a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldside.
- Lochee has the highest number of people receiving a service from NESS followed by Coldside and Strathmartine, North East have the lowest number of people followed by West End.
- Dundee has the highest rate of people with a learning disability in Scotland.
- There is variation in the prevalence of people with a learning disability across LCPP areas in Dundee.
- 83% of people with a learning disability living in the West End were aged 16-34 years
- Dundee has the 5th highest rate of people with a mental health condition in Scotland, and there is variation in prevalence across Dundee when comparing LCPP areas.
- In 2021 the figures for people being treated under a S36 and S44 order, show a significant increase compared with 2020 figures
- The number of guardianship orders continue to increase over the past 5 years
- The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with a cancer in their lifetime.
- There is variation in the prevalence of people with cancer when comparing LCPP areas, SIMD quintile and age groups.

13.0 End of Life Care

When a person has a serious illness or is dying, palliative care and end of life care is provided to minimise the impact of suffering and enhance the quality of the person's life. Palliative care includes end of life care, but also extends throughout the illness journey and into survivorship, where this applies.

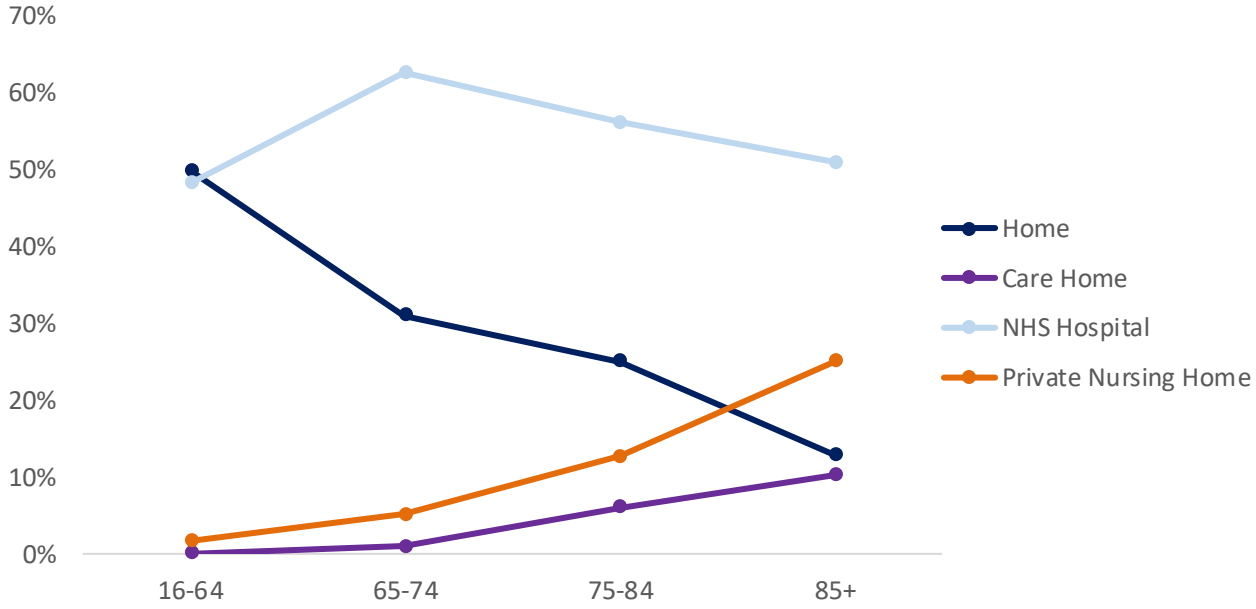
In Scotland around 58,000 people die each year, and this number is rising as the population increases. In Dundee there were 1,688 deaths during 2019/20, and the main cause of death was cancer.

The number of those who may benefit from access to palliative care is increasing across Scotland. In Dundee the need for both general and specialist palliative care is rising. A proximal indicator for this is the rising number of referrals to specialist palliative care services in Dundee. Since 2012 there has been a 45% increase in referrals to the palliative care service at Ninewells Hospital. There has also been a 22% increase in admissions to Roxburghe House, alongside an increasing use of day care, clinics and the support provided by Macmillan nursing staff.

13.1 Location at Death

When a person dies, the location of where they died is recorded. In Dundee an average of 54% of people die in hospital, 27% at home and 13% in a hospice. Figure 208 shows the location of death for all those who live in Dundee and died in 2016/17.

Figure 199: Location at death in Dundee, 2019/20



Source: Public Health Scotland 2020

Figure 208 shows the trends in where people die, by age group. Over all age groups in Dundee, 54% of people died in an NHS hospital. A very small number of people died in other settings.

These figures show that the percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.

The percentage of people who died in a residential care home or a nursing home/private hospital increased with age. No people aged 16-64 years died in a care home, and only six people (2%) aged 16-64 died in a nursing home/private hospital. The proportion increased considerably with older age, with 10% of deaths for people aged 85+ being in a residential care home and 25% in a nursing home/private hospital.

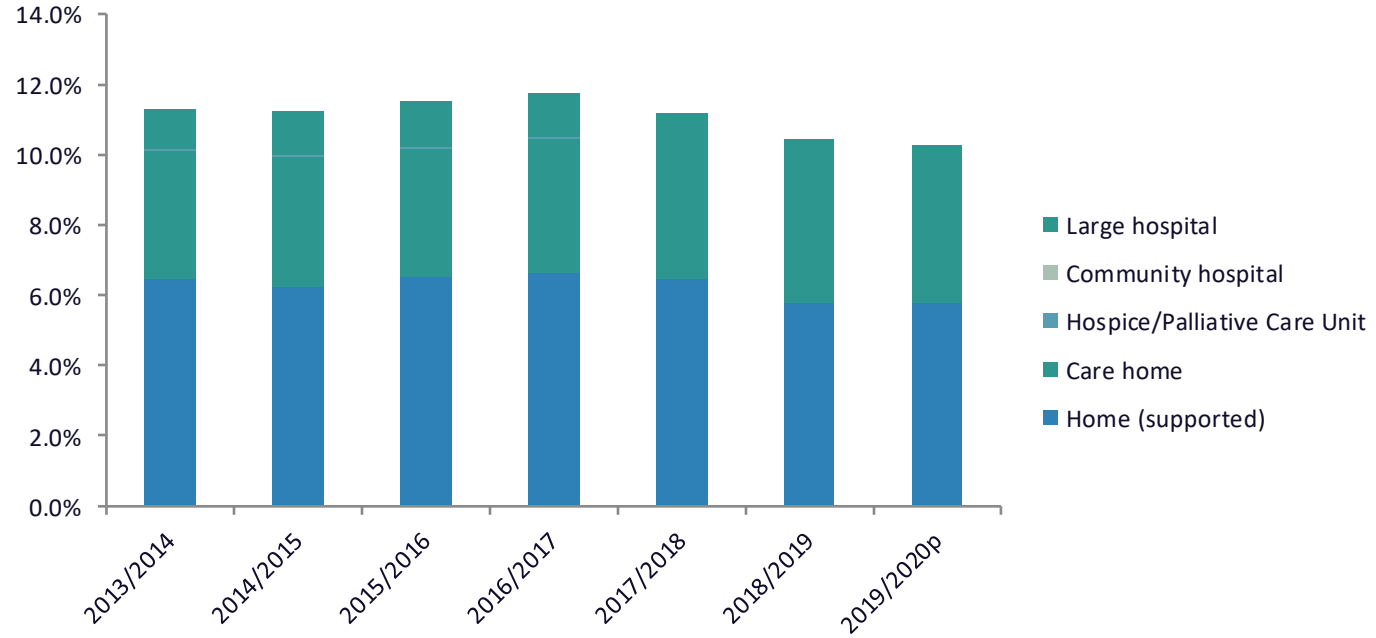
Figure 208 shows that the percentage of people who died in an NHS hospital did not vary considerably across the age groups. However, there was an increase by age for those up to the age of 85+. 48% of deaths for 16-64 year olds occurred in an NHS hospital, and this increased to 63% of the 65-74 age group, and 56% of the 75-84 age group. The percentage then decreased for the 85+ age group, as 51% of people aged 85+ died in an NHS hospital. This decrease correlates with the increase in deaths in care/nursing homes and private hospitals for the 85+ age group.

13.2 Time Spent at Home or Community Setting in Last 6 Months of Life

There is also data available for the length of time people spent at home, or in another community setting, during the last 6 months of life.

Figure 200 shows figures for the period 2013/14 – 2019/20 the percentage of time people in Dundee spent at home or in a community setting, in a hospice / palliative care unit and in a large hospital during their last 6 months of life.

Figure 200: Percentage of Population in Community or Institutional Settings, Dundee, aged 65+



Source: Public Health Scotland 2020

Figure 200 shows that between the years 2013/14 and 2019/20 there has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life. In 2013/14, 99% of time for people in Dundee was spent at home or in a community setting. This figure is similar to the percentage for Scotland as a whole.

From the information and figures available it is not possible to determine whether the proportion of time people in Dundee spent at home in their last 6 months of life, or the location of death for those involved, would have accorded with their personal preferences or choice. The information

and data gathered will have to be extended to allow this further level of more detailed analysis to take place, if this is an indicator against which the performance of health and social care services is to be measured in the future.

Key Findings: End of Life Care

- In Dundee there were 1,688 deaths during the calendar year of 2020, and the main cause of death was cancer.
- Over all age groups in Dundee, 54% of people died in an NHS hospital.
- The percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.
- There has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life, 89.5% of time for people was spent at home or in a Community Setting in 2019/20

14.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE: NEXT STEPS

It is recognised that strategic needs assessment (SNA) is an ongoing process. As population and demographic changes take place, as well as changes in the patterns of service demand and usage, it is important to update the needs assessment which is being used to inform service planning and development. At the same time, it is acknowledged that there is more work to be done to incorporate information and data that is relevant for all of the health and social care functions now delegated to the Partnership.

For this reason, this document is being published as *Strategic Needs Assessment: Version 2*. It is the intention to produce further versions of the SNA as the picture of needs in Dundee steadily builds and is refined through detailed analysis. In the next version the Partnership will be seeking to reflect all areas of need and service provision, at a locality level, relevant to the development and delivery of health and social care services in Dundee.

The analysis which underpins the SNA, reflected in the Plan and this document, uses descriptive statistical techniques to describe populations in Dundee. This has led to a number of hypotheses which may be explored in the future using inferential statistical techniques. The findings from such further work will be reflected in later versions of the SNA.

The SNA has been developed to inform and accompany the Plan. As such this SNA is being described as a Companion Document to support the implementation of the Plan.

An electronic link to *Strategic Needs Assessment: Version 2* can be found by using the following link:

http://www.dundeecity.gov.uk/dhscp/ourpublications

Key Contacts

This Strategic Needs Assessment has been compiled by:

Lynsey Webster. Shahida Naeem and Lisa Traynor
Strategy and Performance Team, Dundee Health and Social Care Partnership

This is Strategic Needs Assessment: Version 2 and information and analysis is welcomed to assist with the preparation of Version 3.

Please email or telephone Lynsey Webster at:

email: lynsey.webster@dundeecity.gov.uk

With thanks to our colleagues from NSS ISD LIST for working with us to provide data from health systems for inclusion in Versions 1 and 2.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

Dundee Carers Partnership

Carers Strategic Needs Assessment 2021

TABLE OF CONTENTS

INTRODUCTION

This Strategic Needs Assessment for Carers has been prepared in order to assess health and social need for carers across Dundee. This needs assessment informs the Dundee Local Carers Strategy 2021 - 2024; considers some national information about carers; and outlines some information about the geographical populations of carers in Dundee. An understanding of where carers reside across the city will help to make decisions about how to allocate resources, ensuring carers have access to a range of supports and services.

The understanding gained from this needs' assessment will allow us to continue to focus on how to support carers, of all ages, and assist them in achieving their own personal outcomes, always ensuring they are listened to, valued and supported so that they are healthy and able to have a life of their own, alongside their important role as a carer.

In 2017, four strategic outcomes were developed based on what local carers said:

1. I am identified, respected and involved
2. I have a positive caring experience
3. I can live a fulfilled and healthy life
4. I can balance the caring role with my life

These outcomes have been refined further in A Caring Dundee 2 2021 -24 and have become:

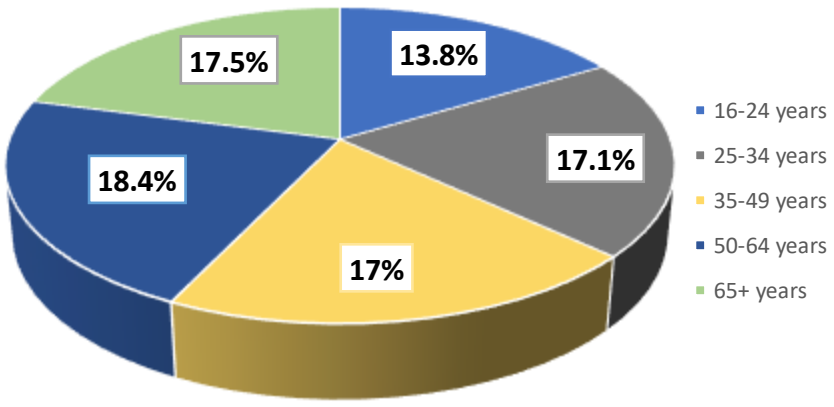
1. I am heard, recognised, respected and I am able to be involved
2. I am supported to have the best possible caring experience
3. I can live a full and healthy life
4. I can have a life of my own and I can balance the caring role in my life

DUNDEE

2020 Mid-Year Population estimate figures show Dundee as having a population of 148,820[1], which represents a decrease by 500 people or -0.3% from 149,320 in 2019. There were slightly more women 77,003 (52%) than men 71,817 (48%).

Chart 1 shows the population breakdown by age for Dundee in 2020. Most people were aged between 50 to 64 years, and the least were aged 16 to 24 years.

Chart 1: Population breakdown by age, Dundee 2020

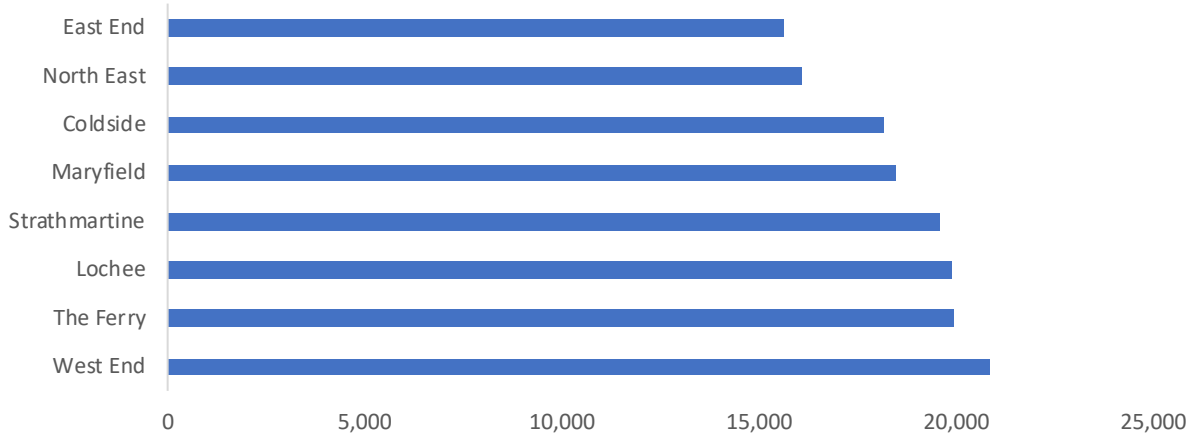


It is relevant to note that Dundee has a high population of students, which inflates the number of young people in the 16 to 24 age group, however many students do not remain in the city beyond the end of their course of study. The recent pandemic may have changed the number of students living in Dundee with some choosing to stay in their family home in other areas.

[1] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020

Dundee has been split into 8 localities of which the populations[2] are shown in chart 2. Most people reside in the West End, 20,867 and the fewest number of people reside in East End, 15,649.

Chart 2: Population breakdown by locality, Dundee 2020



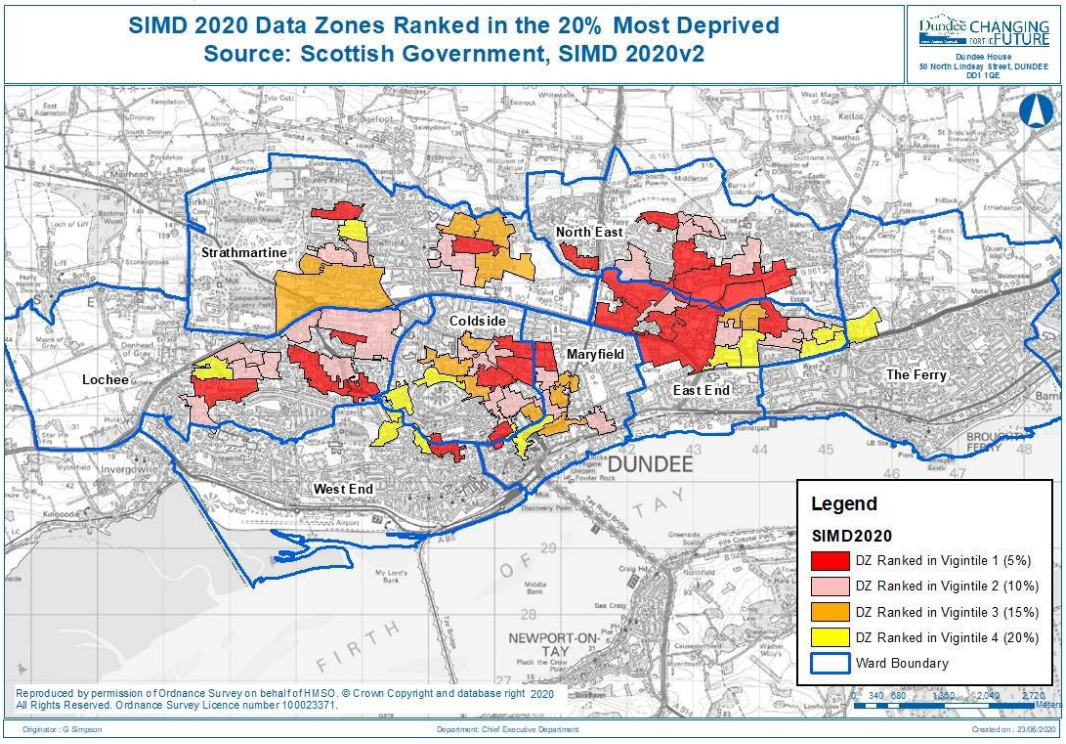
DEPRIVATION

Across Scotland there are 6,976 data zones, in Dundee there are 188 and of these 70 are ranked within the 20% most deprived in Scotland. Deprivation in Dundee is high, the SIMD 2020 reported that 36.6% of the population lives in the 20% most deprived data zones (SIMD quintile 1).

If an area is identified as 'deprived', this can relate to people having a low income but it can also mean fewer resources or opportunities.

Figure 1 shows the location of the 70 data zones in Dundee which are within the 20% most deprived areas in Scotland. East End and Coldside are the localities within Dundee which have the highest percentage of their population living in data zones ranked the 20% most deprived.

Figure 1: 20% most deprived datazones in Dundee



[2] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/electoral-ward-population-estimates

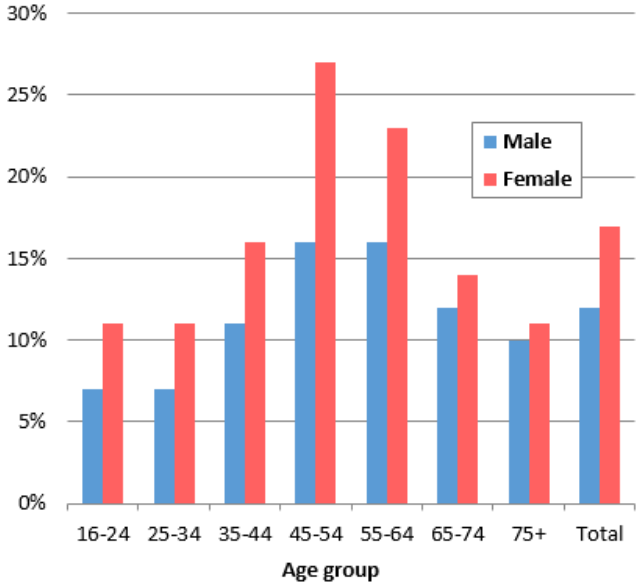
I AM IDENTIFIED, RESPECTED AND INVOLVED

CARERS IN SCOTLAND

The Scottish Government published the Scotland's Carers latest figures, in November 2019, the report estimates a total of around 690,000 carers in Scotland[3]. Overall it is estimated that 661,000 (15%) of the adult population (aged 18+) are carers and it is estimated that there are around 29,000 (4%) young carers[4]. Dundee Health and Social Care Partnership and Carer Partnerships strive to identify carers in order to ensure that care is assessed and provided as required. Applying these estimates to the known population of 122,142 people aged 18+ in Dundee, we can estimate that there are around 18,300 adult carers and of 20,936 children aged 4-17 in Dundee, around 830 are young carers.

The Scottish Governments recent report also shows that overall in Scotland, 17% of women and 12% of men are carers (for people aged 16+). However, people are more likely to be providing unpaid care in their later working years – especially women as shown in chart 3. Just over a quarter (27%) of women aged 45-54 and nearly a quarter of women aged 55-64 (23%) provide unpaid care.

Chart 3: Estimated number of adult carers in Scotland, Age and Gender, 2015-18[5]



Source: Scotland's Carers – Update Release, Published: 5 November 2019

CARERS CENSUS

The first publication of results from the Carers Census, covering unpaid carers being supported by local services across Scotland in 2018 to 2019[6] was reported December 2019. The report is based on returns received during a six-month collection.

As this is the first year for which data on unpaid carers was collected and analysed through the Carers Census, the data collection systems and quality assurance processes in place are still being developed. The statistics shown here, therefore, are data under development and should not be considered as National or Official Statistics.

A carer was included in the Carers Census if they:

- had an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or

[3] https://www.gov.scot/publications/scotlands-carers-update-release/

[4] It is important to note that this Needs Assessment is a dynamic document, data may differ from the Carers Strategy depending on the release date of published data

[5] https://www.gov.scot/publications/scotlands-carers-update-release/

[6] https://www.gov.scot/publications/carers-census-scotland-2018-19/

- were offered or requested an ACSP or YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period.

CARERS CENSUS - SCOTLAND

During the 6-month reporting period, there were 23,180 individual carers being supported by local services across Scotland identified through the Carers Census.

Key findings:

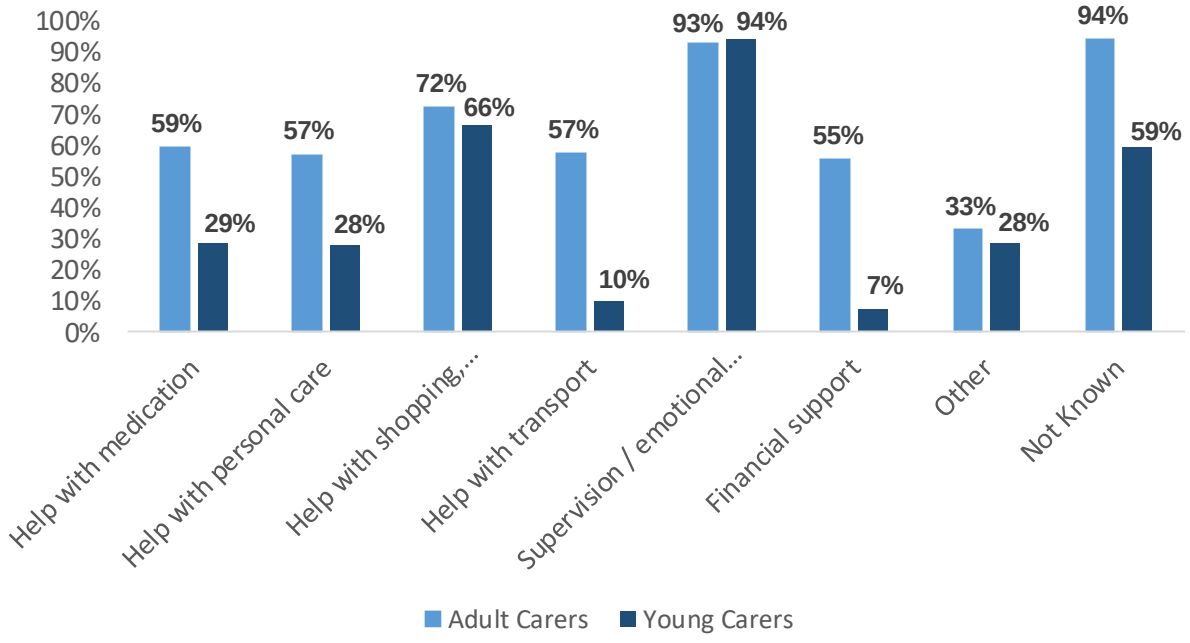
- 73% of the carers were female
- 57% of the carers were working age adults and 32% were adults aged 65 and over
- 62% of adult carers supported by local services provided an average of 50+ hours of care per week
- 65% of young carers supported by local services provided up to 19 hours of care per week on average
- 71% of carers supported by local services had a complete ACSP or YCS in place, while 11% declined to have an ACSP or YCS
- 14% of young carers lived in the most deprived SIMD decile compared to 4% who lived in the least deprived SIMD decile
- Around 4 in 5 carers experienced an impact on their emotional well-being due to their caring role
- The most common form of support provided to carers was advice and information
- Around 3 in 5 young carers were provided with counselling or emotional support

INTENSITY OF CARE

Based on the 8,180 records with information on intensity of care, 56% of carers spent an average of 50+ hours a week providing care. Intensity of care varied between adult carers and young carers. 65% of young carers spent less than 19 hours a week providing care compared to 7% of adult carers. This likely reflects differences in the capacity for, and the appropriateness of, higher levels of caring between adult carers and young carers.

Chart 4 shows the difference in support a young carer provided compared with the support of an adult carer, based on 5,530 records. All carers are highly likely to provide support with shopping, cleaning, domestic tasks and emotional support. The support provided by adult carers is varied and young carers are less likely to help with transport or financial support.

Chart 4: Type of care provided by adult carers and young carers[7]

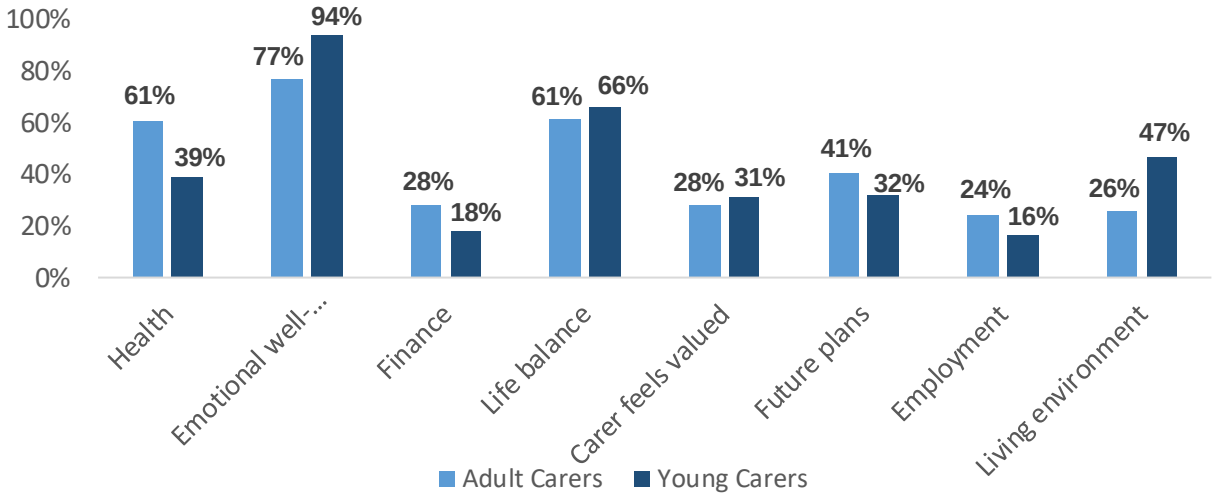


[7] https://www.gov.scot/publications/carers-census-scotland-2018-19/documents/

IMPACT OF CARING

Based on the 5,380 records, the data suggests that adult carers and young carers were impacted differently by their caring roles as shown in chart 5. Providing care was more likely to impact the living environment of young carers (47% compared to 26% of adult carers) and 94% of young carers experienced an impact on their emotional well-being due to their caring role. Adult carers were more likely to experience an impact on their health due to providing care, with data suggesting that the health of 61% of adult carers was impacted by their caring role compared to 39% of young carers.

Chart 5: Impact of providing care by adult and young carers



The impacts of providing care varied slightly depending on the average number of hours of cared provided per week. The data suggests that the more hours of care a week provided by carers, the more likely they are to experience impacts on their health, finances and employment. For instance, 46% of carers providing up to 19 hours of care per week experience an impact on their health compared to 60% of those caring for 50+ hours a week.

SUPPORT NEEDS

Carers can have multiple support needs, the type of service preferred to meet their needs includes short breaks or respite, counselling or emotional support, or assistance with benefits.

Based on the 3,570 records, the data suggests that support needs vary between adult carers and young carers. Young carers were more likely to be recorded as needing short breaks or respite (81% compared to 48% of adult carers) and counselling or emotional support (59% compared to 24% of adult carers). Around two-thirds of all carers were recorded as needing advice and information.

ADULT CARER SUPPORT PLANS

The Health and Social Care Partnership carry out 'Adult Carer Support Plans' with the carer to understand their needs with the aim of supporting the carer to achieve their own personal outcomes. The document also helps bring together and reflect the carers own views ensuring they are listened to and fully considered. In Dundee there were 29 Adult Carer Support Plans initiated in 2020/21 and 62 in 2019/20, the decrease is likely due to the pandemic.

In 2019/20, 70% of plans were for carers aged 55+, their area of residence varied across the Dundee locality areas, the least number of carers were residing in Lochee and the highest number of carers resided in The Ferry, West End and Maryfield.

In 2020/21, 71% of plans were for carers aged 55+, their area if residence varied across the Dundee locality areas, the least number of carers were residing in Coldside and the highest number of carers resided in The Ferry.

In Dundee services and supports for carers are designed for direct access by the carer, who often learn about how to get support when seeking information and advice. Advice and information can be accessed through supports for the person they look after or through other services, information and advice services are available through Dundee Carers Centre.

Many carers can get the support they need through informal planning and direct access. Carers in Dundee have shaped their services and supports that are on offer. Through engagement carers concluded that they preferred a framework where they were not compelled to complete a full Adult Carer Support Plan to access services and that where possible services should be direct access with support from existing links. The framework supports and encourages carers to seek an Adult Carer Support Plan when available support services are not enough on their own or when the carer feels that discussing their outcomes and making a formal plan would be helpful to them.

However, the current numbers of formal Adult Carer Support Plans are lower than would be expected for the number of carers in Dundee and that more carers might benefit from a formal plan. Further action is planned so the local Adult Carer Support Plan processes provide the best possible outcomes for carers.

CARING IN THE PANDEMIC

The Office for National Statistics[8] reported in April 2020 that during the first month of lockdown 48% of people in the UK provided help or support to someone outside of their household, which is a substantial increase since before the pandemic when just over 1 in 10 (11%) adults reported providing some regular support or help to a sick, disabled, or elderly person not living with them during 2017 to 2018.

In April, around one-third (32%) of adults who reported giving help or support, were helping someone who they did not help before the pandemic. One-third (33%) also reported giving more help than before. Shopping was the most common activity that people undertook as part of their caring responsibilities (85%).

CARERS FOR PEOPLE WITH A LEARNING DISABILITY

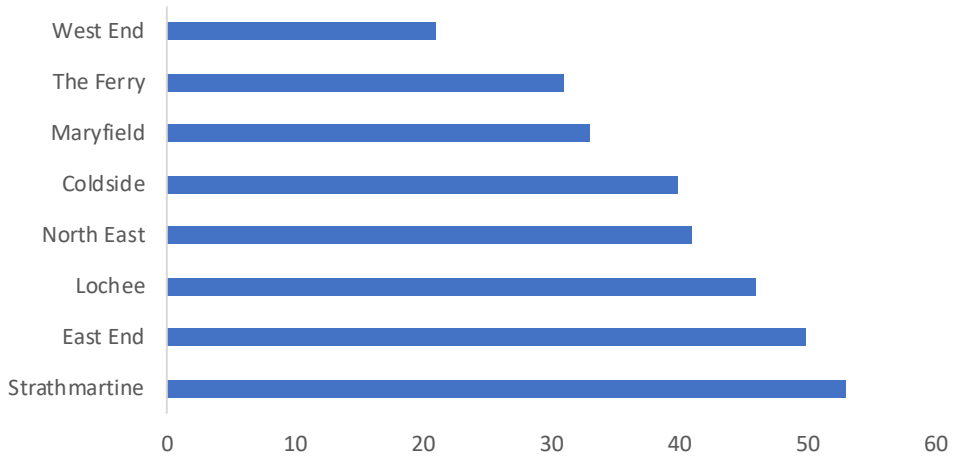
There is a limited amount of data about who carers look after in Dundee. Local carers have told us that they sometimes look after more than one person and that they care for people with different types of needs and circumstances. We know that some carers are carers for a few years, and that for those looking after an older person the caring role ends when the person dies or reduces if they go into long term care. For some carers their caring responsibilities last most of their adult lives and this is likely to be the case when they care for a son or daughter with a lifelong disability.

One of the questions that the Learning Disability Statistics Scotland (LDSS) asks in their annual return is, whether a person receives support from an unpaid carer. Agencies across Dundee identified just over 1200 people, in Dundee, during 2020-2021 as having a Learning Disability and or Autism and provided information about them. It was confirmed that 322 (27%) of these people receive support from an unpaid carer, 32% agencies returned an answer of 'Not Known'. (These statistics do not include children).

LDSS share the information they have gathered and are able to break this down by the area that the person with a Learning Disability lives. Chart 6 shows that Strathmartine and East End had the highest percentage of people with a Learning Disability who are known to receive support from an unpaid carer, however the number of people with unpaid carers is not much different in other areas. Strathmartine had 53 people and West End had 21 people. Strathmartine and East End had a higher number of Adult Carer Support Plans completed with Dundee Health and Social Care Partnership, than other localities in Dundee in 2020/21.

8 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09

Chart 6: Number of people who receive support from an unpaid carer by locality, 2020-2021

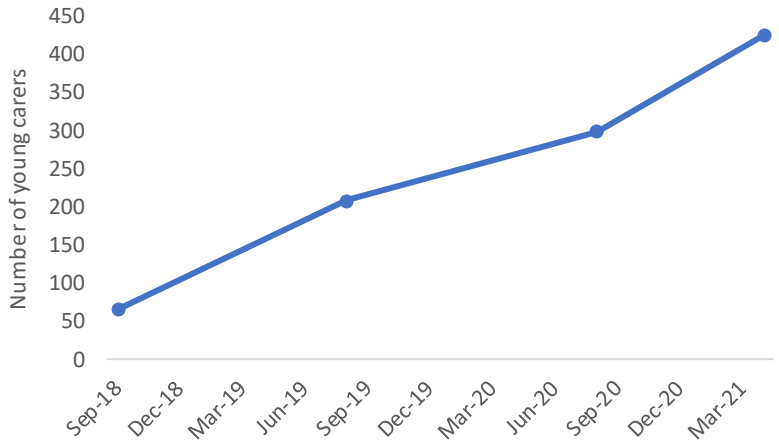


In previous years, people who were identified as having a Learning Disability and or Autism were noted as living with a family carer. In 2018-2019, of 1114 people, 33% were reported as living with a family carer and previously in 2017-2018, of 1056 people 34% were reported as living with a family carer.

YOUNG CARERS - DUNDEE

Since September 2018, the number of young carers identified in Dundee has increased considerably from 65 young carers to 424 young carers in April 2021 as recorded on SEEMIS. Agencies across Dundee including Council Children and Family Services and Health and Social Care supports have worked together to meet young carers needs. Identifying and recording young carers continues to be a priority to ensure they are supported.

Chart 7: Number of young carers identified in Dundee, 2018 - 2021



During the pandemic the Health and Social Care Partnership funded 651 wellbeing boxes, these were distributed by the Corner to young carers of school age which has highlighted a need to carry out more focussed work to ensure all these children and others like them continue to be recognised and supported. A focussed piece of work is also underway to ensure all young carers are recorded on SEEMIS.

Further approaches towards awareness raising have included the development of an eLearning Young Carers Workforce Module. Over 180 individuals have undertaken this module to date and ongoing development is being undertaken by school guidance teams. The Carers of Dundee website has also been developed as a one stop shop, providing information, advice, support, toolkits and other resources for professionals and families.

I HAVE A POSITIVE CARING EXPERIENCE

CARERS HEALTH CHECKS

Dundee Keep Well Community Team provide free health checks[9] for anyone aged 18 years and over who have unpaid caring responsibilities. Carers health checks are offered because taking on a caring role can impact on your own health and we know that carers often find it difficult to make time to focus on their own health needs.

The health check, which includes measuring blood pressure, cholesterol, height, weight and Body Mass Index (BMI), is carried out by a nurse. Other supports can be discussed to prevent or reduce the carers health risks as well as assessing lifestyle, social and wellbeing factors.

Chart 8: Number of Carer Health Checks completed in Dundee, over a 3-year period by locality

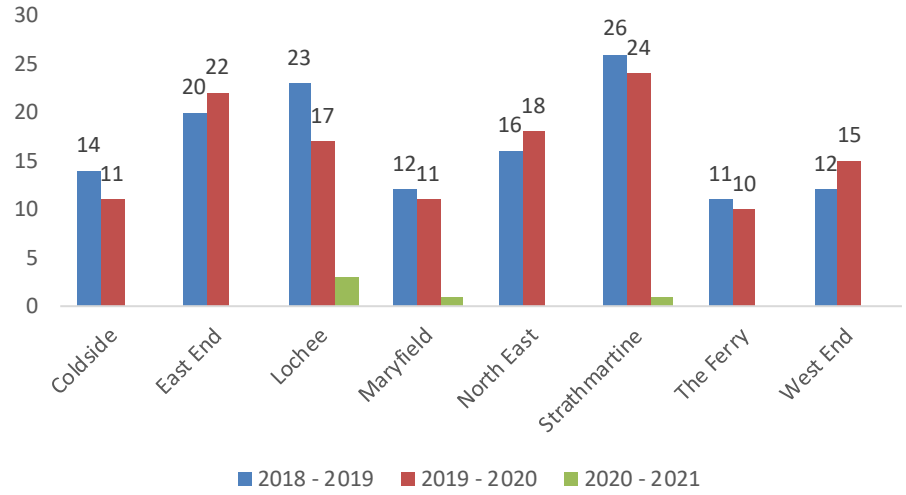


Chart 8 shows the number of Carers Health Checks completed over a three-year period and by locality within Dundee. Comparing 2018-2019 with 2019-2020 the localities where the highest number of health checks carried out were in Strathmartine and Lochee and the lowest numbers were in The Ferry and Maryfield. The number of Carer Health checks carried out per locality and over the 2-year period don't vary much, there were a total of 134 health checks carried out in 2018-2019 and slightly less in 2019-2020, 128.

It is reported that the numbers were low during 2020-2021 due to the pandemic and related restrictions. The nurses were not able to carry out the usual health checks and were providing an emergency response to vulnerable groups of people, most notably, the homeless and those in hostels / hotels. They were also linking with food distribution points to give health advice and information to those attending and undertaking doorstep visits with wellbeing packs to reach out to and support people at home. The vast majority of venues and community buildings were closed. There is a list of people requiring health checks that the nurses are working their way through.

DUNDEE CITIZEN SURVEY

The Citizen Survey for 2019[10] was completed by 1300 Dundee residents. Households that had at least one member who had some form of long-term health problem or disability were asked about unpaid care and support. 23% of these respondents said there was at least one member of their household providing unpaid care and support to someone else or each other. This is an increase from the 4% of households reported in 2018.

[9] https://www.dundeehscp.com/our-publications/news-matters/health-checks-carers

[10] Dundee City Council City Wide Citizen Survey Report 2019

Of the households where someone provides unpaid care, the majority said this person who provides care or support was aged 18 or over (99%, 89% in 2018). 40% said they or others in their household have accessed information, services or support to help them manage their caring role. This is consistent with the 2018 survey results (41%). The survey does not give any information about whether there is an unpaid carer not living in the household.

USE OF SDS BY UNPAID CARERS

Due to social distancing and the closure of some social care services during the pandemic, people with support needs and unpaid carers have been unable to access their usual support and care packages. The COVID-19 Self Directed Support (SDS) guidance[11] stated that unpaid carers and the people they care for are to be able to use their SDS in a more flexible way during lockdown.

An online survey was carried out between 8th – 22nd June 2021 to find out the extent to which the guidance was adopted and implemented across the different local authorities across Scotland and to hear about the experiences of unpaid carers.

208 carers from across Scotland responded to the survey, from 29 local authorities, 2 carers responded to the survey from Dundee. 73% of Scotland's carers reported that they, or the person they were caring for, were currently receiving SDS Option 1, 11% receiving SDS Option 2 and 6% receiving SDS Option 3 and 6% for SDS Option 4.

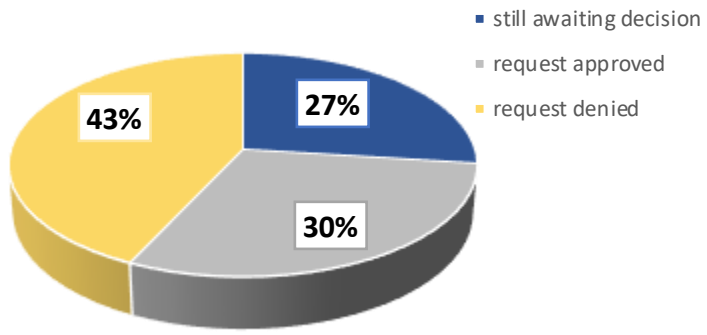
A summary of findings from the report (Scotland wide analysis) included:

- 124 of carers reported they had not been made aware that they could use SDS in a more flexible way with 81 carers reporting that they were aware
- Only 22% of carers reported being able to use SDS (either for themselves or the person they care for) in a more flexible way since COVID-19

Carers were asked what happened when they requested more flexibility from their health and social care partnership with regards to their SDS packages. The responses varied across the different health and social care partnerships; some health and social care partnerships appeared to have responded fairly positively, others were less enthusiastic.

70 carers in the survey shared some further information about their experiences of contacting health and social care partnership to request using SDS in a more flexible way. 43% of requests to use SDS in a more flexible way were denied as shown in chart 9.

Chart 9: Response from health and social care partnerships when carers requested more flexibility with SDS



[11] The use of SDS by Unpaid Carers during COVID-19 July 2020

Some carers who had their request accepted had to initiate the request; the health and social care partnership was not forthcoming in making carers aware, and some requests were accepted but only under certain conditions.

Some carers who had their request denied were told it was due to budgets being used to continue paying existing care providers/ services; or that SDS cannot be used to purchase items and a charity should be contacted instead; or the carer/ cared for person was not in financial hardship.

27% of carers are still awaiting a decision from their health and social care partnership.

The guidance also stated that health and social care partnerships were encouraged to allow carers to use their SDS budget to employ family members during this period of crisis. Of 35 carers who responded, 51% were advised they could not employ a family member, 26% were advised they could employ a family member and 14% were already employing a family member (prior to the pandemic).

Some carers who had their request to employ a family member declined were advised that this was because this would have been an inappropriate use of SDS; or family should provide care free at this time of need. In other cases, where the request was accepted, it was so but only with certain conditions such as; less hours being provided by family member for a short period of time.

Some health and social care partnerships were recognised for their work in reflecting the recommendations in the guidance, however, it appears that a number of unpaid carers were not aware of the guidance provided by the Scottish Government and some health and social care partnerships have not made it clear, nor been consistent or forthcoming with the changes allowed in terms of carers using their SDS budget in a more flexible and creative way, through the pandemic.

YOUNG CARER STATEMENT

A young carer statement is something every young carer in Scotland has a right to under the Carers Act 2016. It's a summary of the caring role that they can use to let people like teachers and doctors know how they can support them.

A young carer statement helps to identify and highlight personal goals and any support that may be required and focusses on; personal circumstances, personal outcomes, identified needs. In 2020/21 there were a total of 50 young carer statements completed[12] in Dundee.

[12] Young Carers Subgroup Report, 2021

I CAN LIVE A FULFILLED AND HEALTHY LIFE

BENEFITS FOR CARERS IN DUNDEE

Some adult carers who support someone on Disability Living Allowance (DLA), Personal Independence Payment (PIP), or Attendance Allowance can claim Carers Allowance which is a relatively low income for adult carers who are not in full time employment. Carers Allowance is a benefit for carers who provide at least 35 hours of unpaid care per week. The statistics on this give us an indication of some of our adult carers.

CARERS ALLOWANCE - SCOTLAND

In August 2020, there were 83,009 carers in Scotland in receipt of Carer's Allowance. This is an increase of 6% from 78,252 at August 2019.

CARERS ALLOWANCE - DUNDEE

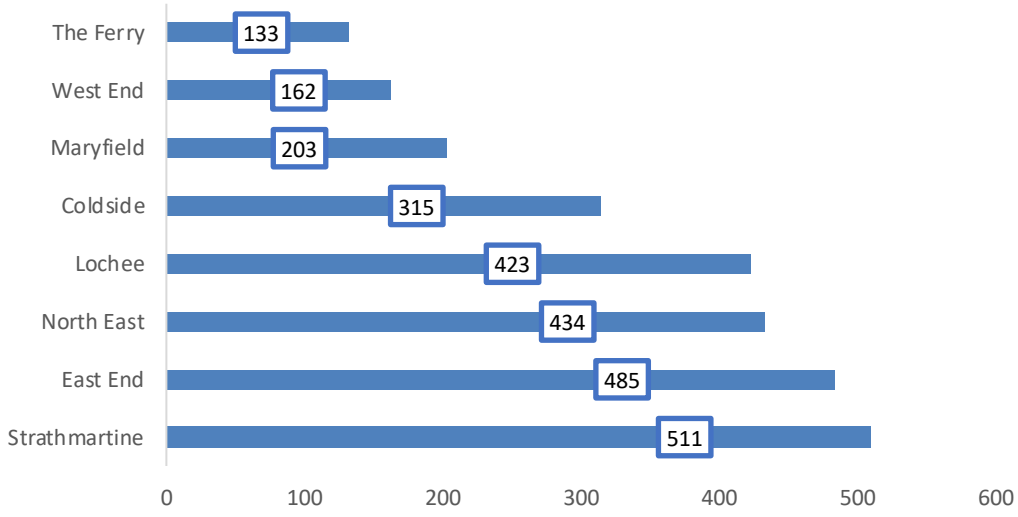
The information presented in Chart 10 shows the number of carers in receipt of Carers Allowance between September and November 2020 in Dundee, broken down by locality.

Dundee had 2,663 carers in receipt of Carers Allowance. The allowance is only paid to carers who:

- who look after one person for 35 hours or more
- look after someone who has Disability payments listed
- who are employed for only a small number of hours per week and
- who do not have State Retirement Pension

Chart 10 shows that Strathmartine had the highest number of carers in receipt of Carers Allowance followed by East End (19% and 18% respectively), and The Ferry and West End had significantly less claimants (5% and 6% respectively). There are higher numbers of Carers Allowance recipients in locality areas that have high levels of deprivation.

Chart 10: Number of Carers Allowance recipients by Locality area, September - November 2020

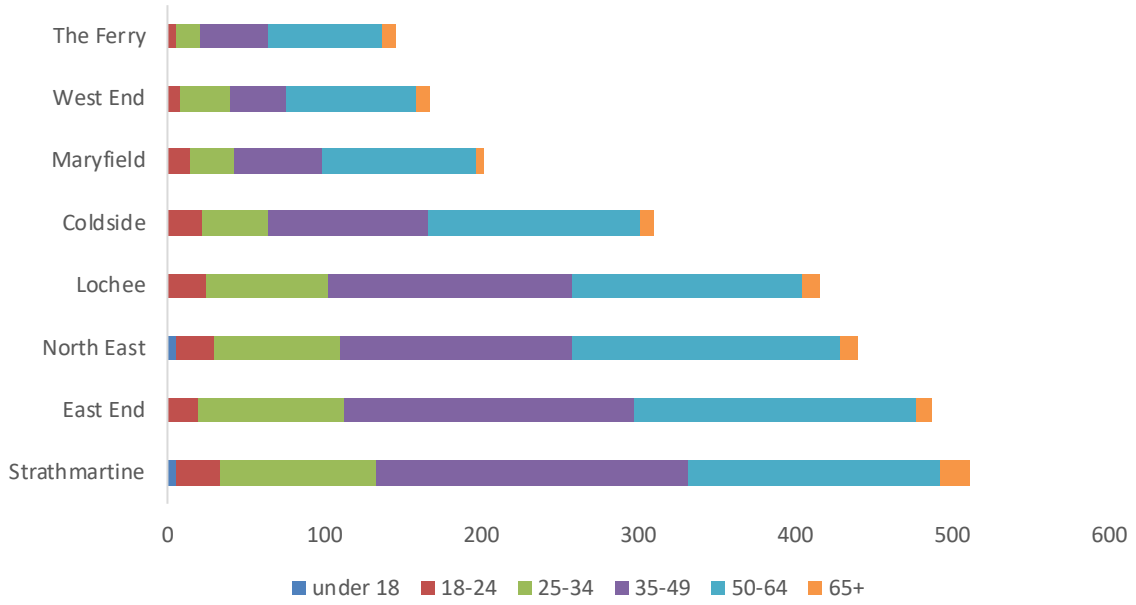


Source: Stat Xplore

Chart 11 shows the number of Carer Allowance recipients by locality and by age group breakdown. The majority of recipients are between the ages of 35 and 64 years old, this is across the board for all localities. Strathmartine and North East are the only localities where there are people under the age of 18 in receipt of Carers Allowance.

While there is no upper age limit for claiming Carer's Allowance, you cannot receive the full amount of both Carer's Allowance and your State Pension at the same time[13].

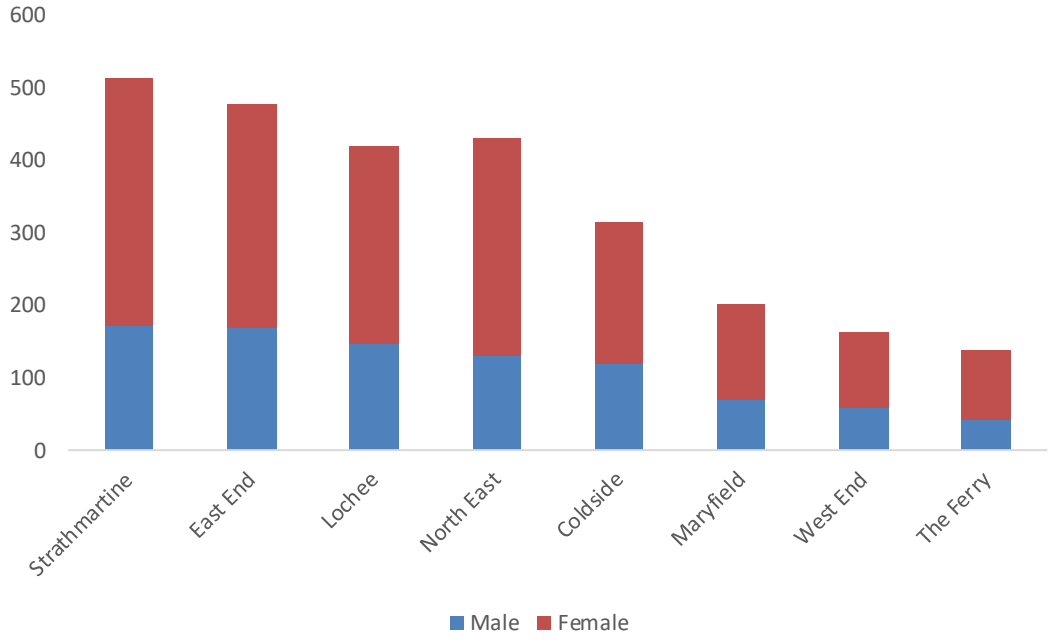
Chart 11: Number of Carers Allowance recipients by Locality area and age split, September - November 2020



Source: Stat Xplore

Chart 12 shows the breakdown of recipients by gender for each locality. There is a clear difference between the number of female and male recipients. Overall there are significantly more female recipients than male (by around 850 more) 66% of all recipients were female.

Chart 12: Number of Carers Allowance recipients by Locality area and gender split, 2019 - 2020



Source: Stat Xplore

[13] https://www.carersuk.org/help-and-advice/financial-support/help-with-benefits/other-pension-age-benefits

CARERS ALLOWANCE SUPPLEMENT

Carers Allowance Supplement was introduced in 2018. It is an extra payment for people in Scotland who are receiving Carers Allowance, the payment is made twice a year and eligibility is determined by if a carer is living in Scotland on a particular date and receiving Carers Allowance payments on a particular date[14].

Carers received a one-off Coronavirus Carer's Allowance Supplement in addition to standard Carer's Allowance Supplement in 2020, to provide more support for carers during the pandemic.

Chart 13 below shows the number of payments made over a 3-year period for Scotland as a whole. Since the Supplement was introduced there was an increase of 7,605 (10%) payments made from 2018-19 to 2020-21.

Chart 13: Number of Carer's Allowance Supplement payments, Scotland

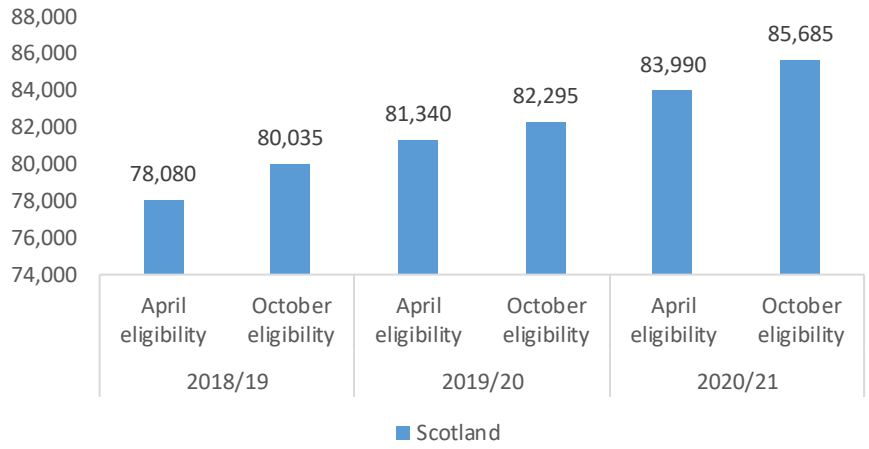
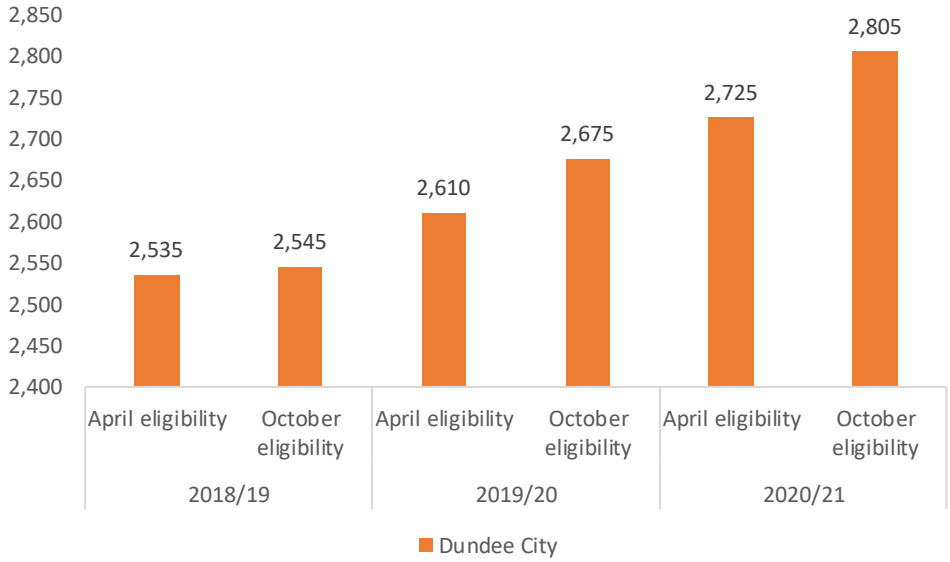


Chart 14 below shows the number of payments made for Dundee over the same 3-year period. There has been an increase of 270 (11%) payments made from 2,535 payments in 2018-19 to 2,805 payments in 2020-21.

Chart 14: Number of Carer Allowance Supplement payments, Dundee



It is worth noting that the number of carers in receipt of Carer Allowance and Carer Allowance Supplement were similar, however the figures that are published differ due to factors such as; different reporting periods, eligibility and backdating adjustments.

[14] https://www.mygov.scot/carers-allowance-supplement/who-can-get-carers-allowance-supplement

YOUNG CARERS GRANT

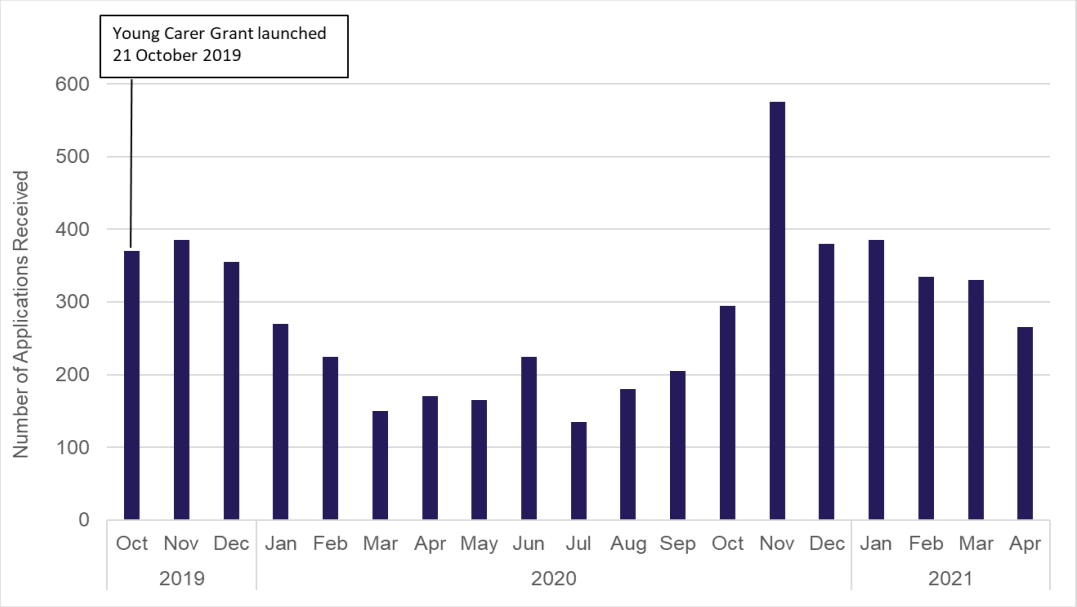
Social Security Scotland began taking applications for Young Carer Grant on 21st October 2019. Scotland was the first UK country to give financial support to young carers. To be eligible for the Young Carer Grant[15] you must be 16, 17 or 18 years old and caring for an average of 16 hours per week. This grant is a yearly payment for young carers in Scotland.

If a young carer provides 35 hours or more of unpaid care, per week, and has received Young Carer Grant then they may be eligible for Carers Allowance, however if a young carer is already in receipt of Carers Allowance, they will not be able to get Young Carer Grant[16].
Between 21st October 2019 and 30th April 202117, there were 5,390 applications received across Scotland with a total of 5,155 applications being processed (71% authorised, 26% denied and 2% withdrawn). Reasons for an application to be denied included:

- The applicant must be caring for an average of 16 hours per week over a 13-week period
- The applicant must not have been approved for a Young Carer Grant within the last year

Chart 15 shows that the number of applications received per month decreased in January 2020 and remained consistent through most of the year, the number of applications then increased from November 2021 and in subsequent months the numbers were all higher than those received across the same period of early 2020.

Chart 15: Number of Young Carer Grant applications received between 21st October 2019 to 30th April 2021, in Scotland



During the financial Year 2019 – 2020 which includes the months from October 2019 to March 2020 there were 1750 Young Carer Grant applications received and during the (full) financial Year 2020 - 2021 there were 3,375 Young Carer Grant applications received.

Applications were received from all health and social care partnerships within Scotland, Glasgow received the highest number of applications, with 780. Dundee City received 185 Young Carer Grant applications between 21st October and 30th April 2021, which is 3% of the total received over Scotland. 180 of these were processed and 125 were authorised.

[15] https://www.mygov.scot/young-carer-grant
[16] https://www.mygov.scot/young-carer-grant/what-a-young-carer-is
[17] https://www.socialsecurity.gov.scot/reporting/publications/young-carer-grant-high-level-statistics-to-30-april-2021

CORONAVIRUS AND YOUNG CARERS

The results of a Carers Trust Scotland[18] survey about the impact of Coronavirus on young carers aged 12 to 17 and young adult carers aged 18 to 25 was published in July 2020. Results point to a steep decline in the mental health and wellbeing of thousands of young people across Scotland who provide unpaid care at home for family members or friends. The key findings included:

- 45% of young carers and 68% of young adult carers in Scotland reported that their mental health is worse since Coronavirus
- 71% of young carers and 85% of young adult carers in Scotland felt worried about the future since Coronavirus
- 69% of young carers and 76% of young adult carers in Scotland felt more stressed since Coronavirus
- 74% of young carers and 73% of young adult carers in Scotland felt less connected to others since Coronavirus
- 58% of young carers in Scotland felt that their education suffered since Coronavirus

[18] https://carers.org/young-carer-and-young-adult-carer-coronavirus-research/our-survey-on-the-impact-of-coronavirus-on-young-carers-and-young-adult-carers-in-scotland

I CAN BALANCE THE CARING ROLE WITH MY LIFE

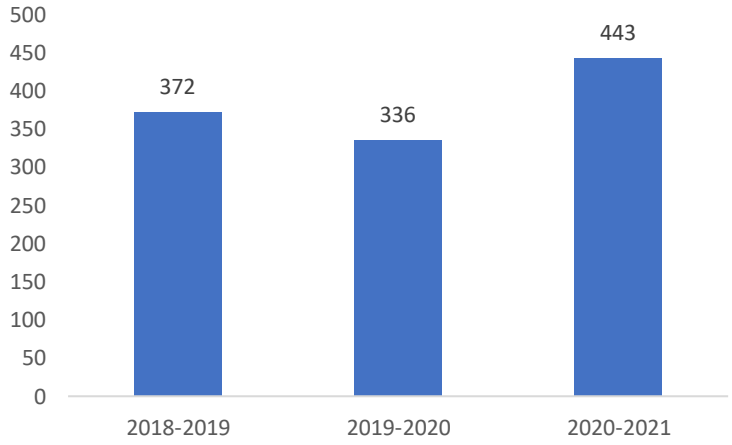
CARER BREAKS

Short breaks are one way that a carer can be supported to continue caring. Sometimes it can involve having a break with the person they care for, often it involves taking a break from caring responsibilities, having a rest and recuperation and having more time for themselves.

Short breaks often involve alternative arrangements for the care and support of the person(s) the carer looks after. Sometimes other family carers are able to help provide alternative care and/or care at home supports are increased. Many people choose to arrange an admission to a Respite Care Unit or a Care Home to support the carer to have a break. Respite Care is accessed for a number of reasons e.g. when the supported person has care and support needs that cannot easily be met at home without the carer being there; or when the carer can only get a break knowing the person they look after has full support while they are away; or the carer needs a break at their shared household without the person they support.

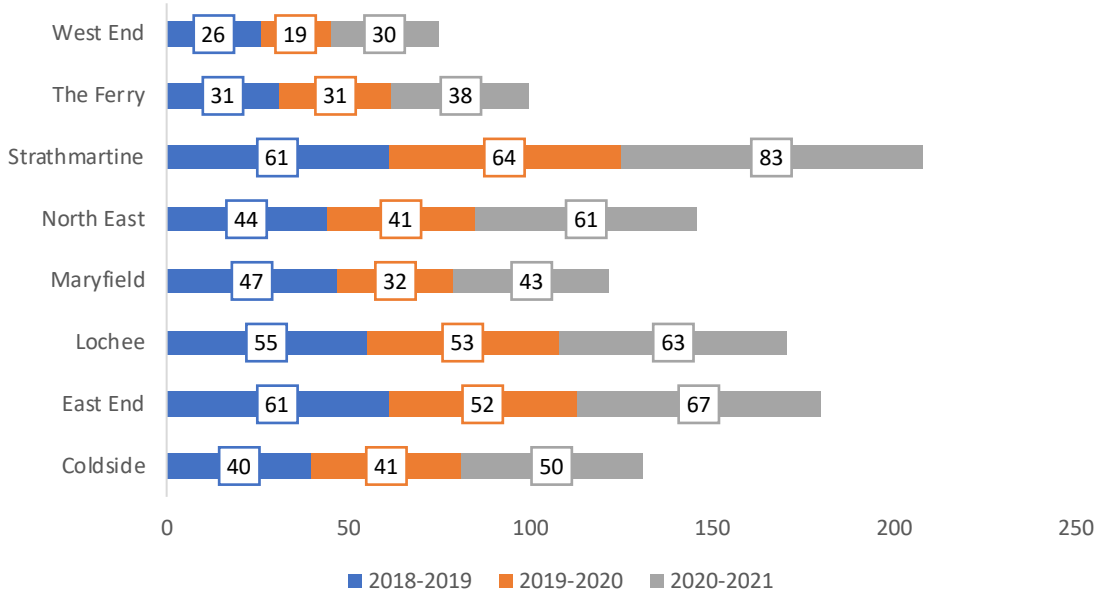
Most carers seek to use their time off from caring to meet outcomes that often can't be met alongside caring responsibilities. The Short Breaks Brokerage Service commissioned from Dundee Carers Centre supports carers to explore how their break can have the most positive impact on them. Through Brokerage services the Centre provided a total of 1151 short breaks over a three-year period; 2018-19 to 2020-21 and this included ways that carers gained support throughout the pandemic.

Chart 16: Number of Carers Breaks provided by Dundee Carers Centre, 2018 - 2021



Carers receiving short breaks have consistently been female, around 80% for each year, over the three-year period reported.

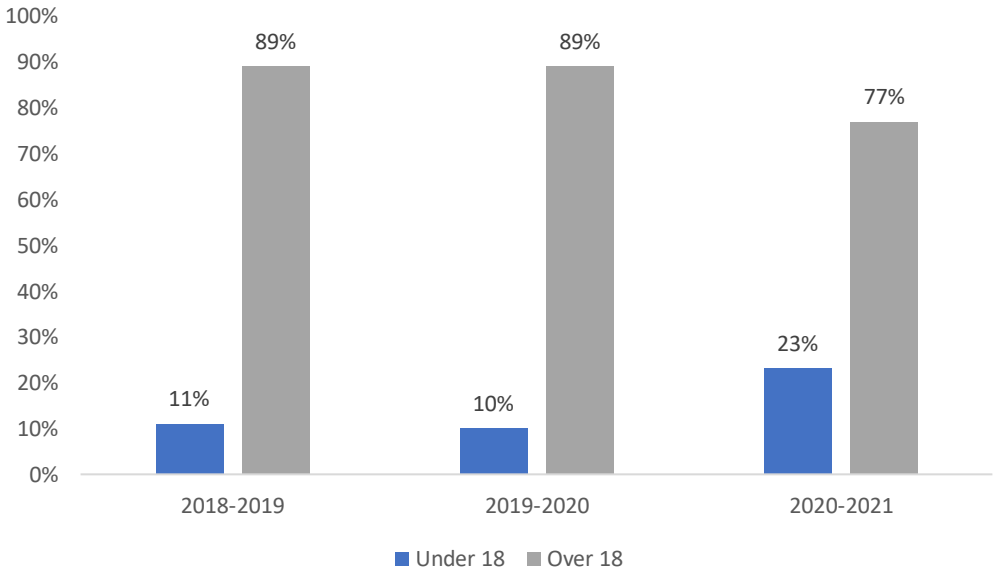
Chart 17: Number of Carers Breaks provided by Dundee Carers Centre, by locality, 2018 - 2021



When we compare the number of carers breaks provided over Dundee by locality, we can see that since 2018-19 the number of short breaks has increased overall, across all localities except Maryfield. Carers residing in Strathmartine, East End and Lochee have consistently had the highest number of carer breaks provided since 2018. In 2020/21, Strathmartine, East End and Lochee were 3, of the top 4, localities where the highest number of Adult Carer Support Plans were initiated by Dundee Health and Social Care Partnership.

During 2020/21, 93 young carers accessed a Short Break via the Carers Centre Short Breaks Team.[19]

Chart 18: Percentage of Young Carer Breaks provided by Dundee Carers Centre, by age group 2018 - 2021



[19] Young Carers Subgroup Report, DCC and Children & Families

SURVEY FEEDBACK

SURVEY FEEDBACK - CARERS UK SURVEY

"Worn out unpaid carers in Scotland uncertain the services they rely on will continue post-pandemic"

Carers UK[20] carried out an online survey between 8 April and 25 April 2021. A total of 2,850 carers and former carers responded to the survey. This included 2,754 current carers and 96 former carers. 71% live in England, 8% live in Scotland, 14% live in Wales and 6% live in Northern Ireland.

Key findings from the survey, for Scotland, include:

- More than a third (36%) of people providing unpaid care feel unable to manage their caring role
- During the pandemic, 71% of unpaid carers have not had a break from their caring role
- Only 23% of unpaid carers in Scotland are confident that the support they receive with caring will continue following the COVID-19 pandemic

SURVEY FEEDBACK - CARERS WEEK

Carers Week also reported that:

- Three quarters (77%) of carers reported being exhausted as a result of caring during the pandemic
- 72% of unpaid carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated
- More than two thirds of unpaid carers (69%) say they are worried about continuing to care without a break

The surveys carried out clearly show that unpaid carers are struggling to cope having not had a break for so long and are worried about the lack of services that will be available to them after the pandemic.

SURVEY FEEDBACK – COVID-19 ENGAGEMENT FINDINGS REPORT

Dundee Carers Partnership, Covid-19 Engagement Findings Report[21] published in March 2021 reported that consultation and engagement was carried out with just under 200 people; including carers, young carers and the wider workforce.

Key findings from the carers survey revealed the following:

- The majority (84%) reported an increase in the amount of care that they had provided since the start of the Pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role
- 38% of carers had to reduce or give up hours in employment due to their caring commitments
- There were significant impacts on carers including; negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.
- Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this.

[20] https://www.carersuk.org/scotland/news/worn-out-unpaid-carers-in-scotland-uncertain-the-services-they-rely-on-will-continue-post-pandemic

[21] Dundee Carers Partnership, Covid-19 Engagement, Findings Report, March 2021

In addition to this, research published from ONS (Office of National Statistics[22]) provides evidence of increased caring responsibilities during the pandemic across the UK. In April 2020, the research found that almost half (48%) of people in the UK said that they provided help or support to someone outside of their household in the first month of lockdown in April 2020. Of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic and 33% reported giving more help to people they helped previously. Those aged 45 to 54 were the most likely group to provide support - 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children.

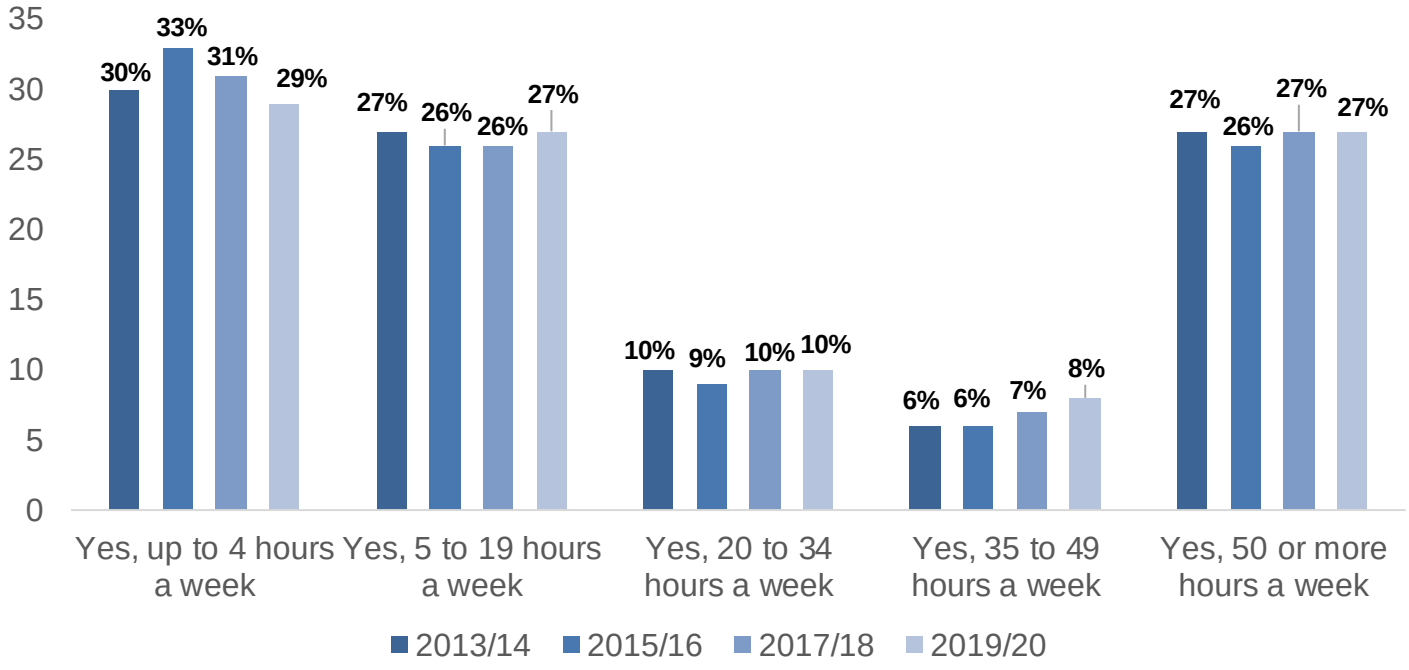
SURVEY FEEDBACK - SCOTTISH HEALTH AND CARE EXPERIENCE SURVEY - SCOTLAND

The Scottish Health and Care Experience Survey[23] is a postal survey which was sent to a random sample of individuals registered with a GP in Scotland. Over 160,000 individuals registered with a GP practice in Scotland responded to the 2019/20 survey. The survey asked about people's experiences during the previous 12 months of accessing and using local healthcare services; receiving care, support and help with everyday living; and caring responsibilities. The main results from the survey in relation to carers are:

- 63% of carers were female
- 51% of carers were aged 45-64
- 36% of people who reported they receive help and support for everyday living, said they received unpaid care from friends and family
- 40% of carers said that they looked after a parent, 29% cared for a partner or spouse
- 84% of carers said they did not have an Adult Carers Support Plan or Young Carers Statement

Chart 19 shows that around 30% of people provided up to four hours and more than fifty hours of care a week, which is similar to figures reported in previous surveys.

Chart 19: Distribution of hours, caring per week in Scotland, 2013 - 2020



The survey asked carers who they cared for and 40% of carers said that they looked after a parent, with 29% per cent saying that they cared for a partner or spouse. The survey allowed people to record whether they cared for more than one person. In 2017/19 there were 20, 678 people who responded to this question on the survey and 23, 254 responded in 2019/20.

[22] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09

[23] https://www.gov.scot/publications/health-care-experience-survey-2019-20/documents/

Table 1: Who do you care for?

	2017/18	2019/20
Partner or spouse	27%	29%
A parent	40%	40%
A child	14%	16%
Another relative	19%	18%
A friend or neighbour	8%	7%
Someone else	2%	2%

The survey asked carers about their experiences of five specific aspects of caring and the impact on their wellbeing. Chart 18 shows that, overall results were less positive than in previous years.

Chart 20: Percentage of people responding to statements regarding their caring responsibilities

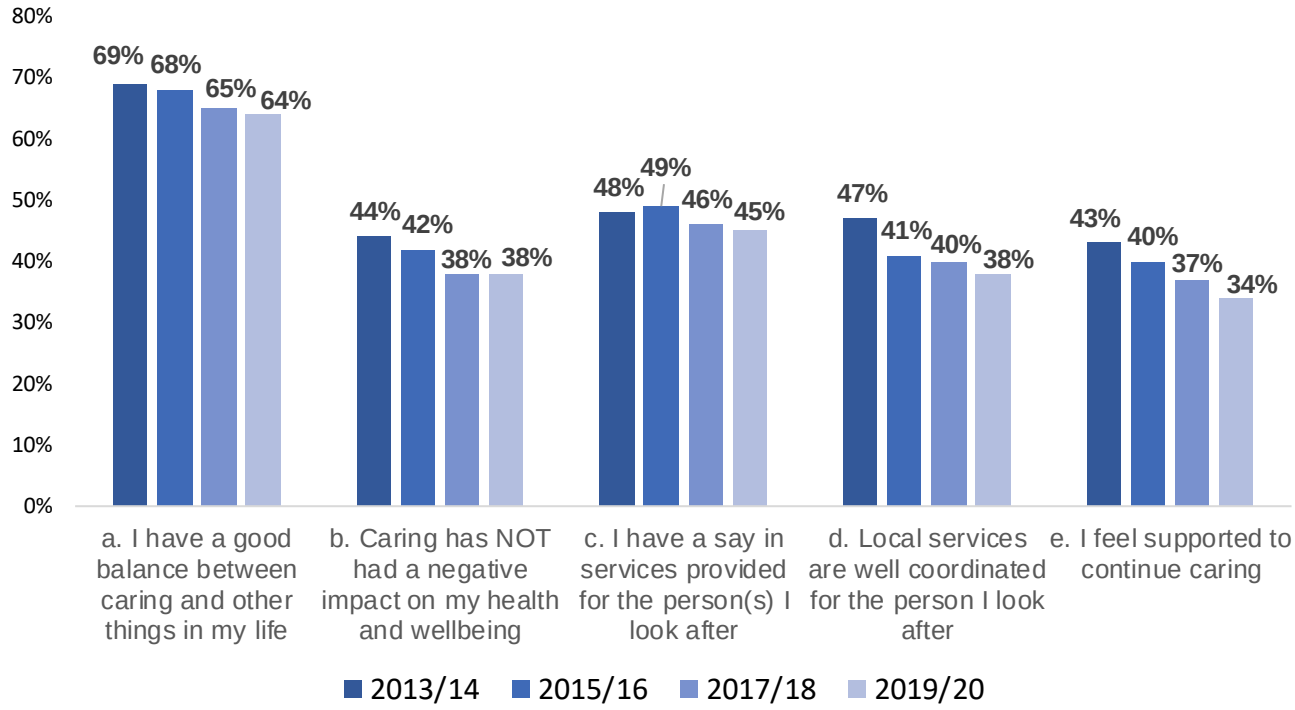


Chart 20 shows that carers were most positive about the balance between caring and other things in their life with 64% responding positively to this question in 2019/20. Carers were least positive about support to continue caring, 34% of carers said that they felt supported to continue caring which is a decrease of 9% from 2013/14. Only 38% said that caring did not have a negative impact on their health and wellbeing, which is also 9% less than in 2013/14.

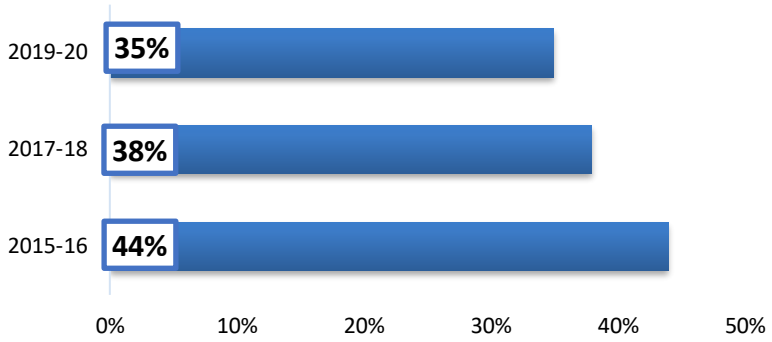
SURVEY FEEDBACK – DUNDEE CARERS CENTRE

In 2020/21, as part of Dundee Carers Centre outcomes review, for the outcome "Carers Report Feeling Supported to Continue Caring" 301 responses were received and 100% of carers agreed they felt supported.

SURVEY FEEDBACK - SCOTTISH HEALTH AND CARE EXPERIENCE SURVEY - DUNDEE

Over a three-year period, the percentage of carers who have felt supported in their caring role has decreased consistently in Dundee. This is the same trend for Scotland as an average.

Chart 21: Percentage of carers who feel supported to continue in their caring role by year, Dundee



CONCLUSION

Across Scotland unpaid carers provide an immeasurable level of care and support for family and friends. In Dundee in order to support all carers, and assist them in achieving their own personal outcomes four strategic outcomes were developed.

We know that there are in total around 690,000 carers in Scotland, estimating that 661,000 (15%) of the adult population (aged 18+) are carers and it is estimated that there are around 29,000 (4%) young carers. Carers are more likely to be female, this may indicate that female carers are more likely to seek out support from services than male carers or that they are more likely to identify themselves, research also tells us that women traditionally take on caring responsibilities in their household and families. Female carers are also more likely to be of working age (45-64 years). Most carers said that they looked after a parent or a partner or spouse.

The majority of adult carers supported by local services provide on average 50+ hours of care per week and research suggests that adult carers experience high impact on their health and that the more hours of care provided per week the more they are likely to experience a negative impact on their health, emotional wellbeing, life balance and employment. 38% of carers had to reduce or give up employment due to their caring commitments. Data shows that during 2020-21 there was a large increase of carers receiving a carer break, in Dundee and predominantly in the Strathmartine area.

The majority of young carers supported by local services provide on average 19 hours or less of care per week, and research suggests that young carers experience a negative impact on their living environment and are highly likely to experience a negative impact on their emotional well-being. The impact on young carers mental health and wellbeing declined dramatically due to the pandemic and they are very worried about the future, feeling more stressed and less connected to others. Data shows that there was a particular increase of young carers receiving a short break in Dundee in 2020-21 compared with previous years.

There has been a number of national surveys completed of which the results are consistent with Dundee information and report a significant deterioration in carers' physical and mental health. The surveys show that unpaid carers are struggling to cope and have not had a break for a long time, also there has been an increase in the number of people who are caring for someone they didn't care for prior to the pandemic and for those who continued their caring role, people are providing more care to people they helped previously. Other impacts included isolation, loss of support networks and overall worry for future support due to the pandemic. It was also reported nationally that 84% of carers did not have an Adult Carers Support Plan or Young Carers Statement.

The Carers Partnership will take considerations of the findings in determining future supports and services and will continue to monitor and develop data collection over the period of the new Carers Strategy 2021-24.

Dundee Health & Social Care Partnership

Carers of Dundee

www.carersofdundee.org

APPENDIX 3

Dundee Strategic Needs Assessment

Dundee Health & Social Care Partnership

Summary

Our Vision

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

The Strategic Needs Assessment is a companion document to the Strategic and Commissioning Plan and provides intelligence and evidence to identify health and social care needs of the citizens of Dundee. You can view the full version of the strategic needs assessment here **https://www.dundeehscp.com/publications**

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging.

At 31 March 2021 there had been 203,555 confirmed cases of COVID-19 in Scotland; 13,358 of which were in Tayside and 6,407 of which were in Dundee. There were over 300 deaths of Dundee residents.

This needs assessment looks at existing health and social care need in addition to the need associated with the effects of the pandemic and COVID-19 on the population

Socio-Economic

Dundee has an ageing population and we expect to see an increase of **38%** in the **75+ population** be **2043**.

Dundee is the 5th most deprived local authority area in Scotland. **36.6% of the population** lives in the **20%** most deprived areas of Scotland.

2nd lowest life expectancy in Scotland and this varies by deprivation level, health and disability. Life expectancy in the most deprived areas is about ten years less than in the most affluent areas.

8th highest rate of homelessness applications in Scotland, much higher than Scottish rate.

Less owner occupiers and higher in rented accommodation.

COVID-19

People in deprived areas **already experience inequalities** in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19.

The pandemic has caused concern among lower income households about their financial situation; driven **by reduced income** as a result of job loss, reduced working hours and furlough.

Workers from Other White ethnic groups were more likely to **report a loss of take-home pay due to the Pandemic** than White British or Indian ethnicities.

The pandemic and the increased isolation of some vulnerable groups has further increased their vulnerability and risk of being targeted by perpetrators. Accurate data to evidence this is not currently available and it will be some time before the true effects are seen through need for services and supports.

The isolation and reduced activity and mobility of people who were already frail increased demand for support by many people who were already receiving services and also those who previously didn't require support.

Homeless and rough sleepers are severely vulnerable during the pandemic – **3 times more** likely to experience chronic health condition including COPD.

The outcomes and survival rate of people with **COVID-19 are worse** for older adults and those with underlying medical conditions.

1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions and this was higher in the **25-34 year age group**.

Engage Dundee reported that **6.9%** of respondents had developed a mental health problem during the pandemic. This group consisted of young people, carers and long term sick / disabled.

The Fairness Commission survey highlighted the importance of services for deaf people and users of British Sign Language was raised. Difficulties arose due to closure of support organisations, being unable to use telephone helplines and not having internet at home.

As a result of the Pandemic, **84%** of Dundee Carers reported negative impacts on physical, mental, and social wellbeing and **60%** reported feeling socially isolated (60%).

As a result of the Pandemic, **67%** of Dundee Carers reported negative financial impact as a result of higher household expenses and **38%** had to reduce or give up hours in employment due to caring commitments.

There is a large number of people in Dundee who are suffering from **"Long Covid"** and require increased support or support when they did not require this previously.

Health and Disability

Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities.

The population is ageing but as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. They have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.

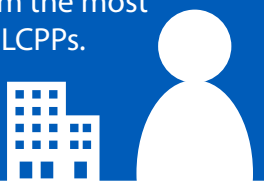
Across all LCPPs the average number of prescriptions for drugs used to treat diabetes, hypertension and heart failure has increased since **2015/16**.

In general, the rate of people on **10+** prescribed items has decreased slightly from **2015/16** however this rate varies by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items.

Prevalence of substance use remains high in the city and is one of the **highest** in Scotland.

Drug related deaths in Dundee are high, although there were **15** fewer deaths in **2020** compared with **2019**.

Rates of hospital admissions due to alcohol and drug use are high, with a higher proportion being from the most deprived LCPPs.



High rate of suicide with increased associated risk due to the Pandemic for those with mental health conditions, young people and middle aged men.

Domestic abuse is prevalent in our population with third sector services reporting high numbers of survivors being supported and high levels of risk and complexity of need.

There are approximately **2,400** people with **Hepatitis C** (HCV) living in Dundee. **80%** of people with HCV will develop chronic disease and there is still a large undiagnosed population.

Approximately **1 in 10** people aged **65+** has dementia. Due to the pandemic the proportion of people who received a minimum **12 months** post diagnostic support, following diagnosis dropped from **97%** to **68%**.

The number of people living with or dying from cancer is rising, and it is estimated that **1 in 2** people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes. There is variation in the prevalence of people with cancer when comparing LCPP areas, SIMD quintile and age groups.

In Dundee there were **1,688 deaths** during the calendar year of **2020**, and the main cause of death was cancer. There has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last **6 months** of life, **92%** of time for people was spent at home or in a Community Setting.

Carers

65% of young carers supported by local carer services provide up to **19 hours of care per week**.

62% of adult carers supported by local carer services provide an average of **50+ hours of care per week.**

Carers Allowance Supplement has increased in Dundee from 2,535 payments made in 2018-19 to 2,805 payments made in 2020-21 – **11% increase.**

Around **130 Carers Health Checks** have been carried out each year in Dundee (2018-19 and 2019-20).

72% of carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated.

The more hours of care and support a carer provides per week the more likely they are to experience impacts on their **health, finances and employment.**

Emergency Hospital Care

High variation across and within LCPPS areas – strong link between number of emergency admissions and deprivation ranking of the LCPP where the person resided prior to admission.

Lower rate of Delayed Discharges than Scottish average.

The rate of Readmissions to hospital within **30 days** of discharge have increased and is the highest rate in Scotland.

Hospital admissions due to a long term condition are higher from the most deprived LCPPs, especially for asthma, COPD and coronary heart disease.

Taking into account age and sex, if the admission levels of the least deprived areas were seen across the entire city, COPD admissions would be **78%** lower, , asthma would be **58%** lower and CHD would be **31%** lower.

Dundee has the highest admission rate for falls in Scotland. As at **2020** the fall hospital admission rate was **30.7** per **1,000** population **aged 65+.**

Before a person started homecare services, on average **45%** had and emergency admission **28** days before the commencement of homecare. This dropped significantly once homecare services were implemented with only **19%** resulting in emergency admissions. The number of bed-days in hospital for before and after homecare also dropped significantly from an average of **7.3** days to **1.9** days.

In **2020/21** half of those admitted to Care homes had been an emergency admission hospital **28 days** prior to be admitted. There were 363 new admissions in 2020/21 and these new admissions had spent a total of **3610** bed days in hospital prior to be admitted, this is an average of 10 days per person.

In Summary

High levels of deprivation and health and social inequalities exist in our population and this has increased demands on health and care services across the City. Lifestyles including drug and alcohol use, smoking and diet are associated with high levels of deprivation and in Dundee many people develop lifestyle associated health conditions at a younger age than in more affluent Partnerships. Covid-19 has increased the health and social needs of the population, particularly as a high proportion of the population is an enhanced health risk, should they contract the virus. Carers are experiencing greater pressure than prior to the Pandemic, with many carers who may also have health and care needs, now providing more care.

The information contained within the Strategic Needs Assessment informs the planning and improvement of health and social care services. This update of the Strategic Needs Assessment will also inform the ongoing review of the Health and Social Care Partnership's Strategic and Commissioning Plan, helping to ensure that strategic priorities are appropriately aligned to the health and social care needs of the population.

Contact us

If you would like further information or to provide feedback please contact

Lynsey Webster, Senior Officer, Strategy and Performance Section **lynsey.webster@dundeecity.gov.uk**

Some Key Information about Carers - A Caring Dundee 2 - 2021

Identified, Respected and Involved

In **2018/2019** there were **23,180 carers** supported by local carer services in Scotland.

Most carers we know about provide support with **shopping, cleaning, domestic tasks and emotional support**

62% of adult carers supported by local carer services provide an average of **50+ hours of care per week**

65% of young carers supported by local carer services provide up to **19 hours of care per week**

94% of young carers experienced an impact on their emotional well-being due to their caring role

61% of adult carers told us their health was impacted by their caring role

A Positive Caring Experience

There was an increase of **6%** in carers claiming Carers Allowance from **August 2019** to **August 2020** in Scotland

125 young people aged **16,17,18** in Dundee received a Young Carers Grant annual payment for caring for **16 hours** per week or more for at least 13 weeks **2021**

Carers Allowance Supplement has increased in Scotland from 78,080 payments made in 2018-19 to 85, 685 payments made in 2020-21 – **10% increase**

Carers Allowance Supplement has increased in Dundee from 2,535 payments made in 2018-19 to 2,805 payments made in 2020-21 – **11% increase**

A Fulfilled and Healthy Life

Around **130 Carers Health Checks** have been carried out each year in Dundee (2018-19 and 2019-20)

72% of carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated

The more hours of care and support a carer provides per week the more likely they are to experience impacts on their **health, finances and employment**

Balancing the Caring Role with My Life

During 20/21 Dundee Carers Centre asked carers if they feel "Supported to Continue Caring". **100%** of the carers who responded **301 responses** said they are supported.

34% of carers said that they felt supported to continue caring

84% of carers reported an increase in the amount of care they provided since the start of the Pandemic

64% of carers were positive about the balance between caring and other things in their life

During the pandemic, **71%** of unpaid carers have not had a break from their caring role

From 2018-2021 Dundee Carers Centre provided **1151** short breaks. This included breaks for **93** young carers in 20/21.

The information included here is a sample of information in the Dundee Carers Strategic Needs Assessment which will be published on **www.carersofdundee.org and www.dundeehscp.com**

Dundee Health & Social Care Partnership

Carers of Dundee

www.carersofdundee.org

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **TRAUMA-INFORMED PRACTICE AND LEADERSHIP**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB62-2021**

1.0 PURPOSE OF REPORT

To provide an overview of trauma-informed practice and leadership, including national strategy, local arrangements for implementation and future plans.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including local approaches to trauma-informed practice and leadership, progress to date and planned next steps.

2.2 Instructs the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-informed practice and leadership implementation plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Transforming Psychological Trauma

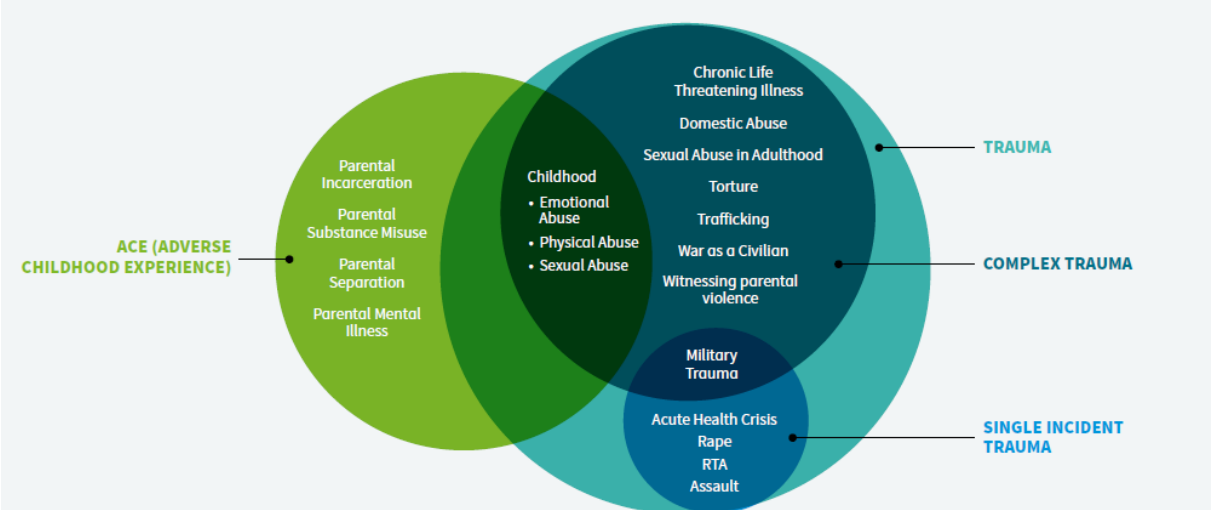
4.1.1 Over recent years, and particularly over the course of the COVID-19 pandemic, there has been increasing societal awareness that living with traumatic events is more common than has previously been realised. Traumatic life experiences can have a significant, long-lasting impact on people's lives, increasing the risk of poorer physical and mental health, and social, educational and criminal justice outcomes. Trauma can affect people at any stage of their lives and is more prevalent in particular sections of the population (for example, people in low socio-economic groups and from black and minority ethnic backgrounds).

4.1.2 As part of the Survivor Scotland Strategic Outcomes and Priorities (2015-2017) publication the Scottish Government committed to developing a National Trauma Training Strategy and subsequently commissioned NHS Education for Scotland (NES) to undertake this work. In May 2017 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' was published, which aimed to increase understanding of trauma and its impact across the Scottish workforce. The framework sets out the essential and core knowledge and skills needed by all tiers of the Scottish workforce to ensure that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it. Since 2018 the Scottish Government has invested over £2 million in establishing and implementing the National Trauma Training Programme.

4.1.3 The Framework defines traumatic events as:

"an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening."

Whether and how a person is affected by the trauma(s) they experience depends on many different factors including their life circumstances and relationships, the response they received during and after the trauma(s) happened and their own personality, strengths and resources. Many people will be resilient and recover from the impact of traumatic events or even experience positive growth, however many others will be affected to a significant extent by traumatic events and need support to recover.



Source: 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' 2017, figure 2, page 20

4.1.4 Trauma-informed practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological and psychological and social development. It is applicable across all sectors of public service, including health and social care. Trauma-informed organisations assume that people (both internally and externally to the organisation) have had traumatic experiences and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. In recognition of this service are structured, organised and delivered in ways that promote safety and trust and aim to prevent re-traumatisation. As well as bringing benefits for people using services, trauma-informed practice can also enable organisations to support their own workforce to take care of themselves and minimise risks of exposing them to secondary traumatic stress, vicarious trauma and burnout. Trauma-informed practice is highly relevant in the context of health and social care services, both from the perspective of service users and for the workforce.

4.1.5 The key principles of trauma-informed practice are:

- Safety – efforts are made by an organisation to ensure that physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further re-traumatisation.

- Trustworthiness – transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.

- Choice – clients and staff have meaningful choice and a voice in decision-making process of the organisation and its services.

- Collaboration – the organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. His is often operationalised through the formal or informal use of peer support and mutual self-help.

- Empowerment – efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

The development of trauma-informed practice requires systematic alignment with these five principles and change at every level of an organisation. Implementation is therefore an ongoing

process of organisational change requiring shift in knowledge, perspective, attitudes and skills over time. NES has identified five key drivers for organisational change: leadership and management; workforce wellbeing; workforce knowledge and skills; experts by experience; and, data and information. Ten implementation domains have also been identified and are summarised in appendix 1.

4.2 **Local Approach to Trauma Informed Practice and Leadership**

4.2.1 A Dundee Trauma Steering Group was initially established in 2019 to undertake a mapping of the Dundee City Council and Dundee Health and Social Care Partnership workforce against the national trauma training framework. The work of the Steering Group was quickly disrupted by the onset of the COVID-19 pandemic, however the group reconvened in November 2020 and has since evolved to take a broader remit to develop and support the implementation of an action plan focused on organisational change relating to trauma informed leadership and trauma informed practice.

4.2.2 The Steering Group is currently working to refresh its implementation plan, aligning improvement priorities and actions with the ten implementation domains (see appendix 1). This includes identifying timescales for delivery and measures of impact for the actions agreed within the plan. The Steering Group has also been supported by NES to develop theory of change models which illustrate the intended impact of leadership training and workforce lived experience priorities and actions. It is anticipated that final version of the implementation plan will be available by the end of March 2022.

4.2.3 Building a whole systems approach to trauma across Dundee is an expansive and complex project. Care has been taken to balance a structured programme of improvement and organisational change activities in priority areas with a continued desire to encourage and support organic, creative development of trauma informed approaches at team level, especially amongst operational teams in health and social care and children's services. The approach also recognises that key aspects of trauma informed practice and leadership align closely to the professional values and skill sets within a number of sectors across the workforce (for example, health, social work and housing professions), but that the full implementation of trauma informed principles and approaches can be disrupted by a range of organisational and systems factors. This has also been acknowledged in recent national reports such as The Promise and the Independent Review of Adult Social Care in Scotland.

4.3 **Progress to Date**

4.3.1 In late 2019 the Scottish Government approved a bid from Dundee to pilot a focus on trauma-informed training for our strategic and senior management teams. The pilot also included a focus on lived experience and more specifically, professionals with lived experience. It is known that the safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations. The initial resource offered by the Scottish Government consisted of training input and support from NES to deliver Scottish Trauma Informed Leadership Training (STILT) to the Chief Officers Group and other strategic and senior personnel between January to March 2020. This was delivered at the end of 2020 / start of 2021 through a virtual approach.

4.3.2 Towards the end of 2020 a request was received from the Deputy First Minister/CoSLA for local areas to identify trauma champions from local authorities, health and social care partnerships, NHS boards and other relevant service providers. Dundee nominated The Chief Social Work Officer / Head of Service, Health and Community Care, Executive Director of Neighbourhood Services and Interim Head of People, Dundee City Council. The Director of Psychology is the NHS champion. Trauma champions have attended a number of national training sessions around both leadership and service specific responses to trauma.

4.3.3 A number of tests of change (trauma-informed and responsive culture and practice) are in progress within operational teams. This includes:

- a test of change within the Care Home Team with a focus on trauma principles which aims to collate stories on the impact of COVID for care homes, residents, next of kins and staff

across the city. This work has been underpinned by a request from the Care Home Safety Huddle and findings from a National Trauma Deep Dive event for Health and Social Care. A stakeholder engagement and feedback session took place on 26 October 2021 with care homes across the city, further engagement, feedback and buy-in has been explored within the Care Home Safety Huddle. The next phase (29 November 2021 – 17 January 2022) focuses on gathering initial feedback and data to inform next steps through an accessible trauma informed survey. Survey data, stories and experiences will be analysed with findings shared with Health and Social Care Partnership and the Care Home Safety Huddle in February 2022. A Care Home Trauma Deep Dive learning exchange event has been planned for early March to share local findings, stories, next steps, national and local trauma developments, improvements and resources as well as available supports and offers to the workforce.

- a test of change focused on embedding trauma-informed practice principles, tools and models to existing learning and development activity across the city. This has enabled a number of resources, products and offers to Dundee health and Social Care Partnership. For example, links with Dundee's Employee Wellbeing Service has provided access to reflective and team development underpinned by the Window of Tolerance Model and Post-Traumatic Growth activity. A redesigned Leadership Programme delivered by Dundee's Learning and Organisational Development Service is being piloted with Nursing and Integrated Managers, a core element of the programme focuses on trauma-informed leadership. The programme pilot started on 30 September 2021 and will conclude onl 3 February 2022. A manager toolkit resource which embeds learning from another test of change (Youth Employability Service) will be shared with managers from the leadership programme to test and pilot within their service areas.

- a test of change focused on enhancing responses to domestic abuse. During the pandemic there was heightened awareness of the prevalence of domestic abuse within the city and its impact across all age groups (for example, over half of the children on the Child Protection Register are impacted by domestic abuse), providing an opportunity for key stakeholders to reflect on practice and service responses. From this a test of change has developed focused on supporting a culture shift in terms of domestic abuse practice that incorporates trauma-informed and responsive practice. Stakeholders worked together to reflect on current approaches, to define what a trauma-informed response to domestic abuse would mean and to develop a set of principles and recommendations. Additional investment from Dundee City Council remobilisation monies is contributing enhanced capacity to progress implementation. Initially the test of change is focused on the Council's Children and Families Service, however through whole family approaches this will also significantly impact on work with adult victims and collaborative practice between children's and adult services teams.

4.3.4 In May 2021 a virtual learning and knowledge exchange event was held for Trauma Steering Group members. This provided an opportunity to hear from partners within Dundee and beyond who have already embedded trauma informed approaches, to learn from their implementation journey and to identify how this can inform the Steering Group's developing implementation plan. Presentations were given by Dundee Women's Aid, Dundee City Council Community Justice, Dundee City Council Educational Psychology, Dundee Drug and Alcohol Recovery Service Psychology, Barnardo's Scotland and Argyll and Bute Council. The event was very positive, has directly influenced the content of the draft local implementation plan and also supported the development of a psychological safe culture within the Steering Group itself, allowing for open, honest and reflective discussion amongst members. The Steering Group intend to replicate this style of event in the future to further support implementation plans.

4.3.5 The Steering Group has led the completion of workforce mapping for Health and Social Care Partnership and Dundee City Council against the National Trauma Training Framework. This has been an extensive and complex exercise and work is continuing to agree relevant workforce groups for level 3, enhanced training. As well as matching workforce groups to the training levels defined in the national framework, the mapping exercise also identified training already delivered to the local workforce. The implementation plan being developed by the Trauma Steering Group includes plans for the delivery of training over 2022/23.

4.3.6 Planning is being progressed to develop safe approaches to support professionals with lived experience of trauma to contribute and co-produce services and strategy. In the first instance, the focus is on creating opportunities for professionals with lived experience to talk about the

barriers to utilising their lived experience in a constructive way in the workplace, what could be done to support them to do this safely and how people feel their experience could most effectively influence service planning and design in the future. In the longer-term the aim is to co-produce approaches that ensure that professionals with lived experience are consistently better supported within the workforce, and that their knowledge and insights influence service design, delivery and evaluation. Members of the Steering Group are liaising with Trade Unions to support this activity.

4.3.7 On 1 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 focused on raising awareness of the links between violence against women and trauma and the need for a joined-up approach to improving outcomes for women and children across all policy areas. As well as inputs from senior leaders across the city the summit showcased six examples of operational services wo are taking a trauma informed approach to supporting victim/survivors. This included presentation from the Gendered Services Project that is working across health and social care services and ASPEN (psychological support) which is funded by the Health and Social Care Partnership.

4.4 **Next Steps**

4.4.1 The Trauma Steering Group has identified key priorities for the period until the end of the current financial year:

- completion of the local trauma-informed practice and leadership implementation plan, including timescales for delivery and indicators of impact;
- completion of the trauma training mapping exercise, specifically reaching agreement about workforce groups that require enhanced, level 3 trauma training;
- delivery of further STILT training to local senior leaders across the Dundee Partnership, supported by NES and local trauma trainers; and,
- continuing work that has started with the Improvement Service to develop and test at a local level trauma leadership training for elected members and Integration Joint Board members, with a view to delivering a pilot session in Dundee before the end of March 2022.

4.4.2 In addition, to these actions the Trauma Steering Group will also planning for the use of funds allocated by the Scottish Government in October 2021 as part of a £1.6 million investment in supporting local authorities across Scotland to deliver services that can safely support people affected by psychological trauma and adversity. £50k has been allocated to Dundee City Council for 2021/22 and a further £50K for 2022/23 to work with other community planning partners to further progress trauma-informed services, systems and workforces. In the first instance, steering group members are considering how funds can be used to accelerate local training delivery and to enhance work to meaningfully and safely involve people with lived experience (public and workforce) in service development, planning and improvement.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Trauma Steering Group, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 8 November 2021

Sophie Gwyther
Lead Officer, Protecting People

Sarah Hart
Senior Learning and Organisational Development Advisor, Dundee City Council

Kathryn Sharp
Service Manager, Strategy and Performance

APPENDIX 1

Trauma Informed Practice – 10 Implementation Domains

1. Governance and leadership

The leadership and governance of the organisation support and invest in implementing and sustaining trauma-informed practice. There is an identified point of responsibility within the organisation to lead and oversee this work. There is inclusion of the peer voice.

2. Policy

There are written policies and protocols establishing trauma-informed practice as an essential part of the organisational mission. Organisational procedures and cross-agency protocols reflect trauma-informed principles.

3. Physical environment

The organisation ensures that the physical environment promotes a sense of safety and collaboration. Staff and clients must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.

4. Engagement and involvement

Staff, clients and their family members have significant involvement, voice, and meaningful choice at all levels and in all areas of organisational functioning.

5. Cross sector collaboration

Collaboration across sectors is built on a shared understanding of trauma and the principles of trauma-informed practice.

6. Screening, assessment and treatment services (Direct service provision)

Practitioners use and are trained in interventions that are based on the best available empirical evidence and science, are culturally appropriate, and reflect the principles of trauma-informed practice. Trauma screening and assessment are an essential part of the work (where relevant). Where interventions are not being delivered in organisations, direct services are provided which are culturally appropriate and reflect trauma-informed practice principles.

7. Training and workforce development

There is ongoing training in trauma and peer support. The organisation's human resource system incorporates trauma-informed principles in hiring, supervision and staff evaluation. Procedures are in place to support staff with trauma histories and/or those experiencing secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals affected by trauma.

8 Progress monitoring and quality assurance

There is ongoing assessment, tracking and monitoring of trauma-informed principles and effective use of evidence-based trauma-specific screening, assessments and treatment.

9 Financing

Financing structures are designed to support trauma-informed practice which includes resources for: staff training on trauma; key principles of trauma-informed practice; development of safe and appropriate facilities; establishment of peer support; provision of evidence-based trauma screening, assessment, treatment and recovery supports; and development of trauma-informed cross-agency collaborations.

10 Evaluation

Measures and evaluation designs used to evaluate service or programme implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.

ITEM No …11…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT OCTOBER 2021**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB63-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2021/22 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2021/22 financial year end as at 31st October 2021 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.

2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st October 2021 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position at the year-end of £576k.

3.2 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic in line with the remobilisation plan as agreed by Dundee IJB at its meeting held on 21st April 2021 (Article X of the minute refers). The Scottish Government provided additional funding throughout 2020/21 to support these additional costs which included provision for unforeseen additional expenditure at the year end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year end would sit as earmarked in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB has a total of £6.1m of Covid19 reserves.

3.3 The projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in October 2021 (Quarter 2 return) is £7.7m and they have advised that this return will continue to be used as the basis for any future additional funding allocations.

3.4 Following previous submission of Quarter 1 return (projected £7.3m expenditure, submitted in July 2021), the Scottish Government has recently provided feedback following their review of the information. The majority of Dundee IJB's Covid-19 expenditure has been approved and additional funding allocation will be provided. The initial exclusion figure of £870k relates to FHS (Family Health Service) and unachieved savings from previous years. These are subject to further review and is in line with NHS Tayside and other Tayside IJB's. Recent correspondence suggests the FHS expenditure will be approved during the current review of Q2 returns.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 26th March 2021 (Article IV of the minute of the 26th March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2021/22 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.1.3 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the Partnership will continue to explore areas to control expenditure and achieve the savings targets identified.

4.1.4 The enclosed financial reporting has been enhanced to include more detail of operational services financial performance as requested by IJB members.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the projected cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £971k by the end of the financial year. Assuming all additional Covid costs are covered by additional funding, community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£339k) and overall prescribing is projected to be underspend by (£1129k).

4.3.2 Service underspends are also reported within Community Based Psychiatry of Old Age (£450k) and Older People Services (£122k), hosted services such as Psychology (£201k), Tayside Dietetics (£52k), Learning Disability (Tayside Allied Health Professionals) (£147k), Drugs and Alcohol Recovery service of (£70k) and Sexual & Reproductive Health (£275k) mainly as a result of staff vacancies. Further underspends totalling (£376k) are anticipated within Public Health, Primary Care and Keep Well services.

4.3.3 Service overspends are anticipated in Enhanced Community Support £568k, Medicine for the Elderly £256k and Psychiatry of Old Age In-Patients £91k. Occupational Therapy budgets are projected to be overspent by £668k (however a budget realignment with Physiotherapy is being progressed), with further overspends arising in Community Nursing of £337k, and General Adult Psychiatry of £275k. Additional staffing pressures not directly linked to COVID-19 have contributed to the adverse position.

4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of hosted services to Dundee being an overspend of £216k which mainly relates to higher spend within Out of Hours and Forensic Medical Services hosted by Angus IJB.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £395k.

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, older people care at home services are projected to be overspent by around £1,688k at this stage of the financial year. This is partly offset by an underspend in respite care for older people of £379k, partly as a result of the Covid Pandemic. Care home spend for mental health service users is projected to be £412k overspent however a review will be undertaken to realign care home budgets for adults given large underspends in learning disability, physical disability and drug and alcohol recovery care home budgeted expenditure.

4.4.3 Demand for learning disability services continues to be high with overspends projected in the provision of day services (£497k).

4.5 Financial Impact of the COVID-19 Response

4.5.1 The Health & Social Care Partnership's response to the Covid19 pandemic continues to evolve as the impact of the pandemic changes and is reflected in the HSCP's remobilisation plan. Consistent with the remobilisation plan, a quarterly financial return outlining Covid19 additional expenditure is required by the Scottish Government. The 2021/22 quarter 2 return was submitted to the Scottish Government during October 2021, the detail of which is set out in table 1 of this report. A further quarterly return to end December is expected to be required and the details of this will be shared with the IJB in the next Financial Monitoring report.

4.5.2 The Scottish Government provided additional funding throughout 2020/21 to support these additional costs which included provision for unforeseen additional expenditure at the year end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year end would sit as earmarked in IJB's reserve balances and must be drawn down to cover additional Covid19 related spend in 2021/22 before any additional funding would be provided to cover 2021/22 Covid19 spend. Dundee IJB has a total of £6.1m of Covid19 reserves. The quarter 1 finance return has been used by the Scottish Government to determine any further Covid19 funding requirements of IJBs.

4.5.3 Following the conclusion of the review of Quarter 1 returns, Scottish Government has released additional funding to Dundee IJB of £651k. Total Covid-19 funding now received is confirmed at £6.7m against a quarter 1 return figure of £7.3m. At the time of the Scottish Government review, expenditure relating to FHS (Family Health Services) and Unachieved Savings was not confirmed, in line with the position in other IJB's and Health Boards. Subsequent correspondence from Scottish Government indicates that expenditure relating to FHS will be include after the next review.

4.5.4 The Scottish Government recently agreed to extend the financial support offered to social care providers throughout the pandemic to date and funded through IJB remobilisation funding until March 2022. This element has been the most significant cost within the remobilisation plan to date and includes continued payment of underoccupancy payments to care homes (until the end of October 2021), payments for additional staff sickness and cover and additional PPE.

4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.

4.5.6 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in October 2021 (Quarter 2 return) is as follows:

Table 1

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2021/22)
	£000
Additional Care Home Placements	156
PPE	125
Additional Staff Cover / Temporary Staff	2,218
Provider Sustainability Payments	1,837
IT / Telephony	100
Additional Family Health Services Contractor Costs	180
Additional Family Health Services Prescribing Costs	215
Loss of Charging Income	877
Additional Equipment and Maintenance	241
Primary Care	192
Additional Services within Remobilisation Plan	980
Other Costs	134
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Costs	**7,736**

Please note this is based on a range of assumptions, including national agreements therefore is subject to change as actual expenditure figures become clearer throughout the financial year.

4.6 Reserves Position

4.6.1 The IJB's reserves position considerably improved at the year ended 31st March 2021 as a result of the IJB generating an operational surplus of £2,041k during 2020/21 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This results in the IJB having total committed reserves of £11,734k and uncommitted reserves of £2,094k. This leaves the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/21
	£k
Primary Care	2,424
Mental Health Action 15	527
ADP	358
Service Specific Projects	129
Community Living Change Fund	613
Covid-19	6,084
NHST - shifting balance of care	1,600
Total Committed Reserves	11,734
General Reserves (Uncommitted)	2,094

4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

4.6.3 Similarly the provision of Covid19 funding can only be set against Covid19 related additional expenditure and this must be utilised first before the Scottish Government will release any further funding during 2021/22.

4.6.4 Due to the nature of how reserves must be treated within the IJB's accounts, the actual position at the end of 2021/22 will show a significant overspend against these funding streams as the total reserves to be applied (nb the funding of these services) can only be drawn down at the financial year end. The figures included in this financial monitoring report present these additional costs as having already been met from reserves.

4.7 Savings Plan

4.7.1 The IJB's savings for 2021/22 were initially agreed at the IJB meeting of 26 March 2021 (item IV of the minute refers) and subsequently revised following confirmation of additional Scottish Government Funding as agreed at the IJB meeting of 23 June 2021 (Item IX of the minute refers.) The total savings to be delivered during 2020/21 amount to £2,042k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

4.8 Winter Planning Funding

4.8.1 The Scottish Government has recently announced £300m of additional Winter Planning funding to support Health and Social Care (DIJB64-2021).

4.8.2 Specific details continue to emerge for the various aspects of the new funding streams included in the Winter Planning funding, and as a result the figures included in this report as at 31st October 2021 do not include any assumption with regards to receipt of specific funding nor does it include additional expenditure in relation to, for example, recruitment of additional staff or increased contract payments to External Providers.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 18th November 2021

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 **Oct-21**

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,213	942	16,984	392	58,197	1,334
Mental Health	4,982	336	3,934	275	8,916	611
Learning Disability	28,027	52	1,509	(51)	29,536	1
Physical Disabilities	5,012	(391)	0	0	5,012	(391)
Drug and Alcohol Recovery Service	1,213	(252)	2,925	(70)	4,138	(322)
Community Nurse Services/AHP/Other Adult	484	(100)	14,629	647	15,113	547
Hosted Services			21,418	(786)	21,418	(786)
Other Dundee Services / Support / Mgmt	2,568	(193)	29,766	(257)	32,334	(450)
Centrally Managed Budgets			1,442	(488)	1,442	(488)
Total Health and Community Care Services	**83,498**	**395**	**92,607**	**(339)**	**176,105**	**56**
Prescribing (FHS)			32,909	(1,052)	32,909	(1,052)
Other FHS Prescribing			128	(77)	128	(77)
General Medical Services			28,036	276	28,036	276
FHS - Cash Limited & Non Cash Limited			22,535	5	22,535	5
Large Hospital Set Aside			0	0	0	0
Total	**83,498**	**395**	**176,215**	**(1,187)**	**259,713**	**(792)**
Net Effect of Hosted Services*			(3,093)	216	(3,093)	216
Grand Total	**83,498**	**395**	**173,122**	**(971)**	**256,620**	**(576)**

*Hosted Services - Net Impact of Risk Sharing Adjustment

Appendix 2

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22 Oct-21

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
1							
	Psych Of Old Age (In Pat)			4,714	91	4,714	91
	Older People Serv. - Ecs			1,138	568	1,138	568
	Older Peoples Serv. -Community			558	-122	558	-122
	Ijb Medicine for Elderly			5,675	256	5,675	256
	Medical (P.O.A)			734	195	734	195
	Psy Of Old Age - Community			2,371	-450	2,371	-450
	Intermediate Care			13	-13	13	-13
	Medical (MFE)			1,780	-133	1,780	-133
	Care at Home	19,200	1,688			19,200	1,688
	Care Homes	25,238	-109			25,238	-109
	Day Services	1,009	-74			1,009	-74
	Respite	590	-379			590	-379
	Accommodation with Support	276	36			276	36
	Other	-5,100	-220			-5,100	-220
	Older Peoples Services	41,213	942	16,984	392	58,197	1,334
2							
	General Adult Psychiatry			3,934	275	3,934	275
	Care at Home	39	-21			39	-21
	Care Homes	372	412			372	412
	Day Services	63	-34			63	-34
	Respite	0	35			0	35
	Accommodation with Support	4,109	353			4,109	353
	Other	398	-409			398	-409
	Mental Health	4,982	336	3,934	275	8,916	611
3							
	Learning Disability (Dundee)			1,509	-51	1,509	-51
	Care at Home	42	-8			42	-8
	Care Homes	2,801	-145			2,801	-145
	Day Services	7,883	497			7,883	497
	Respite	549	-122			549	-122
	Accommodation with Support	20,281	-324			20,281	-324
	Other	-3,529	154			-3,529	154
	Learning Disability	28,027	52	1,509	-51	29,536	1

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
4							
	Care at Home	807	-58			807	-58
	Care Homes	1,856	-202			1,856	-202
	Day Services	1,226	-245			1,226	-245
	Respite	16	-56			16	-56
	Accommodation with Support	572	-282			572	-282
	Other	535	452			535	452
	Physical Disabilities	5,012	-391	0	0	5,012	-391
5							
	Dundee Drug Alcohol Recovery			2,925	-70	2,925	-70
	Care at Home	0	0			0	0
	Care Homes	324	-126			324	-126
	Day Services	60	1			60	1
	Respite	0	0			0	0
	Accommodation with Support	287	-2			287	-2
	Other	543	-125			543	-125
	Drug and Alcohol Recovery Service	1,213	-252	2,925	-70	4,138	-322
6							
	A.H.P.S Admin			453	0	453	0
	Physiotherapy			4,430	-340	4,430	-340
	Occupational Therapy			1,562	668	1,562	668
	Nursing Services (Adult)			7,433	337	7,433	337
	Community Supplies - Adult			310	30	310	30
	Anticoagulation			440	-48	440	-48
	Other Adult Services	484	-100			484	-100
	Adult Services	484	-100	14,629	647	15,113	547
7							
	Palliative Care - Dundee			2,955	12	2,955	12
	Palliative Care - Medical			1,324	33	1,324	33
	Palliative Care - Angus			372	10	372	10
	Palliative Care - Perth			1,872	-61	1,872	-61
	Brain Injury			1,857	-61	1,857	-61
	Dietetics (Tayside)			3,215	-52	3,215	-52
	Sexual & Reproductive Health			2,331	-275	2,331	-275
	Medical Advisory Service			108	-50	108	-50
	Homeopathy			30	6	30	6
	Tayside Health Arts Trust			75	0	75	0
	Psychology			5,471	-201	5,471	-201
	Psychotherapy (Tayside)			929	0	929	0
	Learning Disability (Tay Ahp)			879	-147	879	-147
	Hosted Services	0	0	21,418	-786	21,418	-786

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
8							
	Working Health Services			0	20	0	20
	The Corner			445	-17	445	-17
	Grants Voluntary Bodies Dundee			0	0	0	0
	Ijb Management			599	118	599	118
	Partnership Funding			26,628	0	26,628	0
	Urgent Care			209	-2	209	-2
	Public Health			643	-100	643	-100
	Keep Well			603	-122	603	-122
	Primary Care			639	-154	639	-154
	Support Services / Management Costs	2,568	-193			2,568	-193
	Other Dundee Services / Support / Mgmt	2,568	-193	29,766	-257	32,334	-450
	Centrally Managed Budget			1,442	-488	1,442	-488
	Total Health and Community Care Services	**83,498**	**395**	**92,607**	**-339**	**176,105**	**56**
	Other Contractors						
	FHS Drugs Prescribing			32,909	-1,052	32,909	-1,052
	Other FHS Prescribing			128	-77	128	-77
	General Medical Services			28,036	276	28,036	276
	FHS - Cash Limited & Non Cash Limited			22,535	5	22,535	5
	Large Hospital Set Aside			0	0	0	0
	Grand H&SCP	**83,498**	**395**	**176,215**	**-1,187**	**259,713**	**-792**
	Hosted Recharges Out			-12,651	-7	-12,651	-7
	Hosted Recharges In			9,558	223	9,558	223
	Adjustment			**-3,093**	**216**	**-3,093**	**216**
	Grand Total	**83,498**	**395**	**173,122**	**-971**	**256,620**	**-576**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB				Appendix 3
Risk Sharing Agreement - October 2021				
Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation	
Forensic Service	1,075,310	(235,000)	(92,600)	
Out of Hours	8,225,897	(420,000)	(165,500)	
Locality Pharmacy	2,511,906	0	0	
Tayside Continence Service	1,517,184	13,500	5,300	
Speech Therapy (Tayside)	1,241,323	11,500	4,500	
Hosted Services	**14,571,620**	**(630,000)**	**(248,300)**	
Apprenticeship Levy	46,000	(2,500)	(1,000)	
Baseline Uplift surplus / (gap)	(74,639)	0	0	
Balance of Savings Target	(24,734)	(24,734)	(9,700)	
Grand Total Hosted Services	**14,518,247**	**(657,234)**	**(259,000)**	
Services Hosted in Perth & Kinross				
Prison Health Services	4,068,931	(10,000)	(3,900)	
Public Dental Service	2,555,276	188,000	74,100	
Podiatry (Tayside)	3,303,887	219,000	86,300	
Hosted Services	**9,928,095**	**397,000**	**156,500**	
Apprenticeship Levy - Others	41,700	338	100	
Baseline Uplift surplus / (gap) - Others	75,851	0	0	
Balance of Savings Target	(306,208)	(306,208)	(120,600)	
Grand Total Hosted Services	**9,739,438**	**91,130**	**36,000**	
Total Hosted Services	**24,257,685**	**(566,104)**	**(223,000)**	

Appendix 4

	Dundee IJB - Budget Savings List 2021/22		
	Agreed Savings Programme		
		2021/22 £000	**Risk of non-delivery**
(A)	**Full Year Effect of 2020/21 Savings**		
1)	New Meals Contract Price from Tayside Contracts under new CPU arrangements	*52*	Low
	Total Base Budget Adjustments	**52**	
(B)	***Non Recurring Savings 2021/22***		
1)	Reduction in GP Prescribing Budget	500	Low
2)	Reduction in Discretionary Spend (eg supplies & services, transport costs)	175	Low
3)	Anticipated Increased Staff turnover	350	Low
4)	Review Anticipated Additional Carers Funding for 2021/22	397	Low
5)	Delayed Utilisation of Reinvestment funding	400	Low
	Total Non-Recurring Savings	**1,822**	
(C)	**Recurring Savings**		
1)	Impact of DCC Review of Charges	168	Medium
	Total Recurring Savings	**168**	
	Total Savings Identified	**2,042**	
	Savings Target	**2,042**	

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT: WINTER PLANNING FOR HEALTH AND SOCIAL CARE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB64-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with information on a range of measures and new investment being put in place nationally by the Scottish Government to help protect health and social care services over the winter period and to provide longer term improvement in service capacity, and how this will impact and be managed through Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the anticipated service capacity enhancements that are being developed by officers in the Health and Social Care Partnership

2.2 Note the additional funding streams that will be received by the IJB and instruct the Chief Finance Officer to report on any significant variations to the next IJB meeting in February 2022.

2.3 Approve the increased contract payments to Commissioned Service Providers to enable the increased hourly wage payment to staff providing direct care with effect from 1st December 2021, as detailed in section 4.7.5 of this report.

2.4 Instruct the Chief Finance Officer to report on progress to the April 2022 IJB meeting.

3.0 FINANCIAL IMPLICATIONS

3.1 While detailed cost implications have not been quantified in this report, any new and expanded initiatives and the associated identified additional expenditure will be funded fully through the additional Scottish Government allocations.

3.2 As detailed in section 4.7, increased Contract Payments to Adult Social Care providers will be required with effect from 1st December 2021. It is anticipated that the full cost implications will be funded through the additional Scottish Government allocation, but any significant variance against this will be reported to the IJB at the next meeting in February 2022.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Scottish Government announced on 5 October 2021 that new investment of more than £300m in recurring funding will be put in place nationally to help protect health and social care over the winter period and to provide longer term improvement in service capacity across the

health and social care system https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/ Since then, further detailed information has been provided by the Scottish Government to Integration Authorities and partner bodies as to how the funding should be directed.

4.1.2 It is collectively understood that services continue to face significant demand and the current pressures are likely to further intensify over the winter period.

4.1.3 Winter planning pressures are predicated on four key principles –

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.
2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

4.1.4 The additional funding to develop these principles is expected to have a lasting and sustainable impact on health and social care by building resilience to see the services through winter as well as building on the approach to recovery and renewal. Services are currently working to update remobilisation plans to reflect progress made to date; this update will also take account of winter planning activities and the planned use and impact of the additional funding and investment described in section 5. A report on the Partnership's remobilisation plan will be submitted to the Integration Joint Board prior to the end of the current financial year.

4.2 **Additional Funding and Investment Priorities**

4.2.1 Scottish Government announcements include a number of areas that may directly impact on Dundee Health and Social Care Partnership (figures noted below are national funding allocations for 2021/22)

- £62m for enhancing care at home capacity
- £40m for interim, 'step-down' care
- £20m for enhancing Multi-Disciplinary Teams
- £15m for recruitment of support staff
- Up to £48m to increase hourly rate of pay for social care staff
- £28m to support primary care
- £4m to support staff wellbeing with practical and emotional needs
- £4.5m to support Health Boards to recruit from outwith Scotland

4.3 **Enhancing Care at Home Capacity (Dundee 21/22 allocation £1,787k)**

4.3.1 Recurring funding is being allocated to build capacity in care at home community-based services, to help fulfil unmet need, deal with the current surge in demand and complexity of individual needs and help ease pressures on unpaid carers.

4.3.2 Scottish Government expects the funding to be spent on

- Expanding existing services
- Funding a range of approaches to preventing care needs from escalating
- Technology-enabled care

4.4 **Interim 'step down' care placements (Dundee 21/22 allocation £1,153k)**

4.4.1 Funding in 21/22 (and then £20m nationally for 22/23) is being allocated to enable patients currently in hospital to move to care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting.

4.4.2 These placements are likely to be for a period of up to 6 weeks through an expedited process, with no financial liability for the individual or their family towards the costs of the care home.

4.4.3 Interim placements may be offered where an appropriate care at home package is not available immediately, or when the first choice care home is temporarily unavailable.

4.4.4 Local teams will continue to work with people and their families to explore options, maintaining choice and control.

4.5 **Enhancing Multi-Disciplinary Teams (MDTs) (Dundee 21/22 allocation £577k)**

4.5.1 Recurring funding is being provided to strengthen Multi-Disciplinary Working across health and social care to support discharge from hospital and ensure that people can be cared from as close to home as possible, reducing avoidable admissions to hospital.

4.5.2 MDTs support social work and care assessment, hospital-to-home and rapid response in the community.

4.5.3 MDT members usually include Social Workers, Healthcare Professionals, Occupational Therapists and voluntary sector organisations.

4.6 **Recruitment of Support staff (NHS Tayside 21/22 allocation to be confirmed)**

4.6.1 To further support the MDT's, territorial health boards are being asked to recruit additional 1000 nationally (NHS Tayside share 78) staff at AfC Band 3-4, to provide additional capacity across a variety of health and care services.

4.7 **Increase hourly rate of pay for social care staff (Dundee allocation £1,384k)**

4.7.1 Following agreement at COSLA leaders and the Scottish Goverment, an interim national pay uplift for Adult Social Care workers has been agreed.

4.7.2 The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants and staff providing sleepovers, and will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS options.

4.7.3 The funding will enable pay for these workers, in these services, to be uplifted from at least £9.50 per hour as previously agreed from April 2021 to at least £10.02 per hour and will take effect from 1st December 2021.

4.7.4 To avoid individual contract negotiations, national weighted percentages have been set to uplift contract values, in line with proportion of typical workforce costs, and revised Contract Variation Letters are being issued to care providers on this basis. Uplifts to the National Care Home Contract fee rates will also be made through the national framework arrangement.

4.7.5 The IJB is asked to approve this payment of increased Contract Payments to Providers with effect from 1st December 2021 to ensure the pay uplift for Adult Social Care staff can be actioned appropriately.

4.7.6 It is assumed at this stage that the allocation received by Dundee IJB will be sufficient to cover the additional cost implications – however any significant variation to this will be reported at the next IJB meeting once all additional payments have been made.

4.8 **Support Primary Care**

4.8.1 The funding is being allocated to accelerate multi-disciplinary team recruitment to aid General Practice as part of the implementation of GP contract, as well as targeted funding to tackle the backlog of routine dental care.

4.8.2 A share of the MDT funding to support General Practice is being made available to HSCP's who are on track to spend their recurring Primary Care Improvement Fund (PCIF) allocation in 2021/22 and can demonstrate with reasonable confidence that any additional funding will be utilised on MDT staff in 2021/22.

4.8.3 As previously reported to the IJB, (Article VII on minute of meeting of 21st August 2021 and report DIJB40-2021), Dundee Primary Care Improvement Plan as brought forward funding of

£2,173k into 2021/22 from previous year underspends due to recruitment delays and timing slippage at earlier stages of the plan, coupled with the impact of the pandemic more recently.

4.8.4 The 2021/22 plan indicates it is unlikely that current year allocation will be spent in full and therefore there will be additional underspend to add to the brought forward balance at the end of 2022/23.

4.8.5 As a result of the current year spend plans, Dundee PCIF does not meet the criteria to access additional funding in 2021/22. It should be noted that this is a similar scenario in other Tayside PCIF's.

4.8.6 Feedback on the local position has been provided to Scottish Government for 2021/22 funding. The position for accessing future year funding is unclear and officers will continue to work with local and Scottish Government colleagues to ensure appropriate levels of funding is accessed where available.

4.9 **Support staff wellbeing with practical and emotional needs (Dundee 21/22 allocation £57k)**

4.9.1 Scottish Government have recognised that the wellbeing of health and social care workforce is of significant importance, and now, more than ever, it is critical that staff take rest breaks and leave to which they are entitled as well as being given time to access national and local wellbeing resources at work.

4.9.2 Funding resources are being made available to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid rest and recuperation, as well as additional psychological support.

4.10 **Support Health Boards to recruit from outwith Scotland and in Specialist Areas of Need**

4.10.1 It has been recognised that there are specific workforce shortages where Health Boards have struggled to achieve the numbers of workforce that they need. Nationally coordinated marketing campaigns will be taken forward to help tackle some of these specific challenges, including a campaign for Band 5 nurses working in community health and social care.

4.10.2 Additional funding will also be made available to Health Board develop capacity within recruitment teams to support international recruitment.

4.11 **Impact of IJB's Financial Position**

4.11.1 The financial impact of the additional funding and anticipated expenditure relating to these funds will continue to be monitored over the remainder of the financial year and reported to the February IJB meeting. It is not yet known if any underspends associated with these funds in the current financial year will be retained by the IJB for future years or returned to Scottish Government.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

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Risk 1 Description	Funding available to support the increase in payment for adults social care workers to £10.02 is insufficient leading to an unplanned budget pressure
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (High Risk)
Mitigating Actions (including timescales and resources)	Effective financial modelling of the cost of implementation Discussions with Scottish Government should a funding gap be identified
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

Dave Berry
Chief Finance Officer

DATE: 01/12/21

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	15 December 2021
3	Date from which direction takes effect	15 December 2021
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Contractual Payments to Social Care Providers
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council to uprate all eligible contractual payments to social care providers in line with the Scottish Government's policy as set out in section 4.7 of this report.
8	Budget allocated by Integration Joint Board to carry out direction	£1,384k
9	Performance monitoring arrangements	Through social care contract monitoring arrangements.
10	Date direction will be reviewed	31st March 2022

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2021**

REPORT ON: **WINTER PLAN - NHS TAYSIDE AND PARTNER ORGANISATIONS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB67-2021**

1.0 PURPOSE OF REPORT

The purpose of this report is to present to Dundee Integration Joint Board the Winter Planning arrangements for NHS Tayside and the Tayside Health and Social Care Partnerships for 2021/22 (attached as appendix 1). This is an integrated plan that provides cohesive plans for winter across the Health and Social Care Partnerships and Acute Services, supported by the remobilisation plans and influenza (flu) planning.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the overview of whole system working in preparation for anticipated winter challenges (sections 4.1 to 4.3).

2.2 Endorse and approve the Winter Plan (NHS Tayside and Partner Organisations 2021/22), attached as appendix 1, for submission to the Scottish Government.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has provided £1.281m for winter planning to NHS Tayside which has been further enhanced by NHS Tayside to the value of £0.219m giving a total resource available of £1.5m to support the NHS Tayside Winter Plan for financial year 2021/22. This is consistent with the approach taken in previous years. Dialogue continues with Scottish Government Finance representatives around a further tranche of winter monies before the end of the financial 21/22.

4.0 MAIN TEXT

4.1 The Scottish Government issues annual guidance to NHS Boards and Integration Authorities to support health and social care services to prepare for winter. The Scottish Government request that NHS Boards working with local Health and Social Care Partnerships lodge winter plans with Scottish Government for approval.

4.2 The Tayside Unscheduled Care Board provides the governance and oversight required to support the allocation of winter planning funding and 6 Essential Actions unscheduled care funding. In previous years, NHS Tayside received funding of £1m - £1.5m. However, at time of writing this report the Scottish Government has still to confirm 2021/22 allocations.

4.3 The NHS Tayside Winter Plan has been developed taking cognisance of learning from the ongoing response to COVID-19, other infectious disease prevalence including influenza and norovirus and is closely aligned to the Redesigning Urgent Care programme being delivered by Scottish Government. In September 2021, the Scottish Government commissioned NHS Boards and Health and Social Care Partnerships to provide the next iteration of their Remobilisation Plans to reflect how health and social care services were preparing for the winter season. This

year's winter plan will be underpinned by the Remobilisation Plan to ensure a whole system focus.

4.4 The key principles of the Winter Plan are outlined below:

- Prevent – The prevention of illness and admissions within our population and staff.
- Inform – A whole system escalation framework.
- Respond – Whole system escalation and business continuity planning.
- Communicate – Communication across the system for staff and good communication with the population of Tayside.
- Business as usual approach.

4.5 The Winter Plan focuses on key areas to ensure early prevention and response in order to minimise potential disruption to services and ensure that partners continue to provide safe and effective care for our population. Winter Plans ensure that safe and effective care for people using services and effective levels of capacity and funding are in place to meet expected activity levels. However, this year is more challenging than previous years, as there are additional challenges which have great potential to exacerbate winter 2021/22 pressures on our health and social care system, including:

- A resurgence of COVID-19 disease with increased demand on health and care services alongside a depleted workforce who may require to isolate/shield.
- Disruption to the health and social care systems due to adjustments required to reduce risk of COVID-19 transmission.
- A backlog of non-COVID-19 health care with resultant impact due to deterioration in people's chronic conditions leading to them presenting for urgent care.
- A possible influenza outbreak and the requirement to vaccinate an extended cohort of people this winter.
- The possibility of bad winter weather.
- The ongoing impact of Brexit on health and social care systems and providers.

4.6 Section 6.2 of the Winter Plan (attached as appendix 1) details the specific actions for Dundee Health and Social Care Partnership. The focus of the Winter Plan is in-line with the national direction of ensuring people can access the right care at the right time and in the right place, supporting home or community first, avoiding admissions, and facilitating and supporting timely and efficient discharges. The key areas of focus agreed by the Health and Social Care Partnerships across Tayside are:

- Enhanced community support services.
- Anticipatory care planning and end-of-life support for end-of-life care in care homes.
- Support the discharge hub to improve discharge planning.
- Workforce planning.
- Enhanced support to care homes.
- Further development of acute frailty models.

- Promotion of flu vaccinations.
- Falls prevention.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Sufficient, integrated planning and resources are not in place to fully mitigate the impact of a range of pressures on health and social care services, supports and workforce over the winter period and as a result the continuity and quality of provision is negatively impacted and individual experience poor outcomes.
Risk Category	Operational, Governance
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	• Agreement of Winter Plan between NHS Tayside and the Health and Social Care Partnership across Tayside. • Allocation of additional funding by the Scottish Government to support integrated winter planning and mitigation of risk. • Ongoing collaborative, whole-systems working through the Unscheduled Care Board.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 21 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service - Health and Community Care, Dundee City Council Management Team and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 1 December 2021

Lynne Morman
Associate Locality Manager, Acute and Urgent Care

Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

2021/22

Contents

Executive Leads for Winter

Lorna Wiggin, Director of Acute Services, NHS Tayside
Gail Smith, Chief Officer, Angus, Health & Social Care Partnership
Vicky Irons, Chief Officer, Dundee, Health & Social Care Partnership
Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Operational Leads for Winter

Dr Andrew Reddick, Clinical Service Director, Winter & Contingency Planning
Susan Bean, Winter & Contingency Planning Lead
Jillian Galloway, Head of Adult Health, Angus HSCP
Diane McCulloch, Head of Service Health & Community Care, Dundee HSCP
Evelyn Devine, Head of Health, P&K HSCP

Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service, and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2021/22 through the Tayside Unscheduled Care Board and other key strategic and operational fora across these organisation's.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated Winter plan is essential. Acute services, Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) and staff side partners have been involved in the development of the NHS Tayside Winter plan to ensure timely access to the right care in the right setting. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning has become significantly more complex in recent years due to the ongoing requirement to respond to the unprecedented demands of the COVID-19 pandemic. The Tayside Winter Plan has been developed in line with the principles of the national Unscheduled Care programme including the Redesign of Urgent Care, Six Essential Actions - Building on Firm Foundations, and taking full account the priorities for winter set out within the Scottish Government's Re-Mobilisation Plan correspondence to Boards. The work also takes cognisance of the Scottish Government's extant winter guidance and checklist. All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the continued level of partnership and integrated working. The Winter Plan articulates the resilience and response NHS Tayside and its partner organisation's will have in place to cope with expected winter pressures, within the COVID-19 landscape.

Learning from previous winter responses and further consolidation of the learning from the COVID-19 response and remobilisation has informed winter planning this year. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased seasonal illness as well as to try and prevent illness and unscheduled admissions. NHS Tayside continues re-design services in preparation of expected winter pressures within a COVID landscape, with this work detailed throughout the winter plan building on the information contained in the NHS Tayside Remobilisation Plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. As part of this, Tayside teams will utilise rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses to ensure patients are placed in the most appropriate setting for their care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilization of resources over the winter period. Finally, an enhanced and ambitious COVID-19 and Influenza vaccination programme across Tayside sits at the forefront of our plan this year.

The winter plan has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisation's will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning and business continuity arrangements to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2021 – March 2022.

1. Introduction

1. Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Acute Services, and Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes is key to effectively manage the potential demands associated with this more complex and challenging winter period of 2021/22.

This is to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients, their families and staff.

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2021/22. These sources include:

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme; and Redesign of Urgent Care Programme
- Tayside Winter Planning Core Group
- Tayside Winter Planning Operational Group
- NHS Tayside local Review of Winter 2020/21
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Governmnet Health & Socail Care Winter Overview 2021-2022
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2020/21
- Scottish Government's Re-Mobilisation Plan correspondence

Review and local feedback of demand for services so far in 2021 has informed that this winter period creates a number of challenges for all partners delivering access to safe, timely health and social care services. The main challenges are reflected by the Scottish Government's recommended areas for consideration detailed below in the approach taken to deliver the winter planning aims.

1.3 Approach

Tayside Unscheduled Care Programme Board

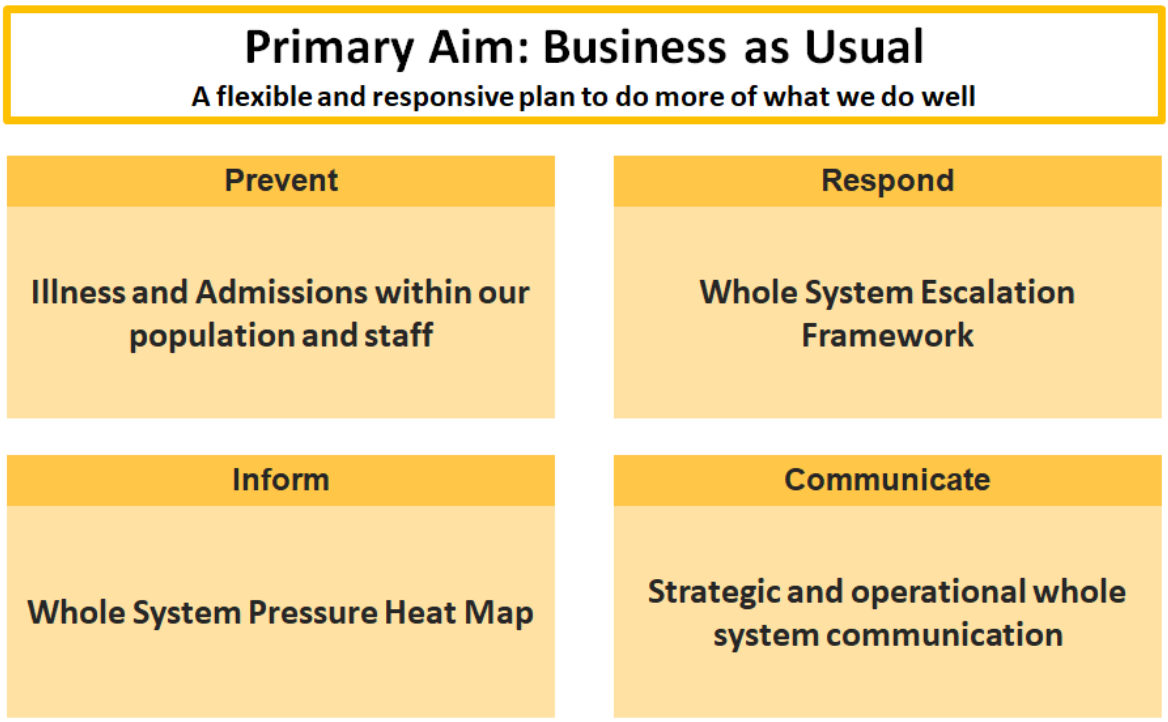
The Tayside Unscheduled Care Programme Board has responsibility for supporting and facilitating the implementation of the National Urgent & Unscheduled Care – 6 Essential Actions Improvement Programme across NHS Tayside and the 3 Health and Social Care Partnerships residing within the Tayside Boundary.

The Tayside unscheduled care board have set out the intention to align the National programme Workstreams against local strategic priorities for 2021-22 under the following Workstreams:

Collectively, these Workstreams are represented as a compass

- **N**avigating Journeys of Care // Interface Care
- **E**nhanced Discharge Community Support // Optimised Discharge
- **R**edesign of Urgent Care // Alternatives to Admission
- **W**inter and contingency planning

Winter and Surge Planning are integral to the priorities and deliverables of the programme and is incorporated to ensure an aligned and cohesive approach across the whole system of care. The success of Tayside's winter plan in previous years has been through alignment with the Tayside Unscheduled Care portfolio. This year, the Tayside Winter plan will focus on the same key priorities, building on local learning from both winter and pandemic responses.



The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government guidance:

- **Management of Viral Illnesses**: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus, Sapovirus, Astrovirus, Rotavirus and Adenovirus. .
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of Nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
    - Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

The plan will be delivered, with each of the key areas underpinned by the following approach of Prevent, Inform, Respond, and Communicate with corresponding key actions as follows:

Prevent
-The prevention of Illness and Admissions within our population and staff

- Infection Prevention and Control: Prevent illness in the first place
    - Influenza Campaign, Respiratory Disease Pathways
- Community based care: Enhanced Care Support especially in the frail elderly population.
- Rehabilitation at home or community rather than hospital.
- Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments and a Flow Navigation Centre.
- Assess to Admit: Ninewells and Perth Royal Infirmary - >65% discharge rate.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

Inform
-A Whole System Escalation Framework

- Understanding System Pressures with data driven Trigger warnings & planned Escalation.
- Regular Safety and Flow Huddles across 7 days.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.
    - Use of common themes in all learning
    - Predictive Data:
        - Out-of-Hours, NHS 24, General Practice
        - 'System watch" for unscheduled admissions
        - Health Protection Scotland (HPS) data, tailored to Tayside
        - Command Centre, with system triggers
        - Public Health information
        - Multi Source Data Heat Map

Respond
-Local and Organisational Business Continuity Planning

- Actions/Response to local, organizational, and national triggers.
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans.
- Hospital site safety & flow framework.
- Communication plan : covering staff, patients the public and our partners.
- Regular multi agency Winter Plan planning meetings already established and ongoing.
- Escalation plans at Service, Site and System level

Communicate
- Informing our staff, patients, and the public in Tayside

- Communicate identified pressures and the action needed to maintain access to planned and unscheduled care in hospital and in community and homely settings.
- Robust local Business Continuity Plans.
- Communicate Whole System Approach with improved Visual Aid communication of key pathways and escalation processes to staff.
- Final Winter Plan agreed by acute services, Integrated Joint Boards and NHS Tayside Board.
- Tayside wide Winter Communication Campaign keeping our staff, patients and the public informed.
- Festive signposting messages and directory of key services and contacts communicated across Health Social Care & Partner Organisation's.

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight of the allocation of winter planning funding for 2021/22.

The aim for is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimising disruption to services, and preventing deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19, and inclement weather.

The table below outlines the financial commitment towards the Winter Plan as well as the level of national funding which has been made available to date:

	£m
SG - Winter Planning	0.758
SG - 6 Essential Actions	0.523
NHS Tayside	0.219
Total	**1.500**

The Scottish Government has provided £1.281m as per the allocations in the above table which has been further enhanced by NHS Tayside to the value of £0.219m giving a total resource available of £1.5m to support the NHS Tayside Winter Plan for financial year 2021/22. This is consistent with the approach taken in previous years.

Dialogue continues with Scottish Government Finance representatives around a further tranche of winter monies before the end of the financial 21/22.

Preparing for winter funding as well as the Unscheduled Care Programme funding will be allocated across the target areas detailed throughout the Tayside Winter Plan 2021/21. In accordance with national recommendations funding will be specifically targeted on the following areas:

A scoring matrix was applied to each bid for winter and unscheduled care monies to ensure fair and transparent process.

Appendix 1 details the level of investment allocated against the areas.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board, as these funding allocations are to support services to rapidly redesign and enable tests of change to be implemented over the winter period, it is expected that a progress report is completed and submitted to the Unscheduled Care Board. This report will include details around each initiative, funding allocated, spend to date with any variance, aligned outcome measures, progress update, and exit strategy.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
	Draft Approval	
5th November 2021	Final Approval	Operational Leadership Team
22nd November 2021	Final Approval	Executive Leadership Team
TBC	Approval	Dundee Integrated Joint Board
TBC	Final Approval	Perth & Kinross Integrated Joint Board
TBC	Approval	Angus Integrated Joint Board
16th December 2021	Final Approval	NHS Tayside Board favourite

1.6 Governance Arrangements

- The Winter Plan will be presented to Silver & Gold Command for approval.
- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service for Health, Angus Health & Social Care Partnership, and will use measures to assess the impact of the plan.
- An Unscheduled Care Programme Team is in place supported by a programme manager, and with an improvement advisor and Improvement Support Officer. These posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each NHS Tayside Board meeting.
- Weekly Senior Operational Leadership meeting chaired by Operational Medical Director with senior clinical and managerial input.
- Clinically-led and managerially-enabled operational structure for acute services.
- Whole system Safety and Flow Huddle processes including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays.
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, and where to go for services and public health messages.

2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes relate to the Re-design of Urgent Care, Interface Care, building on the firm foundations of the Six Essential Actions Unscheduled Care Programme; delivering care closer to home, with prevention of admission where possible; ensuring optimal patient

flow through the hospital journey as well as ensuring a robust whole system approach to communication and planning for winter.

This Winter Plan has been developed with a commitment to the Unscheduled Care Programme, using a collaborative approach across Health and Social Care Partnerships to whole system planning across the local system and services. Progress of the unscheduled care local improvement work is continuous, focused on key actions to improve unscheduled care in all settings.

The Unscheduled Care Programme key priorities for redesign and improvemenfor2021/22 are illustrated in Appendix 2 with the key drivers and framework for winter planning illustrated in Appendix 3.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside has been highly commended over recent years for its integrated approach to delivering unscheduled care pathways and performance against the 4-hour emergency access standard. During the initial response to COVID-19, Tayside has remained the highest performing territorial board. This has been achieved through working together with partner agencies, developing approaches to care provision with acute and community services, primary care, Scottish Ambulance Services (SAS) and NHS 24. The approach within the winter plan is aimed at continuing and building on this success. The winter planning approach is also aligned with the expectation that significant steps will be made this winter to implementing a consistent approach to urgent care pathways. Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards).
- Weekend Discharge Rates - Day of Discharge weekday vs. weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict demand across the system.
- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan.
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
    - ➢ 31-day target from decision to treat until first treatment, regardless of the route of referral.

- 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets.

Appendix 4 illustrates a snapshot of the Unscheduled Care Dashboard.

Initially developed to support planning for Winter 2020/21, the multi source data heat map has become a well embedded tool for use across NHS Tayside. Heat map indicators are being reviewed and refined in advance of the winter period and new maps have been created for mental health and pediatrics to ensure that assessment of system pressure is as comprehensive as possible.

This winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisation's will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond.

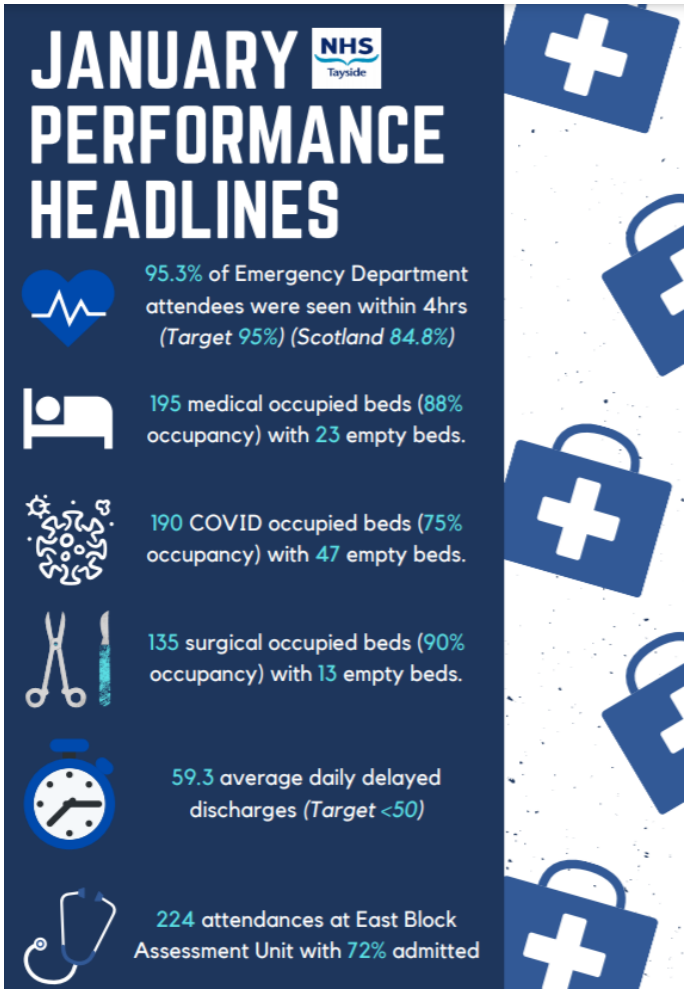
2.2 Lessons Learned from Winter 2020/21

A full evaluation of the 2020/21 Winter Plan was completed in May 2021.

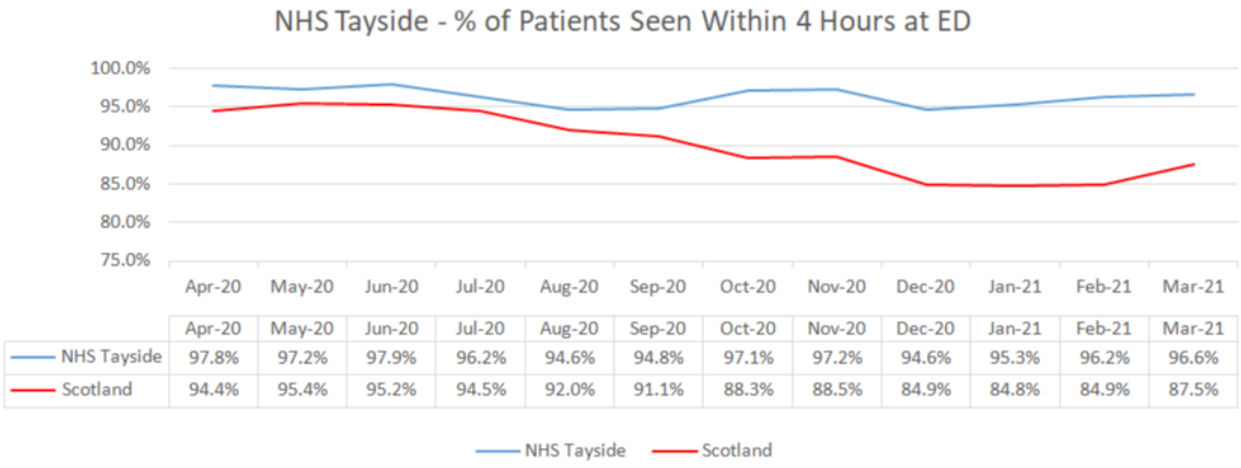
Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2021/22.

NHS Tayside performed extremely well over the winter period. Much of this was a result of whole system planning and preparation for increased demand. NHS Tayside has adopted a "Clinically led, managerially enabled" model. In practice this has led to senior doctors, managers and lead nurses working together in an honest and supportive way.

A summary of acute performance in January 2021 is shown below:

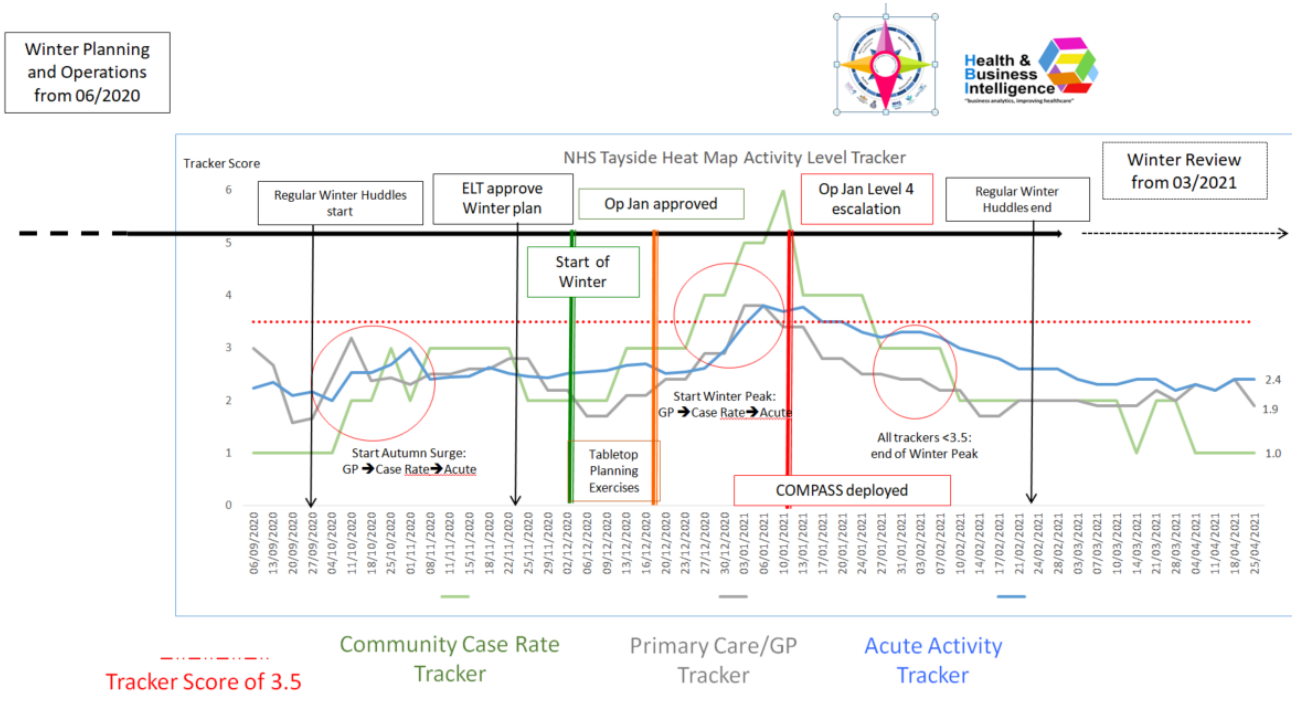


NHS Tayside delivered performance against the 4 hour National Emergency Access Standard at a higher level than the Scottish average throughtout the winter period.



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
NHS Tayside	97.8%	97.2%	97.9%	96.2%	94.6%	94.8%	97.1%	97.2%	94.6%	95.3%	96.2%	96.6%
Scotland	94.4%	95.4%	95.2%	94.5%	92.0%	91.1%	88.3%	88.5%	84.9%	84.8%	84.9%	87.5%

Heat Map activity scores throughout winter 2020/21 were tracked over time and key events in the planning and delivery timeline are shown against this, below:



Recommendations from the evaluation of the Tayside Winter Plan 2020/21 have been used to inform the Tayside Winter Plan 2021/22 and can be summarised under the 4 main workstreams:

Plan

- Mainstream the use of the Mulit Source Data Heat Map
- Establish a Strategic Activity Planning portfolio encompassing winter and contingency planning to provide clinically lead, managerially enabled dedicated support and leadership

Respond

- Continue work to refine safety & flow huddles, improving multi agency and partnership engagement
- Develop further data triggers for activity in receiving units
- Develop service, site and system wide esclation plans

Inform

- Refresh of business continuity plans across all areas
- Develop systems to ensure that demand and pressure are visible to clinical teams in a meaningful way

Communicate

- Consider how best to communicate with staff, patients and the public both in routine work and at times of escalating pressure

3. Winter Plan 2021/22

The Tayside Winter Plan 2021/22 is set out in accordance with the key priority areas aligned to the Scottish Government recommendations:

- **Management of Viral Illnesses**: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus and other causes of GI illness and outbreaks.
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Test and protect and impact of COVID-19 on near/rapid patient testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of Nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
    - Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisation's have robust business continuity management arrangements and plans in place. Tayside-wide groups involving all partner organisation's such as the Local Resilience Partnership (LRP) meet regularly throughout the year but during the winter with a particular focus on the Winter Pressure Plan which describes the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter pressure
- Identify early and longer term actions for LRP activity/response
- Identify strategic objectives for the LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

3.2 Adverse Weather

Themes highlighted from previous local reviews of adverse weather were mainly in relation to staff transport and accommodation. Transport due to adverse weather whilst managing COVID-19 will provide an additional challenge. Areas to be considered include:

- Staff will be encouraged to be self resilient.
- Staff are requested to sign up to Met Office weather alerts so that sufficient advance warning of adverse weather can inform operational readiness.

- Organisational weather alerts will be circulated via the Risk & Resilience Planning Team for Amber/Red Weather Warnings.
- Duty Executive awareness through attendance at daily huddle meetings
- Links to existing plans, Adverse Weather Procedure, and Departmental Business Continuity Plans where learning from COVID-19 should also be reflected
- Link to HR policies
- Ownership is operational rather than service specific
- Accommodation arrangements to be clarified for 'essential' staff who are required to support core/critical services in the event of adverse weather in collaboration with Service Leads
- Catering arrangements to be clarified for 'essential' staff who are required to support core/critical services in the event of adverse weather in collaboration with Soft Facilities Management
- Transport arrangements for 'essential' staff which are required to support core/critical services in the event of adverse weather in accordance with the Adverse Weather Procedure and where all other contingency options have been exhausted.
- Early and continued engagement with Local Resilience Partnership

The final appendix **(6)** within this Winter Plan includes a list of useful websites for ease of reference to inform resilience planning as part of winter preparedness.

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)[1] Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity, or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances for example, the cancellation of all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:-

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients

[1] Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

Hospital Ambulance Liaison Officer (HALO)

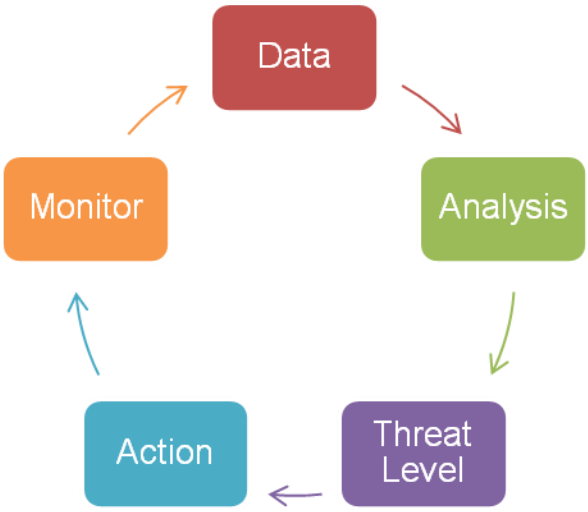
Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with its Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers to ensure early appraisal of any arising issues in order that plans can be executed or adapted effectively and resources directed appropriately.

The HALO is a member of the Tayside winter planning group which meets weekly and SAS also participate in the weekly heat map review meetings.

3.4 Escalation Strategy

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on the established Adult Pathway for escalation of COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at between primary and secondary care and the Health & Social Care Partnerships to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework will be reviewed in advance of the winter months building on the planning cycle utilised last winter:



Escalation Strategies will seek to:

- Enable local systems to maintain quality and safe care.
- Provide a consistent set of escalation levels, triggers and protocols for acute services and HSCPs alongside local services to align with their existing business as usual and escalation processes.
- Set clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies.
- To work within consistent terminology across partner organisation's for person centered care.

The Command Centre and Safety & Flow Framework will continue to be fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

Actions in progress as part of winter preparedness and planning include:

- Development of an Escalation Strategy , reviewing/building on current arrangements
- Identification of further Triggers (including in response to anticipated surges in COVID-19 activity), and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams
- Potential Use of Local Winter Action Cards

3.5 Pressure Period Hospital Site Huddle Framework

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures, in real time.

The current arrangement of daily Safety & Flow Huddles across 7 days as outlined in Appendix 5 provides Consistent senior managerial and professional nursing leadership across the acute hospital sites with daily calls facilitating engagement with partner organisations.

There are currently four safety & flow huddles per day across NHS Tayside acute hospital sites each day with input from the Health and Social Care Partnerships and partner agencies. There are professional nursing leads on each site, supported by a managerial lead and a Duty Executive.

A Safety & Flow Hub is located on each acute hospital site with modern video conferencing equipment to facilitate cross site communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

The aim is to support real time flow management and medium term planning, using data and triggers from the Command Centre Dashboard, which will include data on loco-regional COVID-19 activity as well as our usual predictive data. This will be used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity due to winter and also COVID-19 specific demands.

3.6 Winter Planning Activity/Departmental/Sector/Flexible Service Delivery Model

An information pack was developed last year to support services to develop their local plans and to bring consistency of approach to winter preparedness. The Service Preparedness Pack has been reviewed for 2021/22 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
- Communicate: when to de-escalate and recover

Appendix 6 demonstrates a draft pack. This may be reviewed and updated in line with local triggers and escalation plans.

The strategic actions aligned to the NHS Tayside response level indicated by the muilt source data heat map are shown below:

Response Level	Descriptor	Proposed Strategic Actions
0	No Disruption	• Services operating as normal • Continuous review of bed footprint
1	Increasing Demand	• Additional clinical resource (eg: medical clerking shift) • Increased access to diagnostics (evenings) • Support expedited discharge from hospital • Review bed footprint • Review transport arrangements and availability • Communicate escalating tier to partner organisations
2	Minimal service disruption	• Prepare escalating bed footprint • Review ability to provide routine outpatient clinics and P3 surgery • Communicate escalating tier to partner organizations • Start planning potential staff redeployment for Stages 3-4
3	Significant Disruption	• Consider Non Urgent/non-USC Clinics step down if staff required clinically elsewhere • Consider deferral of some P2 Surgery • Deferral of P3 Surgery • Re-deploy staff to support moving back to Activity Level 2 • Communicate escalating tier to partner organizations • Consider enhanced staff support and wellbeing requirements
4	Extreme	• All outpatient activity stood down inc. Virtual • Consider deferral of P2 Surgery if staff required clinically elsewhere • Maintain and protect inpatient bed capacity and theatre access for P1 patients. • Focus resource on delivery of P1 Surgery • Ensure enhanced staff support and wellbeing requirements • Total organizational focus on moving back to Activity Level 3

3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning. Data intelligence from the following services will be considered to inform threat planning as discussed above:

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)
- Public Health
- NHS Tayside Command Centre Dashboard
- Multi Source Data Heat Map

Public Heath will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the

current epidemiological picture on Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The Command Centre Dashboard has been significantly updated over the course of the last 12 months and now provides a wealth of real time information.

Summary of Key Actions for Resilience

Adverse Weather

- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships
- Staff accommodation, catering and transport arrangements
- Transport Hub or equivalent to manage transport requirements in the event of extreme weather conditions

SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional winter funding for extra ambulance crew/vehicles
- Hospital Ambulance Liaison Officer

Escalation Strategy

- Development of an Escalation Strategy, designed around the specific COVID-19 appropriate requirement of Winter 2020-21, and reviewing/building on current arrangements
- Identification of Triggers and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams

Pressure Period Hospital Site Huddle Framework

- Established Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems
- Command Centre Data and Triggers to inform escalation plans in the management of viral illness such as Influenza and COVID-19, as well as other system pressures

4. Management of Viral Illness

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with

potential for COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

4.1.1 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to a rapidly changing Norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of Norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.

- Winter preparedness and raising awareness through education sessions and communication briefs for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

4.1.2 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on HPS website.

Communications regarding hospital demand and norovirus related ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT will ensure that the health & social care partnerships and NHS Tayside are kept up to date regarding the national Norovirus situation by communicating HPS national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The HPS Hot Debrief tool is currently used with clinical teams for this purpose. Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and Professional Forums.

Winter funding will be made available this year for the purchase of a rapid test programme for GI pathogens, including PCR testing for Norovirus. This will enable more rapid diagnoses and appropriate isolation 7 days a week.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

4.2 PPE Procurement (Management of Viral Illness)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal respiratory viruses including influenza like illness, Norovirus and Covid-19 that might coincide with severe weather and festive holiday periods.

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement stock management of PPE co-ordinated via Bronze PPE Group
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

4.3 An Enhanced Influenza Vaccination and Covid Booster Programme

The roll out of 2021/2022 Enhanced Flu and Covid Booster programme commenced on the 6th September 2021 with flu vaccinations being delivered to pre school children in community settings and those Over 70 or classed as Clinically Extremely Vulnerable (CEV) in General Practices across Tayside with an aim to complete delivery of Flu immunisation by mid December, this remains on target with over 100k doses delivered by 7th November 2021.

Covid booster vaccination commenced for the Over 70s and CEV on the 11th October and all eligible have now been vaccinated at the vaccination centres or in care homes settings. Housebound visit roll out has begun and will conclude by December. Vaccination of those 60 to 69 and at risk is now being progressed with co- administration of both flu and Covid boosters which will continue to mid November when the online portal for booking will open for those aged 50 to 59 and those classed as unpaid carers.

Drop-ins continue to be available for those requiring 1st or 2nd doses. To date over 727k Covid vaccinations have been delivered in Tayside and this includes over c96k booster doses (13.1% over Scottish Average of 9.9% currently) and c3k 3rd doses as part of Tranche 2.

The current target is to ensure 80% of those due their flu and Covid booster will be in receipt of this by mid December 2021. The programme will continue to vaccinate the remaining eligible population with their Covid booster when becomes due (6 month post second dose) which is anticipated will continue through to the end of March 2022.

The ongoing delivery of the current COVID-19 vaccination programme is predicated on the use of designated vaccination centres and having dedicated vaccination workforce.

4.3.1 Assessment and Delivery Staff Flu and Covid Booster Campaign

The local staff vaccination programme commenced on the 23rd of September 2021with the national online booking system live from 20th September2021. Vaccinations were provided within the Improvement Academy in Ninewells Hopsital, Dundee, Perth Royal Infirmary site in Perth, Mackinnon Centre Dundee (for community based staff) and from Montrose Town Hall, Reid Hall Forfar and the Arbroath Community Centre. The staff clinics in IA, PRI and Mackinnon Centre have now closed and all activity transferred to the public facing clinics in Dundee Central Venue and Dewars Ice Rink. Staff are also offered the opportunity to attend Community Pharmacies for flu vaccination only and a programme of peer vaccinations will commence over the next 4 weeks to maximise opportunity for staff to receive their flu vaccination.

4.3.2 Staff Uptake Target

Staff who have attended clinics to date have been offered both flu and Covid booster vaccination when eligible (6 months from 2nd dose).

As at the first week of November 2021, the programme has delivered -

Healthcare Workers (including indep contractors) – 10,846 Flu, 10833 booster, 18,417 1st dose and 17,701 2nd dose

Social Care Workers – 2,808 Flu, 2327 boosters, 6355 1st Dose and 6250 2nd dose

Care Home staff – 1,548 Flu, 1697 boosters,4356 1st dose and 4,077 2nd dose

Last year the programme delivered flu to 60% of staff which was the highest delivery to date and Covid 1st and 2nd dose to over 90% of total workforce. This year the target is to achieve booster delivery to over 90 % and the 70 % flu vaccination target as noted earlier in paper.

4.3.3 Vaccination Communication Campaign

The NHS Tayside Communications Team provides ongoing staff and public communication for the vaccination programme. The COVID booster and seasonal influenza vaccination campaign is promoted to all NHS Tayside, Health and Social Care, Care Home staff and volunteers, as well as members of the public in at-risk groups.

The communication strategy includes the following:

Updated information to NHS Inform regarding local arrangements
General Practice to contact eligible Over 70 and CEV patients for flu jabs
Regular and ongoing media releases and social media communications to inform public how, when and where they will get vaccinated
Email communications with all health and social care staff clarifying how to book appointments
Weekly communications to Scottish Government/NHST/HSCPs/GPs/ISD re uptakes and progress

Flu and COVID vaccination Staffnet sites
NHS Tayside vaccination webpage
Regular promotion of all clinics and how to access on staffnet, Social Media, press etc
Information shared with staff re pharmacies delivering flu vaccinations for health and social care staff in each area

Appendix 8 illustrates examples of communications to promote the uptake of flu and COVID vaccination.

4.4. Test and protect and impact of COVID-19 on near patient testing for Influenza

Plans are in development to ensure rapid and safe identification of respiratory infections by PCR, including COVID-19, Influenza and RSV. Two main areas of focus are:

- Enhanced Rapid Assessment Centres at Ninewells and Perth Royal Infirmary with rapid testing for respiratory viruses including SARS-CoV2.
- Frontloading diagnostics and senior clinical decision making as early in the patient pathway as possible; this will be done in conjunction with plans for an Assess to Admit strategy which is well embedded in Tayside. (see Section 6)

4.4.1 Enhanced Front Door Assessment & Testing

NHSTs Molecular Microbiology Service has been created an embedded, providing access to "gold standard" PCR based testing for a wide range of viral and bacterial pathogens.

The service, staffed by highly skilled Scientists and developed in close collaboration with colleagues across the organization, IPCT and HPT, is available 24/7, and offers the following testing streams;

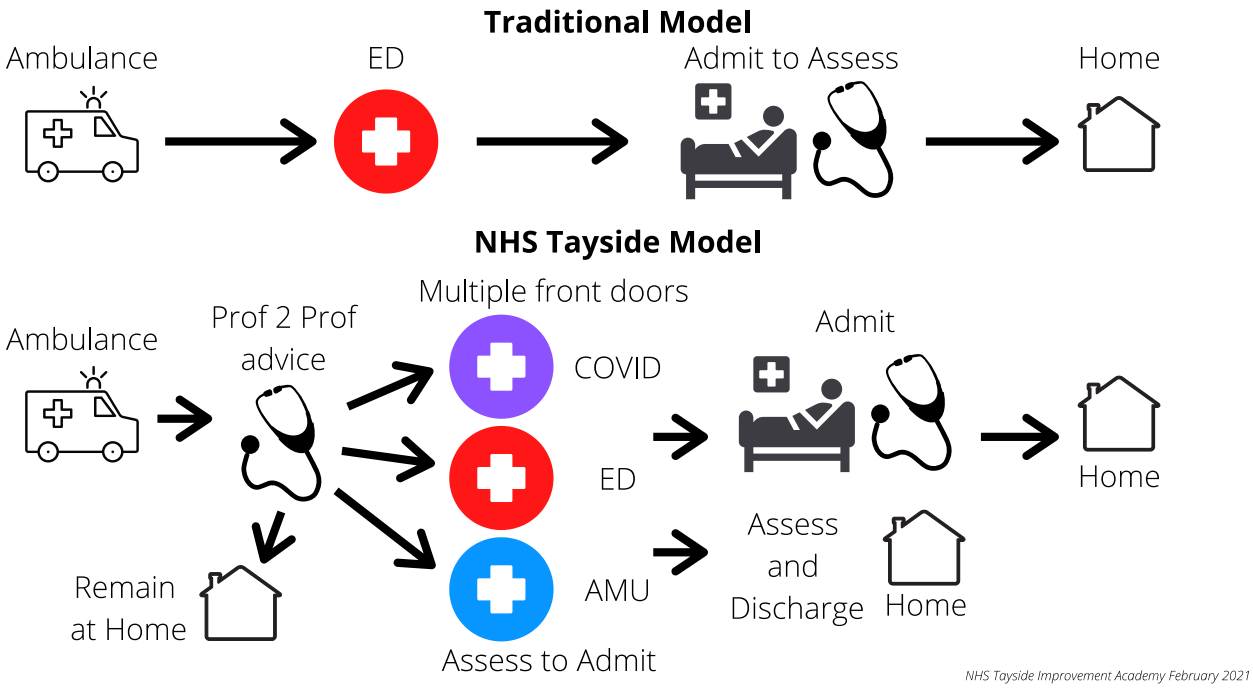
Rapid PCR based testing for Covid-19, Influenza (and RSV for paediatric patients) is available for all acute admissions to avoid admission to a bay without 1st knowing a patients infection status. Rapid testing "hot-labs" have been created, providing 24/7 testing, with results reported within 40 minutes (average) of sample receipt.

Urgent Sars-CoV-2 testing (average time to result 4 hours) and Routine Sars-CoV-2 testing (average time to result 6 hours), are available to service users, ensuring NHSTs Sars-CoV-2 testing times are the most rapid of all large headboards.

PCR testing for an additional 25 viral and bacterial causes of respiratory tract infection is available for use across primary and secondary care. This service development is being expanded to a 7 days a week service, with results available same day.

PCR testing for 25 gastrointestinal pathogens, including those associated with outbreaks, (e.g. Norovirus, Sapovirus), bed-blocking (E. coli O157) and unnecessary admissions & investigations, is being rolled out 7 days a week, with results available the same day. This "1st for Scotland" development aims to improve patient management, support the IPCT and HPT in their work, and aid "front door" and community decision making.

Dedicated portering services have been implemented to ensure efficient delivery of samples the molecular microbiology service, further improving test turn-around-times.



4.4.2. Place of Care Testing

Discussions are ongoing nationally around a solution for rapid place of care testing; NHS Tayside has strong representation within these groups. When available, rapid testing will be made available in PRI, Acute Surgical Receiving Unit (ASRU), COVID-19 Assessment Unit (Ward 42) and the Tayside Children's Hospital.

From the beginning of November, it is anticipated that a "hot lab" in Ninewells Hospital will provide testing for SARS-CoV2 and Influenza A/B with a running time of approximately 30-45 minutes.

Summary of Key Actions for Managing Viral Illness

Norovirus:

- IPCT plans in place to support the execution of Norovirus Preparedness Plan in advance of season
- Communications, Guidance and training for staff by IPCT
- Prioritisation Flow chart to aid decision making at the 'front door'
- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- Planning and Control
- Norovirus Control Measures and plan available to all staff across health and social care partnerships
- Rapid Testing for Norovirus and GI Pathogens for rapid diagnosis

PPE

- Procurement and adequate resource availability

Enhanced Influenza Vaccination Programme

- Plans to increase staff Flu Vaccination Uptake: Programme - commenced late September for staff with convenient clinic locations; vaccination by appointment to ensure safety and infection control measures in a COVID-secure manner; peer vaccination programme to increase uptake
- Staff uptake target >75%
- Influenza Communications Campaign and supporting action plan

Test and Protect

- Rapid and Near Patient Testing for COVID-19 and Influenza
- Winter Rapid Assessment Centres for assessment and management of suspected serious COVID-19 and Influenza, closely linked to community COVID Assessment Centres
- Enhanced front door assessment

Other

- IPCT guidance on Staff website and HPS Website
- Communication Campaign specific to seasonal illnesses

5. Unscheduled and Elective Care Preparedness

Unscheduled and Planned Care preparedness and planning for winter include:

- Capacity and Demand analysis including surge capacity
- The Redesign of Urgent Care
- Maintaining an ability to deliver a safe viral assessment and admissions pathway
- Escalation and de-escalation plans which are coproduced between unscheduled and planned care
- Respiratory and Critical Care Pathways planning for the safe co-ordinated management of Severe respiratory infection within hospital
- Maintain the delivery of as much diagnostic activity and elective care and treatment as possible

- Integration of key partners/ Services
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

5.1 Flow Navigation Centre

As part of the Re-design of Urgent Care, the Flow Navigation Centre (FNC) in Tayside is well established. Referrals are received from NHS 24 and Primary Care and patients are scheduled to attend at a suitable time, when required.

The Flow Navigation centre went live in December 2020 for adults with the introduction of Peadiatrics with effect from June 2021.

The number of calls received through the FNC has increased from circa 9000 to circa 30-35000 per annum.

Phase II of the RUC Programme is looking to provide greater access to a Senior Clinical Decision Maker (SCDM) within the Flow Navigation Centre for an increased range of specialties (please see below):-

- Community Pharmacy
- Scottish Ambulance Service
- Mental Health
- Primary Care Interface)
- MSK

Currently, the SCDMs are Emergency Medicine consultants and it is anticipated that other specialties will actively support the FNC to ensure that the patient is directed to the most appropriate place and receive advice and guidance from the most appropriate person.

The FNC will consider provision of this service virtually until a dedicated FNC office is available.

NHST already have strong working relationships with the SAS and have utilised Prof 2 Prof (Consultant Connect) for some time to minimise the need for hospital admission and promote redirection of patients from the ED to the appropriate care. Tayside is one of the highest performing boards in this regard.

NHST also have strong links with Primary Care and it is envisaged that we shall look to strengthen and build upon the existing and strong working practices.

The national workstreams are in the early stages of agreeing workplans for Phase II of the RUC Programme that will inform the direction of travel for NHST and enhancement of the FNC services and pathways.

5.1.2 Enhanced Community Model

Development of the enhanced community model has continued with the aim of creating a multi-professional urgent care service which provides comprehensive geriatric assessment, treatment and support for frail older people in their own homes, thereby reducing the harm caused to older people from hospital admission, and supporting colleagues in primary care. This builds on the success of the Acute Frailty Team approach and aims to further remove barriers between primary and secondary care.

A key component of this model is the introduction of a Transitions Team comprising AHP and social care staff who will assess and support patients across the boundaries between inpatient and community.

5.1.3 Emergency Department (ED) - Winter Preparedness

Demand within Tayside EDs are at an unprecedented level due to multiple factors including pressures on all other parts of the system due to the continuing effects of the Covid-19 pandemic and the easing of lockdown and return to more normal behaviours of society. This includes contact sports participation, large gatherings and social and entertainment venues re-opening)

The ability to safely isolate both Covid possible patients requiring immediate resuscitation and high risk patients, patient's who require emergency treatment remains. There is not Emergency department capacity to manage all unscheduled secondary care Covid possible presentations and a separate Covid assessment unit will be maintained.

As attendances increase and restrictions on visiting in hospital have been relaxed, maintaining social distancing in the Emergency Departments has been challenging, particularly in communal waiting areas. A number of changes have been implemented over the pandemic and subsequent winters and these continue to evolve and improve These include:

- Flow Navigation Centre – NHS 24 referrals deemed appropriate for MIU or ED scheduling or non emergency attendance are sent to a virtual waiting from for senior ED clinicians (ST4 and above, predominantly consultants) to review and offer telephone advice and triage 24 hours a day. 48 % of these patients are currently prevented from attending the ED by this high level screening. NHST is the only board in Scotland with dedicated senior doctor management of this workload
- Development of an Injury Assessment Centre (IAC) - The IAC uses the capacity from unused orthopaedic areas adjacent to the ED in the out of hour's period to meet the increased demand for "minor" injury assessment and improve departmental flow.
- Evolution of existing pathways including paracetamol poisoning and acute coronary syndrome investigation to expedite management, decrease bed occupancy and maintain patient safety and care. Improved use of ambulatory area in AMU with better communication between coordinators in ED and AMU decreases inpatient bed demand and allows clearing of ED trolley bays.
- Enhanced staffing – Development of Acute Care Practitioners (ACPs) and Advanced Nurse Practitioners (ANPs) to enhance clinician cover on both sites, including staffing IAC and progressing to integration with middle grade and junior medical rotas to add resilience to clinical cover of both sites. Winter funding is used to enhance medical cover at predictably busy times over the winter with a high uptake of shifts from both current and recent medical staff

Tayside's unscheduled care performance remains the highest nationally of any mainland territorial health board and the Unscheduled Care Board is represented by all relevant health and care partners and has identified key priorities for the integrated remobilisation plans.

Emergency Medicine and OOH/NHS 24

As part of the design and implementation of an enhanced Integrated Care Model in Tayside, the Emergency Medicine Team closely work with partners such as Primary Care, Out of Hours (OOH), NHS 24 and the Scottish Ambulance Service as well as other medical specialties to deliver care as close to the patient as possible and prevent unnecessary inpatient and ED attendances and stays.

5.1.4 Bed Modelling & Surge

There has been considerable change to the bed model within Ninewells Hospital since March 2019 to accommodate the Covid pathways. Bed positions are monitored on a daily basis to ensure a continual ongoing review of the bed requirements and ward configuration throughout the year. As part of the identified escalation plans, inpatient bed configuration will be flexed between Covid and non Covid demand as required based on occupancy levels indicated in the daily reporting.

5.1.5 Inpatient Modeling & Pathways

The Data Heat Map and further modeling provided by the Business Intelligence Unit will remain a key tool for whole system planning.

Responding to anticipated pressure, a whole system approach will be taken to maintaining the robustness of all elements of the patient pathway; in and out of hospital with the aim of providing care as close to home as possible.

5.1.6. Integrated Community Care Hubs

Integrated Community Care Hub Models are a priority development, strengthening and building upon recent successful whole systems and interface communications. Collaborative efforts are aimed at preventing admissions, assessing and treating patients in a community setting closer to their home. Rapid testing in relation to respiratory illness and timely access to diagnostics are key components of the Assess to Admit and Integrated Community Care Hub Models alongside collaborative working across Out of Hours and NHS 24 promoting a multi-professional, whole system approach.

5.1.7 Pathways: building efficient pathways to support patient care for Winter

As outlined above, pathways are being developed to safely manage the range of respiratory viral illness, including COVID-19 and Influenza, this winter. This includes:

- Building on what has been developed for COVID-19 (dedicated viral assessment area)
- Implement a sustainable system for timely access to professional to professional clinical advice, including a Navigation Flow Hub
- Assess to Admit area with rapid viral testing to be able to determine the best pathway for each patient. This will include a rapid turnaround time for testing and diagnostics such as bloods, x-ray, and other diagnostic requirements.
- Perth Site to be able to adapt capacity to meet demand and avoid the need for patient transfer to Ninewells for capacity reasons alone

Bed Footprint

- Build on Current Escalation Plans and the approved Tayside Adult Pathway
- Work collaboratively across the organisation
- Use guidance from Working Groups around bed spacing to this to inform clinical area setup

5.1.8 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a significant consideration for this winter's plan.

We continue to strive to provide timely access to Respiratory Care through the winter, recognising that there will periods where this may be impacted by the requirement to provide unscheduled care in response to changes in threat level. In doing so, we will aim to continue to provide urgent outpatient care to lung cancer and pleural disease regardless of unscheduled activity.

Where possible we will continue routine respiratory activity, a key part of this is the significant network of Respiratory Liaison Nurses across Tayside – both in the hospital, and in the community. We will continue to develop this winter the robust use of this network to both avoid admissions for respiratory disease where possible, and to smooth transitions of care between the community and hospital.

Respiratory was one of the first departments to remobilise Face to Face New Assessments at NHS Tayside and will aim to provide as much capacity for this as possible in a COVID-secure way, this winter. Cancer and bronchoscopy services have been re-modeled to provide ongoing critical services in times of enhanced COVID activity.

Dedicated respiratory pathways for acute COVID-19 and Influenza pneumonic illnesses which require inpatient and critical care input remain active from the initial Covid response 1, with the ongoing and flexible safe provision of Level 1, Level 2, and Level 3 respiratory care for patients with confirmed COVID-19, possible COVID-19, and for those without COVID-19. We have enhanced training of staff in our Acute COVID Assessment Unit (Ward 42) for the delivery of CPAP and NIV, and have developed in-house pathways for the management of both Severe Influenza and COVID-19 available on our relevant Staffnet pages. These will remain under active review.

Respiratory staffing will be modeled to allow as much inpatient activity as possible to enhance the front-door and inpatient senior decision-making as in previous winters. This will improve our ability to provide safe ambulatory management of patients where possible, and to ensure discharge to the community is safe and timely in a period where acute respiratory illness is a challenge.

Planning for an increase in provision of critical care capacity is essential to enable us to be prepared for the anticipated surge in patients presenting to secondary care in acute respiratory distress over winter is critical. Taking account of the normal winter pressures exacerbated by the impact of COVID 19, there is a risk that predicted demand may exceed critical care capacity within days to weeks depending on the rapidity of rise of patients. Our Level 3 Critical Care Escalation Plan, submitted to the Scottish Government, outlines how we can increase our capacity by 4 times the number of Level 3 beds that we provide in the region under business as usual service conditions. Our plan for intensive care is to maintain a separate COVID ICU over the winter period. Following assessment of the hospital footprint to take account of critical infrastructure requirements to support assisted mechanical ventilation, we have dedicated our Theatre Admission Suite footprint for this purpose.

However, workforce remains a critical risk for all escalation plans and it is recognised that care of a critically ill patient requires specific expertise, knowledge and skills within the critical care environment. Our continued challenge remains the number and competency of the medical (junior and senior), nursing and Allied Health Professions staff to provide safe care for high numbers of critically ill patients. The last wave showed the very high ICU mortality and prolonged length of ICU stay of those who survived to ICU discharge.

Plans are in place to supplement the ICU Nurse Workforce primarily by the release of Theatre Nursing Staff including Anaesthetic Assistants, Recovery Nurses and Scrub Nurses. The guidance within the Joint Statement on developing immediate critical care nursing capacity has been used to support the development of this plan and critical care nurses will provide supervision and expertise in delivery of critical care, forming small teams with the redeployed workforce. Critical care nurses will be required to take a team working approach rather than a ratio approach to patient care in order to deal with a surge in patients requiring critical care support. The planning assumption is based on the release of one theatre team per increase in 1 ICU bed, thus elective activity will be detrimentally affected by 10 sessions per week per ICU bed increase.

Plans are in place to supplement the Allied Health Professions critical care workforce. In Physiotherapy, this supplementation will come primarily from staff experienced in respiratory care and on-call who works from other areas of the service. The planning assumption is one Physiotherapist per 4 additional critical care beds. Occupational therapy, Dietetics and Speech and Language therapy are undertaking modelling and workforce planning to support clinical need and increased demand. The deficits created by this deployment of staff will be minimised and mitigated where possible through implementation of the pan-Tayside AHP contingency planning model and mutual support but it is recognised that it may detrimentally affect other elements of service delivery.

We have a deficit of registered nurses to scale up to a total of 44 ICU beds, therefore beyond 22 ICU patients capacity we would be looking to invoke our "mutual aid" protocols from other adjacent health boards.

5.1.9 Frailty

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community and through improving the management of frail patients when they present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

The Acute Frailty Unit (AME) is now well established, significantly contributing to front door discharges, and frailty services are well embedded within medicine, general surgery and orthopaedics.

The service continues to be enhanced through a whole system, integrated approach. Key elements include:

- Optimised discharge planning throughout frailty services with education and training around the appropriate use of planned date of discharge (PDD) and the multidisciplinary approach.
- Improved links with the Integrated Discharge Hub to achieve the above including weekend discharging.
- Development of urgent care community model to ensure patients has the opportunity to be cared for in their own homes when appropriate, providing an alternative to hospital admission.
- Development of transition team to enable early discharge to continue assessment and rehabilitation within the patient's home. This model reduces hospital induced dependency, delirium and infection.

- Medicine for the Elderly provision of care for frail elderly patients admitted to hospital who is Covid positive. The service has assumed the additional responsibility for a 15 bedded unit. This is likely to continue throughout the winter period.

5.2 System Wide Planning

Digital and Remote Consultations

The Digital Directorate has committed to a range of system upgrades and interface developments that will support the requirements of the winter planning groups. Point of Care testing will be enhanced by the implementation of an interface from TrakCare (Patient Administration System) to provide patient location information at the point of testing, along with upgrade and additional interfacing to the patient infection control system ICNet. These developments will ensure more robust support, safety and efficiency to the testing and infection control methods in time for the winter period. This will be beneficial to the safety of patients and staff.

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as Referral Guidance Help, Consultant Connect systems and the continued promotion of telephone consultations. The "Digital by default" approach is a priority area of development for unscheduled care and will be a critical consideration of winter plans.

5.2.1 Transport

Sustaining and continued support to the long term establishment of the Transport Hub is central to supporting unscheduled patient care and transportation requirements. This includes hospital site transfers, hospital admissions from community to acute, as well as patient step-down and discharge.

5.2.2 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through daily dialogue and action via the Safety and Flow Framework and Flow Hub. This will continue through the winter period, involving senior managerial colleagues when required.

The use of a data driven "threat level" for winter will allow unambiguous communication of capacity and drive specific actions. We recognise that our delayed discharges are lower than other areas but recognise that these are patients who should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on patients as well as flow though our system.

A greater focus on targetting social care and assessment resource at front door and community areas will reduce admissions, length of stay and therefore delays.

One of the key projects being driven through the Unscheduled Care Optimising Discharge Workstream this year will be the strengthening and further embedding of the 'Planned Date of Discharge' model which is the cornerstone of efficient multidisciplinary discharge planning in Tayside.

During the winter period, Tayside aim to maintain delayed discharges within agreed levels

Inter-hospital delays

No more than 2 delays for hospital transfer in:

Dundee
Angus Community Hospitals/Psychiatry of Old Age (POA)
Perth Community Hospitals and Tay Ward
Fife
Hosted services (Palliative care and the Centre for Brain Injury Rehabilitation)

TOTAL of 10

Acute delayed discharge

Angus 3
Perth 4
Dundee 5
Fife 3

TOTAL 15

Acute hospital RAG status, based on this is:
Green 25 or less
Amber 26-35
Red more than 35

These delayed discharge levels are monitored daily within the Flow Hub as a key component of the Safety and Flow Framework.

5.2.3 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration in Unscheduled Care and throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing demand. Planning will be required to consider a workforce which is mobile, available over 7 days working across service boundaries, where required.

The aim is to have the appropriate levels of staffing and resilience in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff

- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisation's i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

6. Integration of key partners/Services

The Winter Plan from NHS Tayside encompasses all our partner organisation's, including the relevant HSCPs, who have been integral in the development of this year's plan. A brief summary of their involvement and contribution to enhanced care this winter follows.

There is ongoing engagement from the Scottish Ambulance Service and HSCPs in the weekly multi agency winter planning meeting and threat level determination discussion.

6.1 Angus Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Angus Health and Social Care Partnership include:

- Development of the Angus Care Model continues, incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway. Roll out of Integrated Care in NE locality. Angus Care Model work to develop joint working opportunities and improve communication between AHP's and Enablement Response. Team (ERT) and work to further develop Enhanced Community Support (ECS)/ERT
- Discharge checklist established for patients being discharged to Care Homes from Community Hospitals.
- The range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision) acknowledging the access to respite is dependent on the COVID-19 situation and restrictions.
- Anticipatory Care Planning (ACPs) all reviewed as part of COVID-19 response and this will continue and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs from a clinical, personal and legal perspective. This work has progressed well in Care Homes.
- Enhanced Community Support (ECS) continues to work effectively. An action plan is currently being developed to enhance and focus the rehab/enablement ethos of ECS, particularly the AHP and ERT interfaces. Further review of the MDT meeting that is core to ECS is due to commence shortly, including the availability of adequate IT facilities to enable effective remote MDT meetings. Seeking approval for 2 WTE B4 Generic support workers to be added to nursing rota in Community Hospitals to promote the enablement approach with patients during the evenings and weekends".
- We continue to progress with a range of actions to of developments to support people in the community experiencing mental health problems e.g. testing ECS for Community Mental Health Services in NE localities

- A Senior Nurse Primary Care has been appointed who is supporting the Senior Nurse for Unscheduled Primary Care to support both scheduled and unscheduled pathways.
- Progress continues to be made with actions within the Palliative and End of Life Care (PEOLC) Improvement Plan.- this work includes:
    - robust identification of carers support needs
    - ongoing educational support for Care Homes, Care at Home and Community Nursing teams. This includes production of e-learning materials for COVID–19 mobilisation and support.
    - supporting families to administer as required sub-cut medicines
    - All patients on housebound caseload offered the opportunity to have and ACP discussion and documented.
    - promoting use of Near Me technology as a means of reviewing patients
- Enablement and Response Teams (ERT) continue to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity has been requested.
- Personal Care Services operate 7 days/week and we are attempting to strengthen co-ordination and matching processes. There are recognised challenges with recruitment and retention in this area.
- Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity.
- Continue to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges; however, discharge planning from Acute Hospital requires review. ERT operate 7 days per week to support 7 day discharge.
- Support care homes and ensure safe transfer of patients.
- Work continues to embed an Integrated Discharge hub this includes work to improve pathway from acute to community.
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff. Now includes rep from Adult MH Work ongoing to improve pathways and joint working from inpatient to community in Adult MH
- HEAT map developed and updated twice weekly to identify pressures in all operational areas. Regular attendance at the bi-weekly NHS Tayside Winter & Contingency Operational Group where Angus HSCP HEAT Map information informs a whole system overview.
- All Health & Social Care Partnership staff has access and will be encouraged to accept the annual flu vaccination.
- Reinforce the priority of staff testing in the community.
- Review the option for the Monday/Tuesday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days.
- AHSCP website regularly updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc.
- Development of a telecare product guide for staff, designed to help our workforce to be more informed about the range of telecare available to support people to live independently in a homely setting.
- Following a successful test of change we are awaiting the outcome of a application to purchase 20 KOMP units through NHS Charities Together funding to alleviate loneliness, social isolation falls prevention.
- The Integrated Overnight Service in Angus (IONA), continues to provide a home visiting service to support urgent and unscheduled primary care overnight in

partnership with out of hours GPs and the wider multi-disciplinary team. CARES (Covid-related Advice on Rehabilitation, Enablement and Support) is a new service developed in Dundee but for all the Tayside population. The advice line is staffed by Physiotherapy and Occupational Therapy and they have links to local services across Tayside that they can refer callers to, as required. Since the service began in July of this year, 20 Angus callers have accessed the service. Patients have been referred to Speech and Language therapy, Nutrition and Dietetics, Community Listening Service as well as local PT and OT services.

- Support a co-ordinated public messaging communication campaign.
- Support staff to work flexibly through the use of technology.
- Complete readiness assessment for the combined impacts of COVID-19 second wave, winter and BREXIT.
- Working with Dundee and Perth to review pathways from Acute in-patient (Ninewells and RVH) to develop a streamlined, joined up approach to discharge
- Heat Map updated twice weekly to identify hot spots in Angus

6.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expansion of the existing social care/community nursing assessment service developed in response to the Covid Hub model to support community triage.
- Further development of ECS/DECSA to support Hospital at Home and development of the multidisciplinary urgent care service.
- Continued strengthening of awareness of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of 3rd Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Further investment in advanced practice model, and in AHP recruitment to promote community rehabilitation model.
- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Development of intermediate care provision for older people with mental health problems.
- Ongoing development of improved communication between Integrated Discharge Hub and Safety and Flow Hub to ensure cross site situational awareness.
- Development of the social care commissioning model to improve efficiency of allocation.
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies.
- Continued development of an amputee pathway to improve patient flow.
- Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Further investment in social care to support early discharge over winter.

- Redesign of stroke/Neuro pathway to improve patient flow and develop more robust community rehabilitation services.
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.
- Improve pathways of care and support for the increasing number of patients with substance misuse issues and develop a robust partnership approach between community and inpatient services.

6.3 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. This year's planning is more challenging than previous years as we are not only preparing for winter but also a potential resurgence of COVID-19, therefore this year's plan will be underpinned by P&K HSCP remobilisation plan.

The key developments are;

- Review, update and test update Business Continuity Plans, Festive Directory, and Winter Action Cards.
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- All health, social care and care home staff will be encouraged to accept the flu vaccination.
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Enhance capacity as part of Interface Approach to rapidly assess and turn around patients, where appropriate, to be managed at home and support development of Frailty at Front Door Model .
- Test overnight care pathways in Locality Integrated Care Team in Perth City to provide an alternative to admission and optimize the use of inpatient activity
- Further enhance the Locality Integrated Care Service to provide 7 day service.
- Enhance the Hospital Discharge Social Work Team to support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA).
- Promote and expand the use of Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Increase Discharge Coordinators in PRI to support timely discharge.
- Further integrate the Discharge Hub and Hospital Discharge Team and put in place a Rota for weekend / public holiday cover.
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Continue to develop the Care Home Model and Senior Nurse roles to support the Care Home infrastructure
- Recruit to additional district nursing resource to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards

and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area.
- Further develop the Specialist Community Respiratory Service across Perth & Kinross.
- Enhance the LiNCs and MFE model with additional Advanced Nurse Practitioners and develop the clinical model across P&K with MFE Consultants and Clinical Fellows.
- Test the Hospital At Home model as part of the national HIS approach and integrate into our Locality Integrated Team approach.
- Complete ACPs for people with significant COPD in the community and agree ethod to share with out of hours services.

6.4 Fife Health and Social Care Partnership

North East Fife is a key area for NHS Tayside. Their Acute and Community plan for winter preparedness will be submitted as the NHS Fife Winter plan; however we recognise the need to work with our partners in Fife and will continue to develop links to ensure continuity of services.

6.5 Primary Care

Primary care will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and across primary care at the Primary Care CCT.

We will collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme noting that this will be the largest ever influenza vaccination programme ever delivered.

We will continue to work both in hours and out of hours to champion and excel in community-based care wherever this is the safest and most appropriate care option for patients in multidisciplinary teams.

Primary Care will continue to provide a dynamic and responsive model for management of COVID-19 and patients with symptoms of COVID-like illness as set out in our escalation plan below if needed.

We have established the first weekly data gathering exercise in general practice to track activity across 20-30 'sentinel' Tayside practices. This is representing around 40% of the Tayside registered population and will be utilised to adjust service design where needed, public messaging and inform on predicted increases of admissions to secondary care.

We will primarily utilise the expertise of the patient's own GP where this is most suitable and can be accommodated safely. Noting the national direction, resources and footprint required during the daytime, we have an ongoing review of the CAC with our GP Subcommittee in Dundee. This will ensure practices are supported where needed, investments made where feasible in premises to allow safe management of those with infectious respiratory illness and to reduce down the CAC as is allowable with agreement of the GP Subcommittee.

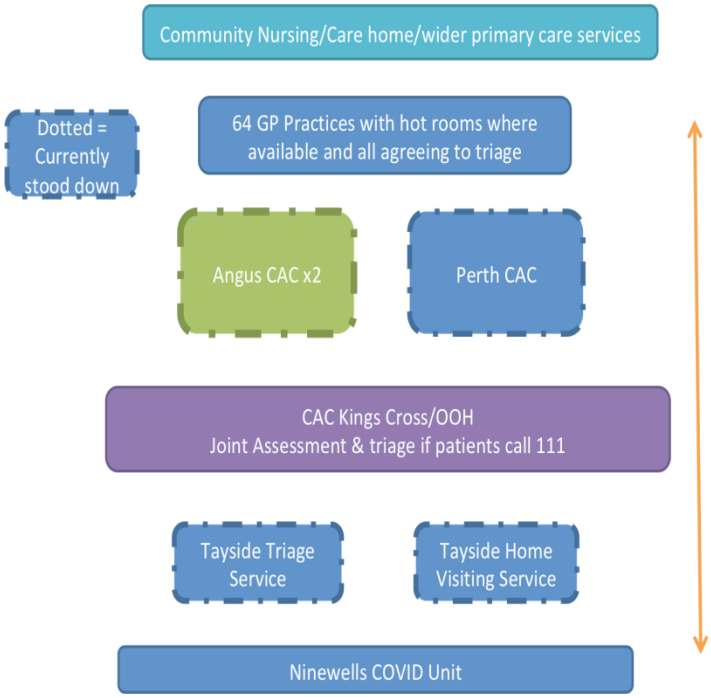
With the creation of the Flow Hub, we have worked hard to maintain established pathways within primary care. Patients can continue interact with primary care and community services as always. Patients can still call their own GP practice for urgent care too and are supported to get the right care, in the right place. In the out of hours period, we have dramatically improved the interface with Emergency Department colleagues utilising the shared Adastra system on the Flow Hub.

Paediatrics and General Practice continue to work together in developing their successful models of unscheduled care including use of technology such as near me, combined working within OOH, developing educational opportunities and close professional to professional support. Moreover, we are exploring shared training opportunities for trainees between paediatrics, OOH general practice and the Emergency Department.

Primary care also includes the other contacted services – community pharmacy, optometry, and dentistry as well as the allied health and social care colleagues. The former will continue to be proactively supported via Primary Care Services, escalating concerns as required, with the later reporting in via their respective HSCPs.

The established escalation plan for COVID assessment centres across Dundee, Perth and Angus is set out below. This would not be envisaged to be enabled unless there is overwhelming pressure upon practices compromising safe care.

Regular bespoke communications throughout Primary Care is in place via newsletter, advice available to practices. Primary Care, zoom sessions which have proved popular can be more frequent as needed.



- Stage minus 1 – very low prevalence/demand
  - CAC Fall back from Kings Cross to Ninewells
  - Advantages: no requirement for as much GP/nursing/practice input; rapid COVID POC test
  - Disadvantages: Less GP input and less broad expertise in assessment. Risks on capacity at Ninewells
- Stage 0 – low prevalence/demand
  - Stable CAC Kings Cross salaried input with regular HCSW/ANP support
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Advantages: Sustainable, less requirement for ad hoc input
  - Disadvantages: Limited capacity
- Stage 1 – increasing prevalence/demand
  - Maintained CAC with salaried GP, extra ad hoc GP/supporting HCSW
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Escalation 'into' practices if required from salaried GPs
    - Advantages: sustainable potentially, best person triages, keeps CAC requirements lowest, least likely to overwhelm systems
    - Risks: increase pressure on practices potentially
- Stage 2 – moderate prevalence/demand
  - Increase use of CAC; cluster hubs/PRI as needed and redirecting ?COVID triage to 111 where required.
  - Increase workforce to support CAC structure including GPs, paediatrics and other secondary care input
    - Advantages: Maintains practice/main CAC structure
    - Risks: CAC/Cluster might not be able to cope without more resource; like stand down some primary care services
- Stage 3 – high prevalence/demand
  - Escalate back up local CACs and full redeployment from practices back to CAC Kings Cross, Angus and P&K.
    - Advantages: Provides logistical structure beyond practices
    - Risks: Must stand down other primary care services to provide workforce

Summary of Key Actions for this Sections 5 & 6

Acute Sector

- Workforce Planning/Flexible Staffing plans
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- 7 Day and extended hours in Ambulatory Care
- Enhanced Respiratory and Critical Pathways
- Theatre Scheduling
- Planned escalation in response to identified triggers
- Agreed clinically prioritised service delivery model

Health and Social Care Partnerships

- Enhanced Community Support Services
- Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
- Discharge Hubs supporting discharge planning
- Workforce Planning
- Enhanced support to Care Homes
- Further development of acute frailty models
- Promotion of Flu vaccinations across community HSCP workforce
- Development of Community Diagnostics Service

Primary Care

- Cross Partnership collaborations and working
- Use of IT technology – digital consultations
- A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus

7. Out of Hours (OOH) Preparedness

In addition to the anticipated increase in demand for unscheduled care it is likely that there will be in increase in usual seasonal viruses and possibly COVID-19. In order to continue to provide safe, effective care, Tayside OOH plan to provide capacity across the three main areas of:

- Telephone consultation and advice
- Face to face assessment
- Home visiting.

The OOH service will increase the number of clinical shifts that are available, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends.

The following specific challenges and solutions have been identified:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.

- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.
- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- Usage of Near Me/Attend Anywhere will be increased
- In anticipation of paediatric contacts increasing this year, there is a plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community.
- The 'flu vaccination campaign will be supported both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather.

Summary of Key Actions for Out of Hours

- Resource availability over the winter season including arrangements for dealing with influenza and Covid-19
- Resource availability over the Festive period
- Demand management - resources targeted around priorities across Tayside
- OOH Escalation Process in place - agreed with key stakeholders
- Additional Triage/ Professional Advice to support whole system working
- Enhanced collaborations/consultations with Acute and Paediatric Colleagues
- Increased use of digital technology to support digital consultations

8. Mental Health and Learning Disability

Access to Inpatient Mental Health & Learning Disability Services is both a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are unscheduled and, as such, are included as one of the service's key priorities for winter, in addition to recognising that effective flow management must continue beyond winter.

Winter planning for Inpatient Mental Health & Learning Disability Services for 2021/22 will deploy a multi-disciplinary and person-centred approach to the management of unscheduled care to effect a co-ordinated focus on further improving patient safety, access and service performance through:

- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment).
- Developing rapid review system for any patient breach of the 4 hour emergency standard.
- Ensuring winter preparedness and response within COVID-19 endemic time periods, while maintaining and building upon established COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment.

- Proactively working to manage demand for inpatient admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care across all three Health and Social Care Partnerships.
- Enhanced multi-service co-ordination of discharge processes to ensure safe and timely discharge of patients from inpatient settings.
- Effective inter-agency planning between inpatient service and community mental health teams.
- Proactively building and deploying partnership working to support mental health and learning disability transitions, and active involvement of primary care services to support the management of unscheduled care demands through a whole system transitions model with the capacity to engage with community based mental health services and discharge HUBs.
- Participation in the staff vaccination programme with targets set to increase the numbers of staff uptake relative to previous years.
- Reduced footfall in all inpatient settings through revised shift patterns and, where practicable, through flexible working, home working and use of digital technology.
- Implementation of real-time capacity and flow dashboards within Inpatient Mental Health & Learning Disability Services, linked to the NHS Tayside Command Centre using key metrics to monitor crisis referrals, liaison referrals, inpatient occupancy, inpatient admissions, inpatient discharges and home treatment caseloads.
- Building referral pathways with the Scottish Ambulance Service to further enhance access to crisis care with connections to the Flow Navigation Centre and NHS 24.
- Monitoring and refreshing Winter Action Cards to respond reflexively to developments throughout winter months.
- Implementing measures to enable staff to support reach others wellbeing in ways that complement established service provided by Occupational Health and Wellbeing Service.
- Maintaining Business Continuity Plans and Hospital Evacuation Plans.
- Implementing a programme of COVID-19 Infection Prevention and Control Audits to strengthen service preparedness.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands through multi-disciplinary working.
- Contributing to the corporate risk management of EU Exit response and proactive service management of related risks in regard to unscheduled care demand.

Mental Health & Learning Disability inpatient services continue to deploy the National Unscheduled Care Six Essential Actions, Building on Firm Foundations Programme as a framework to underpin and continuously improve the service's approach to safe and effective patient flow.

Summary of Key Actions for Mental Health

- Winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment
- The avoidance of admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care
- Building partnerships to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model.

9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website.

The Communications Team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g. 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Paediatrics

The Paediatric Winter Plan for NHS Tayside very much builds on the key concepts of the Tayside Winter Plan. Paediatrics is a seasonal specialty with children and young people < 16 years old accounting for 25% of the population and at least 25% of unscheduled health contacts over winter, effectively managing the flow of unwell children is key to supporting the winter plan.

The key concepts and actions for this winter are:

Illness prevention (patient)

- Ensuring safe treatment and escalation plans are in place for clinically vulnerable children
- Promoting and supporting influenza vaccination for this group

- Asymptomatic staff testing for those working with vulnerable groups as defined by Scottish Government

Illness prevention (staff) and promoting attendance

- Promoting Influenza and Covid vaccination in staff
- Ensuring adequate supplies of PPE
- Managing all patients with infectious illness in appropriate level of PPE as per HPS guidance
- Ensuring a supportive environment for staff to support resilience by embedding reflective practice sessions into clinical team regular meetings, continuing with learning from excellence, supporting leave requests
- Ensuring adequate staffing to account for anticipated absence with test and protect and isolation

Staying informed

- Access and contribution to the Command Centre Dashboard
- Contributing to safety huddle

Unscheduled care - supporting flow

Alternatives to Admission

75% of patients referred to the Paediatric Assessment Unit (PAU) are discharged within 2 hours of arrival independent of source of referral or time of day. The Paediatric Assessment Unit does provide a vital service for short term observation and investigation but previous attempts at joint working with referrers has changed referral practice and over the last 2 years referrals to PAU have decreased by 19%. Conversely attendance for primary care assessment, NHS 111, SAS contacts and ED attendances have all significantly increased. We will continue to support this with enhanced joint working:

- Adjusted referral pathways direct to specialty ie Dermatology and Orthopaedics rather than referral via Paediatrics
- Use of Consultant Connect
- Supporting a cohort of GPs to develop a Paediatric interest and work jointly with Paediatrics and Primary Care OOH
- Utilise Near-me for joint assessment with Primary Care
- ED support to SAS and NHS 111 via navigation flow hub call line
- Providing increased Paediatric support to a medically unwell child assessment stream in ED

Appropriate utilisation of isolation rooms and cohort areas

- Covid triage questions applied to both patient and carer
- Appropriate room prioritisation plan in place
- Supported by rapid or point of care testing when available

Enhanced level 2 and 3 support

- Room adaptation to provide safe AGP environment in ward 29
- Agreed national retrieval pathways in the context of Covid
- Agreed NHST pathways for managing Level 3 Paediatric care should transfer to national service be delayed/ capacity exceeded

Supported discharge

- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory

- Access to “take home medications” for common discharge prescriptions
- 7/7 access to AHP support
- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

Scheduled Care – maintaining services

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions –** Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.
- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

Staffing

To support anticipated increase in admission numbers and complexity of managing high volumes of patients in a high risk Covid pathway

- all part time nursing and medical staff have been offered additional hours
- additional shifts have been supported in GP OOH by primary care medical team and in ED by paediatric senior medical team
- enhanced domestic services provision has been requested for “hot cleans”

Appendix 1 Winter Preparedness Funding Summary

Funding	**Description**		
NHS Tayside/Scottish Government		**£1,500,000**	
Commitment against Priority:			
PREVENT	**Initiatives to support unscheduled care, optimising care closer to home preventing admissions**	**USC & Winter**	**£**
	Funding across Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges, Palliative Care and Out of Hours additional funding	**Perth & Kinross**	**131,000**
		Angus	**154,000**
		Dundee	**329,000**
ASSURANCE & BUSINESS AS USUAL	**Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow**		
	Workforce Planning for winter demands inc Medical and Nursing Surgery/Orthopaedics/Specialist Surgery Emergency Medicine Front Door Support Labs/Rapid Testing Respiratory Theatres Transport Mental Health Pharmacy Support Portering	**Acute**	**349,000**
		Operations Directorate	**204,000**
		Mental Health	**67,000**
Contingency/ Unallocated			**266,000**
TOTAL OF BIDS			**1,500,000**

Appendix 2 Unscheduled Care Programme Portfolio

Tayside Interface Care Group: Tayside Unscheduled Care Board

Care Closer to Home	Reducing Attendances	Reducing Admissions	Reducing Length of Stay

*Whole system of care offering **greater integration** and sustainability as a **system of care for patients***

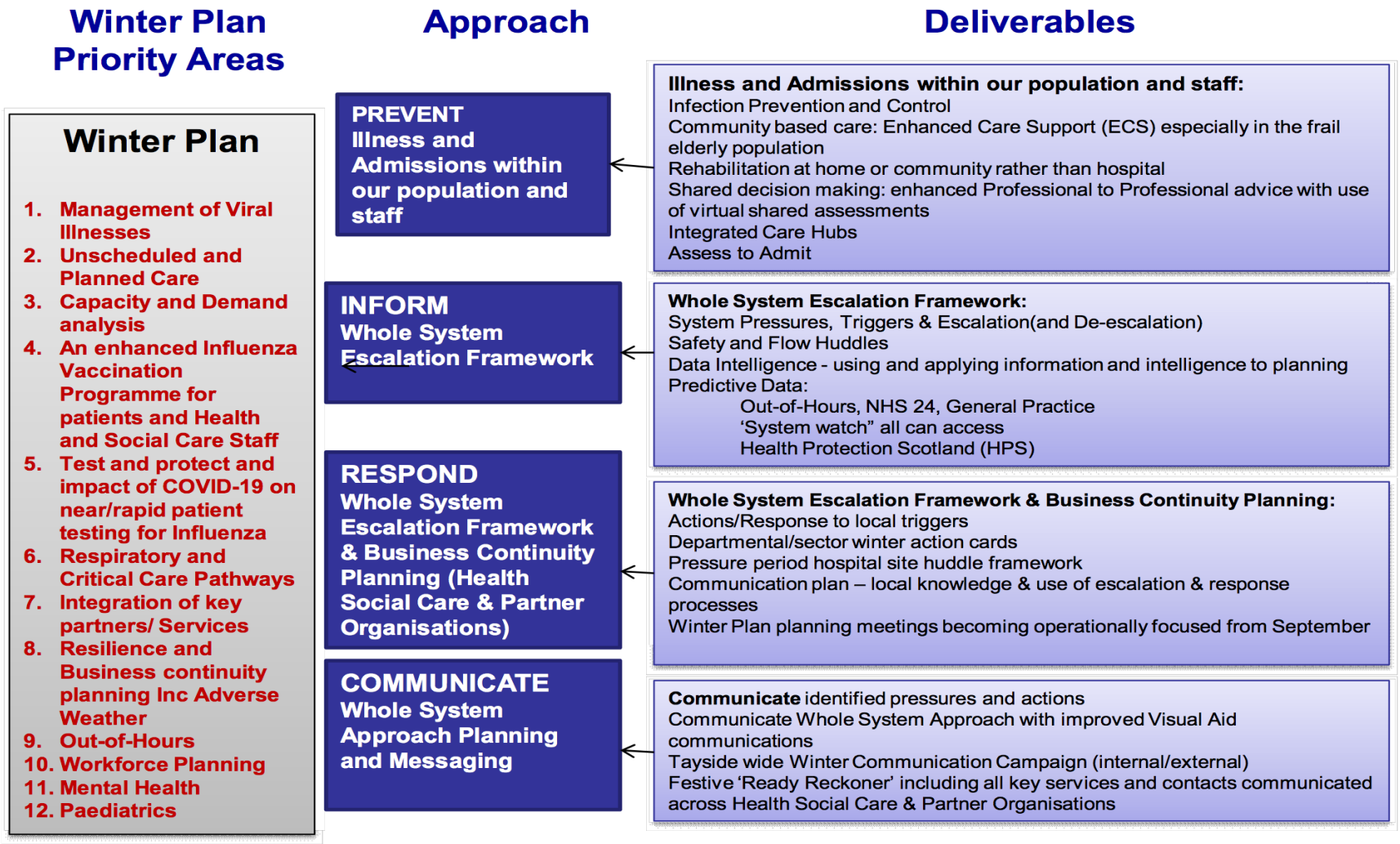
The Tayside unscheduled care board have set out the intention to align the National programme workstreams against local strategic priorities for 2021-22 under the following workstreams:

1. Navigating Journeys of Care – **Interface Care**
2. Enhanced Discharge Community Support
3. Re-design of Urgent Care
4. Winter and contingency planning

Collectively, these workstreams are represented as a compass. Bringing together and building upon a whole system, integrated approach of work, in the delivery of safe and effective unscheduled care, managing demand across acute services, the three Health and Social Care Partnerships, Primary Care and our partner agencies, primarily NHS24 and the Scottish Ambulance Service.

Appendix 3 Winter Plan Framework

Unscheduled Care Portfolio



Appendix 4 Safety and Flow Huddle

NHS Tayside Acute Hospitals Daily Site Safety & Flow Huddles: Monday–Friday

WHEN	WHAT	WHERE*	WHO*
0830 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team / Associate Director** **Attendance required from:** Specialty Bleep holders Radiology, Pharmacy, Infection Control, Theatres, Labs, Estates, Soft Facilities, Discharge Co-ordinators for relevant H&SCPs (Fife, Angus, Dundee, Perth & Kinross)
0900 hours	**System Safety & Flow Conference Huddle** - Including COVID-19 Update	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Associate Director** **Attendance required from:** Flow Leadership Teams for Ninewells and PRI Scottish Ambulance Service, representatives from H&SCPs, Infection Control, Pharmacy, Estates, Soft Facilities, Mental Health Services
1100 hours	Nursing Staff Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Lead Nurse / Flow Leadership Team** **Attendance required from:** Specialty Bleep holders
1130 hours	Delayed Discharge Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team** **Attendance required from:** Discharge Co-ordinators for H&SCP (Fife, Angus, Dundee, P&K)
1300 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team / Associate Director** **Attendance required from:** Specialty Bleep holders / Senior Nurses as required
1330 hours	**System Safety & Flow Conference Huddle**	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Associate Director / Flow Leadership Team** **Attendance required from:** Flow Teams for Ninewells and PRI Scottish Ambulance Service, representatives from H&SCPs and Mental Health Services
1600 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team** **Attendance required from:** Specialty Bleep holders
1900 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team** **Attendance required from:** Specialty Bleep holders

*** Please note that due to social distancing measures in place, only the Flow Leadership Team should attend the Ninewells Hospital or Perth Royal Infirmary Safety & Flow Hubs for these huddles. All others should join virtually wherever possible, including Specialty Bleep holders**

NHS Tayside Acute Hospitals Daily Site Safety & Flow Huddles – Weekends & Public Holidays

WHEN	WHAT	WHERE*	WHO
0830 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team** **Attendance required from:** Specialty Bleep holders
0900 hours	**System Safety & Flow Conference Huddle** - Including COVID-19 Update	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Duty Executive** **Attendance required from:** Flow Leadership Teams for Ninewells and PRI, Mental Health Representatives
1100 hours	Nursing Staff Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Lead Nurse / Flow Leadership Team** **Attendance required from:** Specialty Bleep holders
1300 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team / Duty Manager** **Attendance required from:** Specialty Bleep holders
1600 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team / Duty Manager** **Attendance required from:** Specialty Bleep holders
1630 hours	**System Safety & Flow Conference Huddle**	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Duty Executive** **Attendance required from:** Flow Leadership Teams for Ninewells and PRI, Mental Health Representatives
1900 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	**Chair: Flow Leadership Team** **Attendance required from:** Specialty Bleep holders

*** Please note that due to social distancing measures in place, only the Flow Leadership Teams should attend the Ninewells Hospital or Perth Royal Infirmary Safety & Flow Hubs for these huddles. All others should join virtually wherever possible, including Specialty Bleep holders.**

Appendix 5 Resilience Useful Websites

RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES
Resilience>Winter Preparedness

- **Preparing Scotland: Scottish Guidance on Resilience**
  http://www.scotland.gov.uk/Publications/2012/03/2940
  "Core" guidance on resilience, covering resilience philosophy, principles, structures and regulatory duties

- **Ready Scotland**
  http://www.readyscotland.org/
  Is a site to assist with preparing for and dealing with emergencies with dedicated severe weather pages, themed to the main weather risks
  - Cold, snow and ice
  - Storms and strong winds
  - Rain and flooding

- **Traffic Scotland**
  http://trafficscotland.org/
  Real time and future traffic information for Scotland

- **Dundee City Council**
  Dundee City Council webpage which provides further links and information you may need during adverse weather conditions.
  http://www.dundeecity.gov.uk/winterweather/

- **Perth and Kinross Council**
  http://www.pkc.gov.uk/

- **Angus Council**
  Website relating to business continuity and emergency planning issues.
  http://www.angus.gov.uk/emergencyplanning/

- **Fife Council**
  Homepage of Fife Council
  http://www.fifedirect.org.uk/

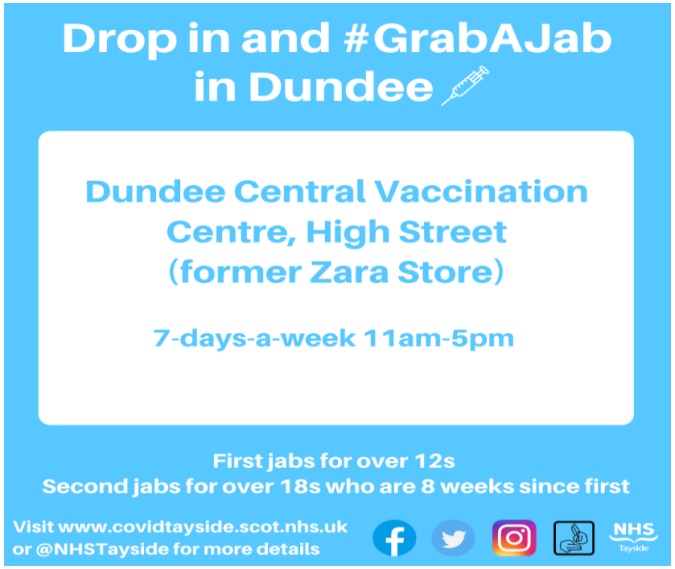
- **Met Office**
  http://www.metoffice.gov.uk/
  As the UK's official weather service the Met Office plays a vital role in helping the country to be aware of and cope during times of extreme weather. The Met Office can help you plan your day-to-day activities by providing accurate and reliable weather forecasts on TV and radio, in print, and online.

- **Scottish Environment Protection Agency (SEPA)**
  http://www.sepa.org.uk/
  SEPA's main role is to protect the environment and human health.
  SEPA is also responsible for delivering Scotland's flood warning system.
  http://floodline.sepa.org.uk/floodupdates/

- **Keep in Touch via Social Media**
  Facebook and Twitter – NHS Tayside, Police Scotland, Tayside Division and the Local Authorities all regularly update their social media accounts with relevant information, especially over the winter.

Appendix 6 – Flu Communications Campaign

Appendix 7 illustrates examples of communications to promote the uptake of flu and COVID vaccination.



COVID Boosters - What you need to know

Who	Where				How				When	Flu Jab	
	Community Vaccination Centre	Staff Clinic	In Own Home	In Care Home	Blue Envelope	Online Booking	Phone Call	In Care Home		Same Appointment (if eligible)	Separate Appointment
Over 70	✓				✓				October		✓
Clinically Extremely Vulnerable	✓				✓				October		✓
Severely Immunosuppressed (Dose 3)	✓				✓				October	✓	
Care Home Resident				✓				✓	September/ October	✓	
Care Home Staff	✓	✓		✓		✓		✓	From September	✓	
Frontline Health and Social Care	✓	✓				✓			From September	✓	
Housebound			✓				✓		From October	✓	
60-69 years old	✓				✓				October/ November	✓	
Over 16 with Health Condition	✓				✓				October/ November	✓	
50-59 years old	✓					✓			Portal open mid Nov	✓	
Unpaid Carer	✓					✓			Portal open mid Nov	✓	
Household Contact of Immunosuppressed	✓					✓			Portal open mid Nov	✓	

Visit www.nhstayside.scot.nhs.uk or @NHSTayside for more information

NHS Tayside

Flu vaccinations - What you need to know

Who	Where					How				When	COVID Booster	
	Community Vaccination Centre	Staff Clinic/ Pharmacy	In Own Home	In Care Home	GP	Blue Envelope	Online Booking	Phone Call	In Care Home		Same Appointment (if eligible)	Separate Appointment
Over 70					✓			✓		September/ October		✓
Clinically Extremely Vulnerable					✓			✓		September/ October		✓
Severely Immunosuppressed (Dose 3)	✓					✓				October	✓	
Care Home Resident				✓					✓	September/ October	✓	
Care Home Staff	✓	✓		✓			✓		✓	From September	✓	
Frontline Health and Social Care	✓	✓					✓			From September	✓	
Non-frontline NHS	✓	✓					✓	✓		From September		✓
Housebound			✓					✓		From October	✓	
60-69 years old	✓					✓				October/ November	✓	
Over 16 with Health Condition	✓					✓				October/ November	✓	
50-59 years old	✓						✓			Portal open mid Nov	✓	
Unpaid Carer	✓						✓			Portal open mid Nov	✓	
Household Contacts of Immunosuppressed	✓						✓			Portal open mid Nov	✓	

Visit www.nhstayside.scot.nhs.uk or @NHSTayside for more information

NHS Tayside

ITEM No …15……..

DIJB57-2021

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2021 TO DECEMBER 2021

Organisation	Member	Meeting Dates January 2021 to December 2021						
		24/2	26/3	21/4	23/6	25/8	27/10	15/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	A/S	
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓	✓	✓	✓	
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓	✓	✓	✓	✓	
NHS Tayside (Non Executive Member)	Jenny Alexander	A/S	A	A/S				
NHS Tayside (Non Executive Member)	Anne Buchanan				✓	✓	A	
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓	✓	✓	
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	✓	✓	✓	A	
Chief Officer	Vicky Irons	✓	✓	✓	✓	✓	✓	
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson							
NHS Tayside (Registered Nurse)	Wendy Reid	A	A/S	✓	✓			
NHS Tayside (Registered Nurse)	Sarah Dickie						✓	
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	✓	✓	✓	A	✓	
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	A	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	✓	✓	A	✓	
Voluntary Sector Representative	Eric Knox	A	✓	✓	-	A	✓	
Service User Representative	Linda Gray	✓	✓	✓	✓	✓	✓	
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	✓	
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A	A/S	A	✓	✓	

✓ Attended
A Submitted Apologies
A/S Submitted Apologies and was Substituted
No Longer a Member and has been replaced / Was not a Member at the Time