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

City Chambers
DUNDEE
DD1 3BY

17th October, 2023

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 Joint Board which is to be held remotely on Wednesday, 25th October, 2023 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 4344818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday 23rd October, 2023.

Yours faithfully

VICKY IRONS
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING - Page 1

(a) The minute of previous meeting of the Integration Joint Board held on 23rd August, 2023 is attached for approval.

(b) ACTION TRACKER **- Page 5**

The Action Tracker (DIJB57-2023) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 TAYSIDE PRIMARY CARE STRATEGY 2024 – 2029 - Page 7

(Report No DIJB58-2023 by the Chief Officer, copy attached).

5 PARK AVENUE MEDICAL CENTRE (DIJB62-2023)

Park Avenue Medical Centre has given notice to terminate its contract with NHS Tayside Health Board and will close from Sunday, 31st March, 2024. The practice will remain fully operational up until Friday 29th March, 2024 with the GPs continuing to practice from Park Avenue Medical Centre. NHS Tayside Primary Care Services Department has written to patients at the practice to advise them of this situation and to outline the next steps to ensure they have continued safe and sustainable access to a GP.

When a practice gives notice to stop providing services, NHS Tayside Health Board and the relevant Health and Social Care Partnership (HSCP), (in this case Dundee HSCP), have a responsibility to ensure that safe primary care services are provided to the local population and that access to a GP is available from when the contract will be terminated. A working group has been established to include representatives from NHS Tayside Health Board and Dundee HSCP to work together to explore and develop options.

A tender process took place which closed on 16th October, 2023. Other options for providing ongoing care potentially include possible merger with another practice, NHS Tayside running the practice as a managed (2c) practice, or patients being dispersed across other practices.

Further communication with patients and other interested parties is being planned.

An update will be provided to the IJB when further information is available.

The IJB is asked to note the position.

6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - Page 35

(Report No DIJB59-2023 by the Chief Officer, copy attached).

7 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 27TH SEPTEMBER, 2023 **- Page 119**

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT **- Page 127**

(Report No DIJB61-2023 attached for information and record purposes).

8 CHANGES TO DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ADAPTATIONS POLICY – Page 129

(Report No DIJB54-2023 by the Chief Officer, copy attached).

9 FINANCIAL MONITORING POSITION AS AT AUGUST 2023 – Page 181

(Report No DIJB55-2023 by the Chief Finance Officer, copy attached).

10 STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – DEVELOPMENT OF COMPANION DOCUMENTS AND ANNUAL DELIVERY PLAN (DIJB60-2023)

Dundee Integration Joint Board approved its Strategic Commissioning Framework 2023-2033 at its meeting of 21st June 2023 (Item VIII of the minute refers). Within the report, members were advised that work would subsequently commence on the development of a resource and performance framework and an annual delivery plan for 2023/24 with an update provided to the IJB in October 2023.

Work on these companion documents has indeed commenced however this has been paused as all available resources have been diverted to prepare for and support the Dundee Adult Support and Protection Inspection which is currently underway. This inspection was a recent announcement therefore it was not anticipated in Dundee Health and Social Care Partnership's resource planning for the period.

A further update on progress with the companion documents and annual delivery plan will be provided to the IJB at its meeting in December 2023.

The IJB is asked to note the position.

11 MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB56-2023 – Page 193

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2023 is attached for information.

12 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 13th December, 2023 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED MAY 2023)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chair)	Pat Kilpatrick
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Donald McPherson
Non Executive Member	Sam Riddell
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	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(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)	Elaine Holmes

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)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd August, 2023.

Present:-

Members	**Role**
Ken LYNN *(Chairperson)*	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Christine COOPER	Third Sector Representative
Emma FLETCHER	Director of Public Health
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Vicky IRONS	Chief Officer
Diane McCULLOCH	Chief Social Work Offier
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)

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

Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

Prior to commencement of the meeting, the Chair took the opportunity to report that the Community Wellbeing Centre was now open 24 hours a day following a soft launch. It was noted that there would be a more formal launch at a later date.

The Chair also reported that the figures for Drug-related Deaths in Scotland in 2022 had been published on 22nd August, 2023 which showed a reduction in deaths in Dundee from 52 in 2021 to 38 in 2022

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

Donald McPherson declared an interest in Article X by virtue of being Chair of the Tayside Health Fund.

III MEMBERSHIP APPOINTMENT

It was reported that Anne Buchanan had now left NHS Tayside and that at the meeting of Tayside NHS Board held on 29th June, 2023, it was agreed that Donald McPherson be appointed as a replacement Non Executive Member on the Integration Joint Board

The Integration Joint Board noted the position.

The Board agreed that Donald be appointed as a voting member on the Performance and Audit Committee.

IV MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 21st June, 2023 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB50-2023 for meetings of the Integration Joint Board was submitted and noted.

V ANNUAL PERFORMANCE REPORT 2022/23

There was submitted Report No DIJB46-2023 by the Chief Officer submitting the five editions of the Dundee Integration Joint Board Annual Performance Report 2022/2023 for noting following their publication on 28th July, 2023.

The Integration Joint Board agreed:-

(i) to note the content of the report and of the five editions of the Annual Performance Report 2022/2023, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 5;

(ii) to note that the Annual Performance Report 2022/2023 was published on 28th July, 2023 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1); and

(iii) to instruct the Chief Officer to update the Annual Performance Report with financial year 2022/2023 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland (section 4.2.6).

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

(iv) that consideration would be given to arranging a briefing session for IJB members on understanding the data presented; and

(v) that awareness raising of the NHS' whisteblowing policy would take place in the Health and Social Care Partnership.

VI PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2022/23

There was submitted Report No DIJB44-2023 by the Chief Finance Officer providing the Integration Joint Board with an overview of the activities of the Performance and Audit Committee over 2022/2023.

The Integration Joint Board agreed to note the content of the Performance and Audit Committees' Annual Report for the year 2022/2023.

VII ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT

There was submitted Report No DIJB45-2023 by the Chief Officer reporting that the Scottish Alcohol and Drug Partnerships (ADP) were asked to complete an annual reporting survey to the Scottish Government. The return was to be approved by the local ADP and by the relevant Integration Joint Board. The purpose of the report was to seek agreement for the final submission to the Scottish Government.

The Integration Joint Board agreed:-

(i) to approve the content of the Dundee Alcohol and Drug Partnership Annual Reporting Survey 2022 – 23 as attached at Appendix 1; and

(ii) to note that the Dundee ADP had already approved the submission and that a draft report was submitted to the Scottish Government on the 26th June, 2023, to meet the Scottish Government submission date guidelines.

VIII DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

There was submitted Report No DIJB48-2023 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2022/2023 and seeking approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2023/2024.

The Integration Joint Board agreed:-

(i) to note the progress to implement the Dundee Primary Care Improvement Plan 2022/2023 (attached as Appendix 1) and the key achievements as described in Section 4;

(ii) to approve the proposed actions for Dundee Health & Social Care Partnership for 2023/2024 as described in Appendix 1 and note the proposed allocation of funding as detailed in Section 3;

(iii) to note that aspects of the Plan were not fully implemented by March 2023, and that the position for transitionary payments to practices for services they are still delivering was not yet clear; and

(iv) to instruct the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

IX FINANCIAL MONITORING POSITION AS AT JUNE 2023

There was submitted Report No DIJB49-2023 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 30th June, 2023 as outlined in Appendices 1, 2, and 3 of the report.

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

(i) that the Chief Finance Officer would consider a different format for presenting the support and management costs for the next Financial Monitoring Position report.

X SHAKTI WOMEN'S AID OUTREACH SERVICE - DIJB52-2023

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

During 2022/2023 Shakti Women's Aid Dundee Outreach Service supported 60 women survivors of gender-based violence; during the year 34 women successfully exited from the service, with 31 women receiving ongoing specialist service support. An evaluation of the service carried out prior to the pandemic found that key benefits of the service included: specialist support to complement work of local service providers and additional expertise regarding immigration rights. Quotes from the evaluation illustrate the impact of the service on women:

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

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

In light of the contribution the project made to the safety and wellbeing of Black and minority ethnic women in Dundee the Chief Officers (Protecting People) Strategic Group were seeking support from public sector bodies to provide funding to Shakti Women's Aid to sustain the Outreach Service for a further 1-year period. This was to allow them to continue to seek alternative funding sources for the project and to plan for a sustainable exit from the service if long-term funding could not be secured. The total annual cost of the project was £45k. Dundee City Council had confirmed a contribution of £15k and NHS Tayside were actively considering the request.

The IJB noted that there would be a contractual relationship and monitoring process in place and agreed outcomes in return for the funding and therefore agreed to approve a non-recurring allocation of £15k from reserves to support the Outreach Service during 2023/2024.

XI MEETING OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB51-2023

There was submitted a copy of the Attendance Return DIJB51-2023 for meetings of the Integration Joint Board held to date over 2023.

The Integration Joint Board agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 31st October, 2023 at 10.00am.

Ken LYNN Chairperson.

DIJB57-2023

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 25TH OCTOBER 2023

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Comissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022	In progress	Strategic Plan has been formatted and circulated. Work to produce commissioning plan continues, this will be submitted to the IJB once completed.
2.	22/02/23	IX	DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN	the Chair, Vice Chair and relevant officers would have an off-table discussion in relation to required capital investment.	Chief Finance Officer	May 2023	Complete	Further discussion on 9th October re overall opportunities and challenges for capital investment. Any future proposals to be set out to IJB
3.	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023	In progress	Report being developed through the Tayside Executive Group
4.	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023	In progress	Visits to the Community Wellbeing Centre arranged for June 2023. Visits to other services to be arranged following recess.
5.	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023	In progress	To be coordinated as part of programme of IJB development session on strategic planning.

6.	19/04/23	IX	DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY	that the Directions Policy would be inlcuded in a future Development Session	Chief Finance Officer	September 2023	In Progress	Further session on governance delayed due to Adult Support and Protection Inspection – to now be held in early 2024
7.	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Clare Lewis-Robertson	September 2023	In Progress	Complaints Officer reviewing available complaints performance information and will provide an update alongside the Quarterly Complaints Monitoring Report to the PAC in November.
8.	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024	In progress	A session will be provided in early 2024.
9.	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that awareness raising of the NHS whisteblowing policy would take place in the Health and Social Care Partnership.	Jenny Hill		Complete	Speak up week is providing an opportunity to raise awareness within the HSCP.
10.	23/08/23	IX	FINANCIAL MONITORING POSITION AS AT JUNE 2023	that the Chief Finance Officer would consider a different format for presenting the support and management costs for the next Financial Monitoring Position report.	Chief Finance Officer		Complete	Reflected in August monitoring report presented to October IJB meeting

ITEM No …4……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25TH OCTOBER 2023**

REPORT ON: **TAYSIDE PRIMARY CARE STRATEGY 2024 - 2029**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB58-2023**

1.0 PURPOSE OF REPORT

This report provides an update on the progress made to develop the Tayside Primary Care Strategy.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress made to date to prepare the Tayside Primary Care Strategy (TPCS) as outlined in this report.

2.2 Agrees that a final version of the TPCS will be brought to the IJB for approval in February 2024.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however financial implications will continue to be considered as the strategy develops

4.0 MAIN TEXT

4.1 Background

4.1.1 The development of the Tayside Primary Care Strategy has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership (AHSCP) and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.

4.1.2 As set out in the Integration Scheme, Angus Integration Joint Board has responsibility for the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions). As such, AHSCP, Dundee and Perth & Kinross HSCPs have a role in working with the NHS Tayside Board and Primary Care Contractors to promote the sustainability of primary care services, for example responding to business continuity difficulties and workforce planning.

4.1.3 The TPCS is one of the key strategies supporting the delivery of the Angus, Dundee and Perth & Kinross respective Strategic Commissioning Plans and the nine National Health and Wellbeing Outcomes.

4.1.4 Primary Care Services are a vital part of our health and care system with significant reach into our local communities and includes General Medical Services, Community Pharmacy, Optometry and Dental Services. Whilst not everyone will need to attend an acute or secondary care hospital, most people during their lifetime will use a primary care service with the majority of health care episodes starting and finish in primary and community care

4.1.5 Safe and effective primary care services are vital to the people of Tayside and are valued parts of our community life. They prevent ill-health, encourage healthy living, and treat illness. Primary care is also integral to the wider health and care system.

4.1.6 The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals to meet growing demand.

4.2 Current position

4.2.1 Across Tayside there are currently:

- 61 General Practices
- 74 Community Dental Practices
- 93 Community Pharmacies
- 62 Ophthalmic Practices

4.2.2 The total reported spend on Primary Care Services across all contractor streams in 2022-2023 was approximately £224m.

4.2.3 On 29 August 2023 a stakeholder meeting met to discuss and develop the vision, priorities, core principles and strategic enablers. The draft Plan on a Page (Appendix 1) provides the outputs of this meeti.ng and details of the vision, values, priorities, strategic enablers and the core principles underpinning the transformation of primary care services to ensure they are person centred and responsive to the needs of individuals. The Plan on a Page also describes high level commitments in order to achieve the priorities.

4.2.4 The intention is that the TPCS will ensure:

Proactive and Community-Based Health & Wellbeing

- People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them.
- Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time.

Independence, Care and Quality

- Care organised around populations, individuals and their carers, as opposed to organisations.
- Delivering the right type of care, in the right setting, based on people's needs
- Primary care is supported and enable to achieve and engenders pride among those who work in it and respect by those who use it.

Effective Resource Utilisation

- Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience.
- A sustainable model of Primary Care, supported by appropriate estates, facilities.

4.2.5 The strategy has been developed with the following principles at its heart:

- **Person-centred**. The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision
- **Empowerment.** Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing
- **Partnership.** Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach
- **Excellence.** Promoting excellence in service delivery and building on evidence-based practice
- **Safety**. Ensuring that practice and services are of the highest possible quality
- **Deliver best practice**. Ensuring that all services are affordable and delivered efficiently and cost effectively.
- **Equity**. Consistency in service delivery ensuring equity of access and treatment for those in need of services.
- **Outcome focused**. Aimed to achieve the priorities that patients/service users identify as important.

4.2.6 On 3 October 2023 a meeting was held on Microsoft MS Teams with NHS Tayside Public Partners to discuss the rationale for preparing a TPCS, the Plan on a Page and the high-level intentions of the strategy. Overall, we received positive comments about the work that has been undertaken thus far. Amendments to the format of the Plan on a Page will be made following further feedback. An overwhelming theme of the discussion was the importance of effective communication about the range of primary care services and how and when to access them

5.0 POLICY IMPLICATIONS

This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to agree a TPCS which improves the health and wellbeing outcomes of the population of Tayside.
Risk Category	**Reputational, Strategic, Operational, Financial, Quality of Care**
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (medium risk level)
Mitigating Actions	• Clear understanding of Lead Partner role • Robust engagement activities • Collaboration across all three HSCPs and NHS Tayside
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (medium risk level).
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (low risk level).
Approval recommendation	**Given our developed understanding of the situation the risk is deemed to be low risk and**

	manageable at this current time

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report. A stakeholder group has been involved in developing the initial Strategy document and work planned to engage more widely is ongoing to fully develop the Strategy.

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

Jillian Galloway, Head of Community Health and Care Services, Angus HSCP
Sally Wilson, Service Manager Integration, Angus HSCP
Shona Hyman, Senior Manager, Service Development and Primary Care, Dundee HSCP
David Shaw, Medical Director Primary Care

DATE: 11 October 2023

Vision: Delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population of Tayside.

This will deliver: Proactive and community-based health & wellbeing; Independence, care and quality; Effective resource utilisation.

Our Values:
Caring, compassionate, person-centred, honest, respectful.

Priorities

Prevention and proactive care

Commitments in support of Priorities

- Proactive promotion of public health approaches to support people to live better for longer in Tayside
- Build stronger and more resilient communities
- Act early to anticipate needs

Reduce inequalities and unequal health outcomes

- Remove barriers to accessing services
- Adopt a 'getting it right for everyone' approach to service redesign
- Services are planned to ensure mental health is given equal priority to physical health

Deliver care closer to people's homes

- Provide care closer to home whenever possible
- Work with partners to provide the right care, by the right person, in the right place, at the right time
- Improved joint working for people experiencing mental and physical health conditions

Enablers

Workforce

Commitments in support of Enablers

- Improve recruitment and retention
- Promote learning and development
- Support the health and wellbeing of our workforce
- The primary care workforce will be supported to develop and valued both within the primary care system and all other stakeholders.

Finance

- Deliver financial sustainability
- Continually seek to achieve best value and cost effectiveness in our service delivery
- Work across the system to ensure resources transfer as services change and evolve

Infrastructure, data and technology

- Maximise the potential of digital solutions
- Staff have access to appropriate training and resources
- Accurate and robust data to inform transformation and improvement
- Single patient recording system – mobile solution
- Promotion of digital systems and processes that work for all people

Communication and Engagement

- Building relationships with our communities.
- Honest and transparent dialogue
- Promote shared decision making
- Develop clinical leadership to ensure high quality Primary Care for the future

Premises

- Buildings that support collocation of multidisciplinary teams
- Review environments of care that meet the needs of the population
- Modernising health and social care facilities

Principles: Person-centred; Empowerment; Partnership; Excellence; Safety; Deliver best value; Equity; Evidence based & data led; Outcome focused.

EQUALITY IMPACT ASSESSMENT (EQIA) and
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

ANGUS
Health & Social Care
Partnership

1. INTRODUCTION

Title of policy, practice or project being assessed	Tayside Primary Care Strategy 2024 - 2029

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	**Existing**		**New**	**Existing**
Strategy	X		**Policy**		
Guidance			**Procedure**		
Operational Instruction			**Budget Saving Proposal**		
Service Development Proposal			**Other (Please specify)**		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Sally Wilson, Service Manager – Integration, AHSCP
Date Assessment Started	4 October 2023

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	As set out in the Integration Scheme, the Angus Integration Joint Board (IJB) has responsibility of the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions). As such, AHSCP has a role in working with the NHS Tayside Board and Primary Care Contractors and other Integration Joint Boards to promote the sustainability of primary care services, for example responding to business continuity difficulties and workforce planning. The Tayside Primary Care Strategy (TPCS) is one of the key strategies supporting the delivery of the Angus, Dundee and Perth & Kinross respective Strategic Commissioning Plans and the nine National Health and Wellbeing Outcomes. The scope of the TPCS includes General Medical Services, Community Pharmacy, Optometry and Dental Services.

	The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals to meet growing demand. The TPCS will enable the transformation of primary care services so we can better meet changing needs and demands. It focuses on ensuring quality and sustainability to improve health and wellbeing outcomes for the people of Tayside and to reduce inequalities. The strategy recognises the importance of preventing ill-health, self-care and self-management and identifies three priorities: • Prevention and proactive care • Reduce inequalities and unequal health outcomes • Delivery of care closer to people's homes. Five enablers have been identified which will support the delivery of the TPCS: workforce; finance; infrastructure, data, technology; communication and engagement; premises. The development of the TPCS supports a collaborative whole systems approach across NHS Tayside, Angus, Dundee and Perth & Kinross HSCP. Engagement will all key stakeholders will be essential. Two events have taken place to date and further engagement will continue in order to fully develop the TPCS. The strategy has been developed with the following principles at its heart: **Person-centred**. The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision **Empowerment.** Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing **Partnership.** Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach **Excellence.** Promoting excellence in service delivery and building on evidence-based practice **Safety**. Ensuring that practice and services are of the highest possible quality **Deliver best practice**. Ensuring that all services are affordable and delivered efficiently and cost effectively.

	Equity. Consistency in service delivery ensuring equity of access and treatment for those in need of services. **Outcome focused**. Aimed to achieve the priorities that patients/service users identify as important
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The intension is that TPCS will ensure the delivery of excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population of Tayside. The intension is that the TPCS will ensure: **Proactive and Community-Based Health & Wellbeing** • People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them. • Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time. **Independence, Care and Quality** • Care organised around populations, individuals and their carers, as opposed to organisations. • Delivering the right type of care, in the right setting, based on people's needs • Primary care is supported and enable to achieve and engenders pride among those who work in it and respect by those who use it. **Effective Resource Utilisation** • Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience. • A sustainable model of Primary Care, supported by appropriate estates, facilities. Primary Care Services are a vital part of our health and care system with significant reach into our local communities. The majority of health care episodes start and finish in primary and community care. The TPCS impacts on the population of Tayside and all those who support the delivery of Primary Care Services across Tayside.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in **ANY** way on the service users and/or public holding any of the protected characteristics? (Please mark as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**	X		**Gender Reassignment**	X	
Disability	X		**Pregnancy and Maternity**	X		**Marriage and Civil Partnership**	X	
Sex	X		**Religion or Belief**	X		**Sexual Orientation**	X	

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the protected characteristics? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age			**Race**			**Gender Reassignment**		
Disability			**Pregnancy and Maternity**			**Marriage and Civil Partnership**		
Sex			**Religion or Belief**			**Sexual Orientation**		

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	**YES** - Proceed to full EQIA in section 6 below	**NO** – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.	
Quantitative evidence (numerical/statistical)	The current Tayside population is 417,650 (National Records of Scotland, mid '2021 estimates). 153.810 people (37%) live inn Perth and Kinross, 147,720 (35%) in Dundee City and 116,120 (28%) in Angus. The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas. The number of people aged over 75 in Tayside is expected to increase by 24% between 2018 and 2028. Life expectancy in Scotland is the lowest of all the UK countries and no longer increasing. While life expectancy overall in Tayside is higher than the Scottish average, it varies across the region. Males born in the most deprived areas in Dundee City are on average likely to live 14.1 years fewer than males in the least deprived areas of Dundee City. The proportion of life spent in good health varies across Tayside. Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average. Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside. The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,596 new cases diagnosed in 2022 with the majority (approximately 90%) being new cases of type 2 diabetes. Trends in the diagnosis of new cancers have changed very little over the past 10 years, however, data for 2020 and 2021 show that there was a decrease in the number of new diagnoses in 2020, during the COVID-19 pandemic, and a subsequent increase in 2021.

	While lung cancer is the most common cancer in Scotland, incidence has decreased over time. Liver cancer mortality has increased the most (by 38%) over the last decade with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses. The suicide rate in Tayside is higher than the national average, with Dundee City showing particularly high rates of 22 per 100,000 population compared to 14 per 100,000 population for Scotland, with there being a substantial increase affecting males over the last decade. Alcohol-related health harm is increasing in Tayside. Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher. Drug-related hospital admissions have increased in Dundee City by almost 800% in the last 18 years and current rates in Dundee City are more than double the national average. Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher. Post-pandemic data shows that rates of sexually transmitted infections (STIs) are increasing, with Tayside showing higher rates of infection than Scotland. Gonorrhoea infection rates more than doubled in Tayside between 2019 and 2022. Two thirds of adults in Tayside are meeting physical activity guidelines, however, this varies considerably by sex, area and deprivation. Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males than females and for people living in more deprived areas. The proportion of children who are of healthy weight in Tayside has decreased from 75% in 2014/15 to 72% in 2021/22 and is consistently lower than the national average. The proportion of primary school children showing no obvious dental decay continues to improve – only two thirds of children had no signs of decay in 2012/13 compared to over three quarters in 2021/22. Breast screening uptake in Tayside is above the Scottish average and the minimum standard of 70% but is not meeting the target uptake rate of 80%.

	Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate of 60%, however, uptake is below the target rate in areas of greatest deprivation. Uptake rates for diabetic eye screening almost halved to approximately 48% for Tayside and Scotland during COVID-19 and have not yet recovered to the pre-pandemic levels of 85 While the proportion of children completing their childhood immunisation schedule was consistently above the national target of 95% in Tayside, uptake rates have dropped both locally and nationally in recent years due to the impact of the COVID-19 pandemic.
Qualitative evidence (narrative/exploratory)	Information from the Health and Care Experience Survey 21/22 (responses from people registered with a GP Practice) will be used to inform the TPCS.
Other evidence (please detail)	None
What gaps in evidence/research were identified?	Feedback from people, especially seldom heard groups is required to inform the TPCS.
Is any further evidence required? Yes or No (please provide reasoning)	Yes, further engagement with a wide range of internal and external stakeholders as we further develop the TPCS. Additional workforce information is also required.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Work continues to ensure all appropriate information will be used to inform the development of the TPCS.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.	
Has engagement taken place? Yes or No	Yes
If No, why not?	
If Yes, please answer the following questions:	
Who was the engagement with?	On 29 August 2023 a stakeholder meeting met to discuss and develop the vision, priorities, core principles and strategic enablers. The draft Plan on a Page (Appendix 1) provides the outputs of this meeting and details of the vision, values, priorities, strategic enablers and the core principles underpinning the transformation of primary care services to ensure they are person centred and responsive to the needs of individuals. On 3 October 2023 a meeting was held Microsoft MS Teams with NHS Tayside Public Partners to discuss the rationale for preparing a TPCS, the Plan on a Page and the high-level intensions of the strategy. Overall, we received positive feedback about the work that has been undertaken thus far. An overwhelming theme of the discussion was the importance of effective communication about the range of primary care services and how and when to access them. Engagement will continue as we further develop the TPCS.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Not yet but they will be.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	
What were the results from the engagement?	
How did the engagement consider the protected	

characteristics of its intended cohort?	
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	
Is further engagement required? Yes or No (please provide reasoning)	

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: protected characteristics. Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age		X	X	A review of the population of Tayside has informed the development of the TPCS. Consideration has been given to demographic projections, in particular the expected 24% increase in the number of people aged over 75. A consequence of more people living longer is the likelihood to more people experiencing a decline in physical and mental capacity who may require support from primary care services. The TPCS should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Sex		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Disability		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. All people living with a disability should have access to primary care services and this includes access to health promotion and prevention activities. The Communication and Engagement Plan will identify actions to ensure people living with a disability are provided with the opportunity to help shape and inform improvements. One of the enablers of the TPCS is premises and the actions required to ensure appropriate accessibility for the whole population of Tayside. With a focus on integrated

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				working there is recognition of the need to consider delivering services within shared facilities. All developments relating to premises will have an EQIA completed. Another enabler of the TPCS is technology and to maximise the potential of digital solutions to support services being more widely accessible. Any digital developments will be undertaken being mindful of the impact of digital exclusion to ensure that this does not become a barrier for people. An EQIA will be undertaken for all ne digital developments to ensure inclusivity for all people. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Race		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The TPCS should not directly impact based on race alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Sexual Orientation		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The focus on reducing health inequalities will provide the opportunity to engage with people of Tayside and provide an opportunity to respond to the requirements of a wide range of people. The TPCS should not directly impact based on sexual orientation alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Religion or Belief		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The TPCS should not directly impact based on religion or belief alone and considers the need to be inclusive of all communities and how they will access services.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Gender Reassignment		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. A review of premises provides an opportunity to consider the needs of this population as we know that this population may find it hard to engage with services. The TPCS should not directly impact based on gender alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Pregnancy and Maternity		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity. A review of premises provides the opportunity to consider the needs of this population ensuring access to suitable baby feeding spaces.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Marriage and Civil Partnership	X		X	The TPCS should not directly impact on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Any other relevant groups i.e. unpaid carers (please specify)		X		The TPCS will recognise the needs of carers when accessing primary care services including that this may be difficult due to their individual caring circumstances. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals such as carers. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age	X			
Sex	X			
Disability	X			
Race	X			
Sexual Orientation	X			
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			
Any other relevant groups i.e. unpaid carers (please specify)	X			

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	X
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	**Date for Completion**	**Who is responsible (initials)**
Action 1 – Continue communication and engagement activities with all stakeholders ensuring inclusion of seldom heard groups	January 2024	SW

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: Fairer Scotland Duty Guidance - Scottish Government

11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No? (FSD assessments are only required for strategic, high-level decisions)	**YES** - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – Provide reasoning below and proceed to sections 13 onwards to conclude.
	X	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	Information taken from the NHS Tayside Director of Public Health Annual Report 2023. Deprivation across Tayside varies. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland compared to only one-in-14 people (7%) in Angus and one- in-17 people (6%) in Perth & Kinross. Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside. Fewer than one third of the Tayside population are of health weight, with this proportion being lower in males and in people living in more deprived areas. Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher. People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times), and be diagnosed with cancer (1.2 times) than people in the least deprived areas. Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The

	incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall. Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City and anticipated to live on average 14.1 years fewer than people in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.0 and 7.9 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 11.2. The number of years that males and females are expected to live healthy lives in Tayside is similar to the national average, however there is variation across Tayside. Comparing the premature mortality rate over time, there has been a widening of the gap between people living in the most and least deprived areas. In Tayside the gap closed slightly in 2020 and data for 2021 show that despite overall premature mortality rates increasing, the difference in rates between the most and least deprived areas (820 v 448) has closed very slightly. There are difference in the main causes of death when the most and least deprived areas in Tayside are examined. While lung cancer and myocardial infarction (heart attack) were the most common cause of death in the least deprived areas, substance use (drugs) followed by lung cancer were the most common drivers of premature mortality in the most deprived areas. Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least deprived quintiles. Psychiatric hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside four times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness. Many factors influence mental health and wellbeing, e.g. diet, physical activity, sleep, substance use, social relationships, the school experience, as well as deprivation. Children from socio-economically deprived backgrounds are 2-3 times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health. Participation in physical activity and sport also varies with deprivation with people in the most deprived areas of Scotland less likely to be physically active than people in the least deprived areas (57% compared to 77% in 2021). Healthy weight also varies by deprivation. Data for Scotland by SIMD shows that in the most recent year (2021), 40% of adults in the least deprived quintile were estimated to be of healthy weight compared to 31% of people living in the most deprived areas in Scotland. While the inequality gap has closed in the most recent year, it remains wider than it had been prior to 2015. Children's healthy weight also varies by deprivation and data show that while the inequality gap had closed in the proportions of healthy weight

	children in 2016/17 in Tayside, they widened again in the subsequent two years. Data in the most recent year show a slight closing of that gap once again with 79% of children being of healthy weight in the least deprived areas and 68% in the most deprived areas. While 62% of P1 children in Tayside had no obvious tooth decay experience in the most deprived areas, this proportion increased to 86% in the least deprived areas. Poverty is a significant driver for ill health and is a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities have also increased with the gap between the least deprived and the most deprived widening across Scotland. There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 54% in the most deprived areas of Tayside.

Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:

	Potential Neutral Impact (X)	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence on your selection**
Low and/or No Wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future		**X**		The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance leisure and hobbies		**X**		As above
Area Deprivation (where people live (e.g. rural areas), or where they work (e.g. accessibility of transport)		**X**		As above
Socio-economic Background (social class including parents' education, people's employment and income)		**X**		As above

Unpaid Carers		**X**		As above
Homelessness, Addictions and Substance Use		**X**		As above
Children's, Family and Justice		**X**		As above
Other (please specify)				

13. EVIDENCE OF DUE REGARD

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.	
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	
Foster good relations between any of the Protected Characteristic groups	

14. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No

15. SIGN OFF and CONTACT INFORMATION

Head of Service Responsible		**Lead Officer Responsible**	
Name:	Jillian Galloway	Name:	Sally Wilson
Designation:	Head of Health and Community Care Services, AHSCP	Designation	Service Manager – Integration, AHSCP

Signature of Lead Officer:	**Date:**
Sally Wilson	111023
Signature of Head of Service:	**Date:**
Jillian Galloway	111023

For further information on this EQIA and FSDA, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

16. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	**April 2024**

17. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed		
Lead Officer responsible for review		
Date of this review		
Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.		**Status of action (with reasoning)** • **Complete** • **Outstanding** • **New** • **Discontinued etc.**
Action 1 -		
Action 2 -		
Action 3 etc. -		

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25TH OCTOBER 2023**

REPORT ON: **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB59-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Director of Public Health (DPH) Annual Report 2023 to the Integration Joint Board.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB)

2.1 Notes the content of this report, the Annual Report (attached as Appendix 1) and considers its contents to inform future strategic planning and work.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 The Director of Public Health Annual Report provides an overview of key health and ill-health metrics and risk factors that can be influenced to determine the likelihood and course of disease.

4.2 The report is designed as a reference tool for all agencies and organisations in Tayside to be informed of key population health metrics, current public health challenges and future anticipated trends. It should help to focus the action required to improve the health of people living in Tayside and continue to galvanise collective effort to improve health, reduce inequalities, focus on prevention and deliver best outcomes for all. The report is presented to Dundee IJB for awareness.

4.3 Key points outlined in the DPH Annual Report include:

- Life expectancy is no longer increasing across Tayside and is starting to show a slowly decreasing trend in Dundee.
- Life expectancy is strongly associated with deprivation and, currently, males born in the most deprived areas in Dundee City are anticipated to live on average 14.1 years fewer than males born in the least deprived areas.
- In Angus and Perth and Kinross, and to a lesser extend in Dundee City, there is a high proportion of adults in the 55 to 59 year and adjacent age groups. Therefore, the number of people aged over 75 in Tayside is expected to increase by 24% from 2018 to 2028.
- Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.

- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. Approximately 90% of new cases of diabetes are due to type 2 diabetes and a result of increasing obesity levels in the population.
- Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males and in people living in more deprived areas.
- Whilst smoking attributable deaths continue to decrease, tobacco is still the single greatest cause of preventable death, disability and illness.
- Furthermore the rising use of vapes are giving rise to significant public health concern for future health.

4.4 With the current cost of living crisis, health inequalities are anticipated to widen further, with people living in greatest deprivation experiencing yet further poorer health and wellbeing.

4.5 In order to achieve best health outcomes for all, reduce health inequalities and ensure a sustainable health and social care system into the future, action must be focused on promoting and maintaining good health and wellbeing and preventing ill health from developing. This primarily means creating an environment where good health thrives.

4.6 An environment where physical activity is made accessible and encouraged, harmful substances – e.g. drugs, alcohol, tobacco, vapes, high fat/sugar foods – are not promoted nor readily available, people are engaged in good employment, poverty is eradicated, and action to mitigate climate change are imperative to ensuring best health for all of us, now and into the future.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the IJB.

7.0 CONSULTATIONS

The Chief Finance 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	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: 03 October 2023

Dr Emma Fletcher, Director of Public Health

NHS Tayside

NHS Tayside

Director of Public Health

Annual Report 2023

Contents

Foreword

Dr Emma Fletcher
Director of Public Health

Earlier this year the World Health Organisation declared the end of COVID-19 as a public health emergency. That was not to say that COVID-19 was 'over', rather it was to indicate that, worldwide, we had transitioned to living with the infection, like many other infectious diseases which we manage and respond to on a daily basis, in primary and secondary care, and through the continued work of our health protection teams in Public Health.

However, whilst the emergency response has been stepped down, the considerable indirect impact of the pandemic endures and the resulting widening of health inequalities has been further magnified by current inflationary pressures and the cost of living crisis.

Health inequality in Tayside is starkly apparent when comparing the average life expectancy of a man living in an area of greatest deprivation (67 years) with his counterpart living in an area of least deprivation (82 years). Substance use (drugs and alcohol) and suicide are amongst the most common causes of early loss of life for people living in greatest deprivation and are often termed 'deaths of despair'. Through collective action though we can make a difference and this has been shown in the current reduction in drug-related harm in Dundee.

Furthermore, other considerable public health challenges continue. Whilst the number of people who smoke is continuing to decrease, we are still managing the health impact from exposure in previous years, and rising obesity levels are also taking a significant toll on people's lives. New risks to health are becoming increasingly urgent to address, most notably the widespread emergence of vaping and the existential threat of climate change.

We all have a vested interest in improving health in our communities, for friends, families, colleagues and businesses. This report summarises some of the targeted interventions being progressed by Public Health but it is vital that actions are prioritised across all settings to improve health and wellbeing, be it quality housing, workplace, leisure activities (where alcohol is not a focus), promotion of healthy eating and exercise.

We must continue to focus on creating the best possible environment for our current communities and future generations, where the protection and promotion of good health and wellbeing is the priority for all and is cherished. All of us have that responsibility and together, by building on current work and seeking new opportunities, we can achieve it for the people of Tayside.

Executive Summary

- The current Tayside population is 417,650: 153,810 people (37%) live in Perth & Kinross, 147,720 (35%) in Dundee City and 116,120 (28%) in Angus.
- The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas.
- The number of people aged over 75 in Tayside is expected to increase by 24% between 2018 and 2028.
- Life expectancy in Scotland is the lowest of all the UK countries and no longer increasing. While life expectancy overall in Tayside is higher than the Scottish average, it varies across the region. Males born in the most deprived areas in Dundee City are on average likely to live 14.1 years fewer than males in the least deprived areas of Dundee City.
- The proportion of life spent in good health varies across Tayside. Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average.
- Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.
- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,596 new cases diagnosed in 2022 with the majority (approx 90%) being new cases of type 2 diabetes.
- Trends in the diagnosis of new cancers have changed very little over the past 10 years, however, data for 2020 and 2021 show that there was a decrease in the number of new diagnoses in 2020, during the COVID-19 pandemic, and a subsequent increase in 2021.
- While lung cancer is the most common cancer in Scotland, incidence has decreased over time. Liver cancer mortality has increased the most (by 38%) over the last decade with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses.
- The suicide rate in Tayside is higher than the national average, with Dundee City showing particularly high rates of 22 per 100,000 population compared to 14 per 100,000 population for Scotland, with there being a substantial increase affecting males over the last decade.
- Alcohol-related health harm is increasing in Tayside. Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher.
- Drug-related hospital admissions have increased in Dundee City by almost 800% in the last 18 years and current rates in Dundee City are more than double the national average.
- Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher.

- Post-pandemic data shows that rates of sexually transmitted infections (STIs) are increasing once again with Tayside showing higher rates of infection than Scotland. Gonorrhoea infection rates more than doubled in Tayside between 2019 and 2022.

- Teenage pregnancy rates have been decreasing over time however rates in Angus and Dundee City are consistently higher than the national average. In 2018-20, the rate for Scotland was 27 per 1,000 females compared to 38 for Angus and 30 for Dundee City.

- Termination rates have been slowly but steadily increasing over the past decade with the rate in Tayside higher than Scotland overall (19.4 per 1,000 females compared to 16.1 in 2022).

- While smoking prevalence, smoking related hospital admissions and smoking attributable deaths have decreased over time, a fifth of deaths in Scotland in 2021 continue to be smoking related.

- Two thirds of adults in Tayside are meeting physical activity guidelines, however, this varies considerably by sex, area and deprivation.

- Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males than females and for people living in more deprived areas.

- The proportion of children who are of healthy weight in Tayside has decreased from 75% in 2014/15 to 72% in 2021/22 and is consistently lower than the national average.

- Breastfeeding rates are improving across Tayside and Scotland with rates in Perth & Kinross considerably higher than Scotland overall (40% compared to 32% in the most recent period).

- The proportion of primary school children showing no obvious dental decay continues to improve – only two thirds of children had no signs of decay in 2012/13 compared to over three quarters in 2021/22.

- Breast screening uptake in Tayside is above the Scottish average and the minimum standard of 70% but is not meeting the target uptake rate of 80%.

- Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate of 60%, however, uptake is below the target rate in areas of greatest deprivation.

- Uptake rates for diabetic eye screening almost halved to approximately 48% for Tayside and Scotland during COVID-19 and have not yet recovered to the pre-pandemic levels of 85%.

- There has been a slight decrease in abdominal aortic aneurysm screening uptake rates in Tayside although the target of 85% is still being met.

- While the proportion of children completing their childhood immunisation schedule was consistently above the national target of 95% in Tayside, uptake rates have dropped both locally and nationally in recent years due to the impact of the COVID-19 pandemic.

- The uptake rates for many of the adult immunisation programmes in Tayside in 2022/23 have been higher than the Scottish average: COVID-19 vaccination was 73.5% compared to 72.6%; adult flu vaccination was 64.6% compared to 63.7%; shingles vaccination for 70-year-olds was 65.9% compared to 45.1% and for 71 to 79-year-olds was 75% compared to 63.1%.

1. General Population Statistics

To be able to plan and deliver health and social care services most effectively and identify opportunities to prioritise early intervention and reduce inequalities, it is important to understand who our population are and what affects their health. This understanding helps identify people and communities which are more likely to experience inequalities and where targeted health improvements can be made, in addition to seeking to promote health and wellbeing across the whole population.

The Tayside population is 417,650: 153,810 (37%) live in Perth & Kinross, 147,720 (35%) in Dundee and 116,120 (28%) in Angus.

The median age of people living in Dundee (38 years) is almost a decade lower than people living in Angus and Perth & Kinross.

The number of people over 75 in Tayside is expected to increase by 24% between 2018 and 2028.

37% of Dundee's population live in the most deprived areas of Scotland compared to 7% in Angus and 6% P&K.

Life expectancy is higher in Tayside than Scotland, but varies across the region. Males born in the most deprived areas of Dundee are likely to live 14.1 years fewer than in the least deprived.

The birth rate in Tayside has fallen by almost 25% since 2008 and while the rate in Angus and Perth & Kinross increased in the most recent year, Dundee birth rates continue to fall.

The proportion of life spent in good health varies across Tayside. Healthy life expectancy is decreasing for Dundee males, with men born currently anticipated to live only 55.9 years in good health on average.

Premature mortality is three times greater in the most deprived areas in Tayside than the least deprived. Drug and alcohol-related deaths and suicide disproportionately impact people in deprived areas.

1.1 Key population demographics

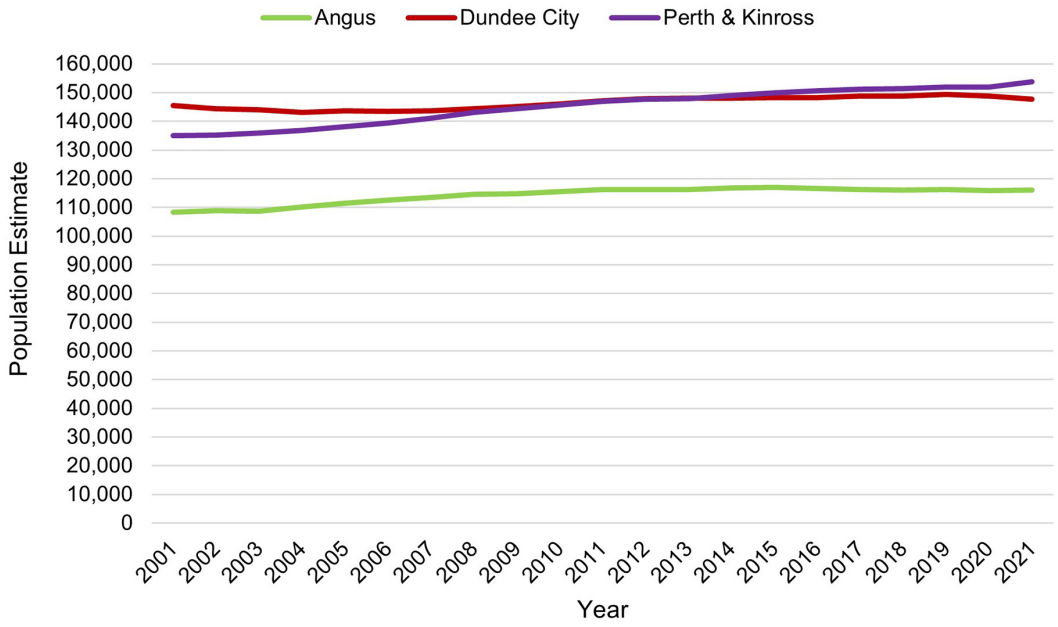
1.1.1 Population estimates

The geographical area covered by Tayside comprises the three local authority areas of Angus, Dundee and Perth & Kinross, with an estimated combined population of 417,650[1] (49% male, 51% female). Of the three local authority areas, Angus accounts for 28% (116,120) of the population, Dundee City for 35% (147,720) and Perth & Kinross 37% (153,810).

Overall, the estimated population in Tayside has increased in all three areas over the last twenty years, particularly in Perth & Kinross, but has remained relatively constant overall between 2015 and 2020.

Between 2020 and 2021, the Angus population is estimated to have remained constant, the Dundee City population decreased marginally, and the Perth & Kinross population increased slightly (figure 1).

Figure 1: Population estimates of Tayside by local authority area; 2001-2021



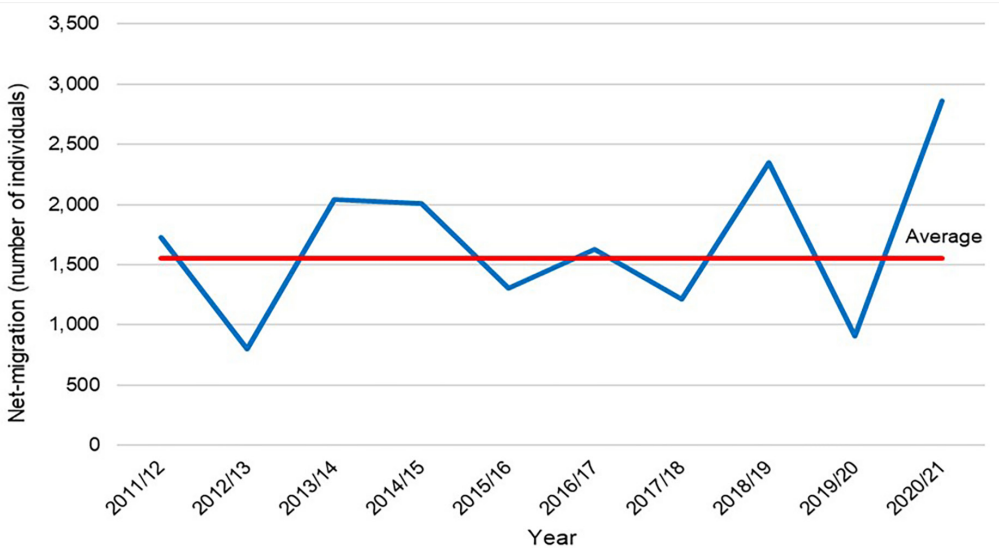
Source: National Records of Scotland (NRS) Midyear Population Estimates (MYPE)

1.1.2 Migration

Overall, the population of Tayside is relatively constant with estimated net-migration into the region of 1,550 each year on average (figure 2). In 2020/21 there was the largest estimated net-migration over the last ten years with a net increase of 2,860 individuals. This comprised of 16,050 individuals moving into the area and 13,190 moving out.

1 https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021

Figure 2: Net-migration for NHS Tayside; mid-2011 to mid-2012 – mid-2020 to mid-2021



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

1.1.3 Ethnicity

Data on ethnicity is from the 2011 Census[2] and therefore will inevitably have some limitations. 93% of the population of Tayside self-identified themselves as white: Scottish, other British or Irish (table 1). This varied from 90% in Dundee City to 96% in both Angus and Perth & Kinross. The next largest ethnic groupings comprised people of an Asian or Polish background.

Table 1: Tayside 2011 Census population by ethnic group

Ethnicity	Number of people
White: Scottish, other British or Irish	382,358
White: Polish	5,486
White: Other White	8,058
White: Gypsy/Traveller	702
Asian, Asian Scottish or Asian British	8,611
African	1,527
Caribbean or Black	495
Other ethnic groups: Arab, Arab Scottish or Arab British	982
Mixed or multiple ethnic groups	1,420
Other ethnic groups	259

Source: Census 2011 (www.scotlandscensus.gov.uk)

The ethnic background of a person impacts the likelihood of developing some health conditions[3] and also services must be responsive to ensuring people from all ethnic backgrounds can experience equitable access to healthcare in an easy and timely manner. Where possible, Public Health analyses data by ethnicity to help with the targeting of resources, and this is described in the more detailed reports that are presented to the Public Health Committee (standing committee of NHS Tayside). However, current data systems do not allow for easy analysis of health outcomes by ethnicity due to poor data quality and issues of

2 2021 Census was delayed due to COVID-19 pandemic. The Census 2022 outputs will be published during 2023. (https://www.scotlandscensus.gov.uk/taking-part-in-the-2022-census/census-outputs-consultation/)
3 https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

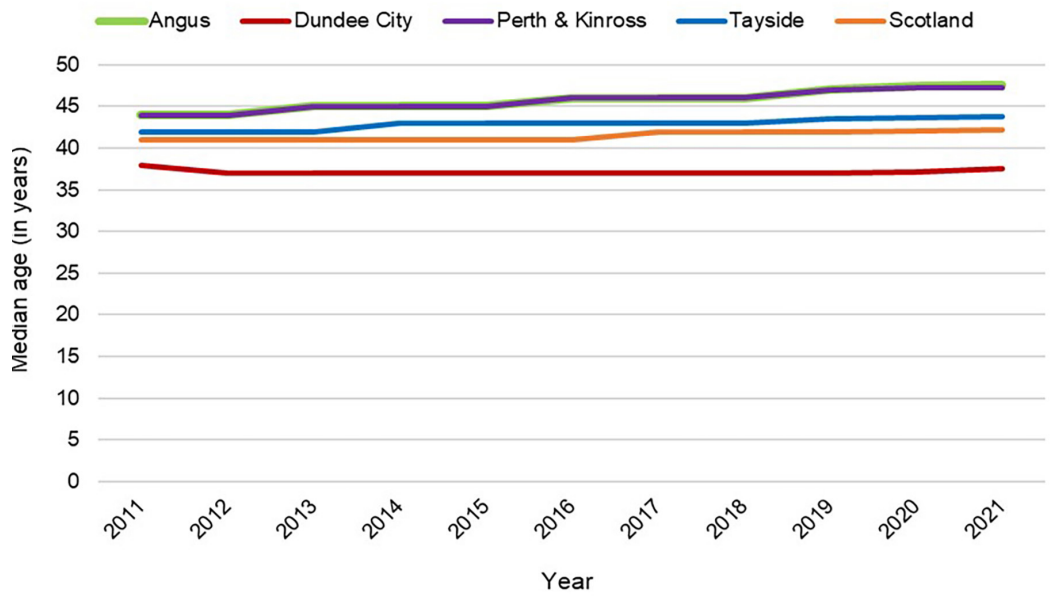
completeness. Public Health Scotland are working with NHS Boards and other key partners to improve the recording of ethnicity across all routinely collected health and social care datasets[4].

Whilst ethnicity is a protected characteristic and there is an increased probability of poorer health outcomes for some conditions based on race[3], socioeconomic and environmental factors are by far the greatest determinants of health at a population level. Many of these wider determinants of health are captured in the Scottish Index of Multiple Deprivation (SIMD): this is an area-based measure of relative deprivation and looks at combined deprivation across income, employment, education, health, access to services, crime and housing[5]. Action to reduce all inequalities will also significantly benefit people of ethnic minority groups.

1.1.4 Median age

The population of Tayside is, overall, older than the Scottish average. Twenty one percent are of a pensionable age[6] compared to 18% nationally. The median age of people living in Tayside is 43.8 years old compared to 42.2 years across Scotland as a whole. There is, however, considerable variation within Tayside, with the median age of people in Dundee City being 37.5 years compared to 47.6 years and 47.3 years in Angus and Perth & Kinross respectively. Furthermore, whilst the median age of people in Angus and Perth & Kinross has increased steadily over the last ten years, it has only recently slightly increased in Dundee City in 2021 (figure 3).

Figure 3: Comparison of median age of the population of Tayside and Scotland; 2011-2021



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

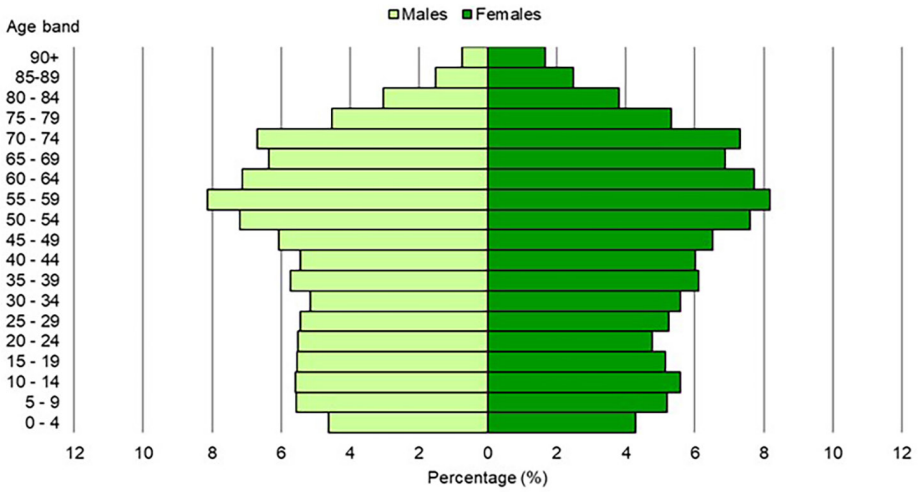
1.1.5 Population pyramids

The population pyramids (figures 4-6) show the distribution of age and sex across the three local authority populations. In Angus and Perth & Kinross, the largest proportion of adults are in the 55 to 59 years and adjacent age groups. Therefore, as these larger cohorts continue to grow older, we are seeing what is termed an 'ageing population'. In Dundee City the largest proportion of its population are younger adults (aged 20-34 years), most likely a result of the

4 https://publichealthscotland.scot/media/11979/pra_annual-monitoring-report-on-ethnic-health-inequalities.pdf
5 https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/
6 Pensionable age as at 30 June 2021 was approximately 66 years

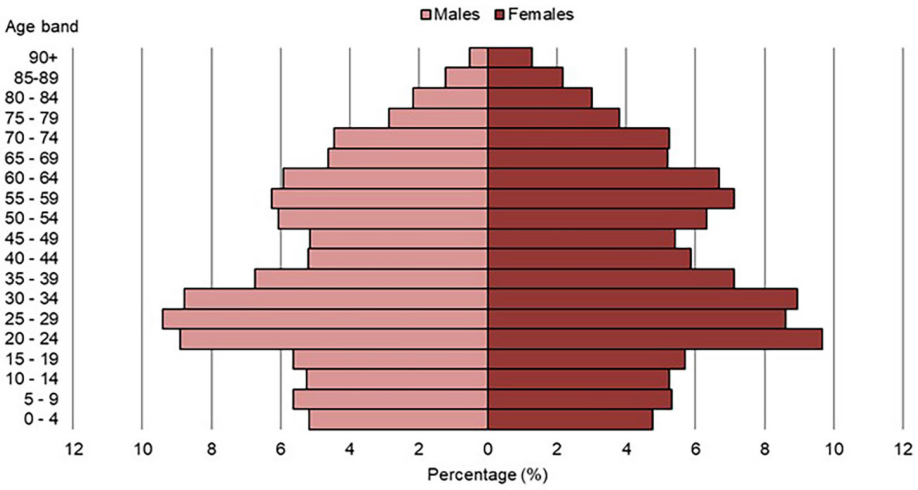
significant student population in the city. The next greatest grouping of population is around the 55-59 year olds, similar to the other local authority areas.

Figure 4: Population estimates of Angus by age and sex as at 30 June 2021



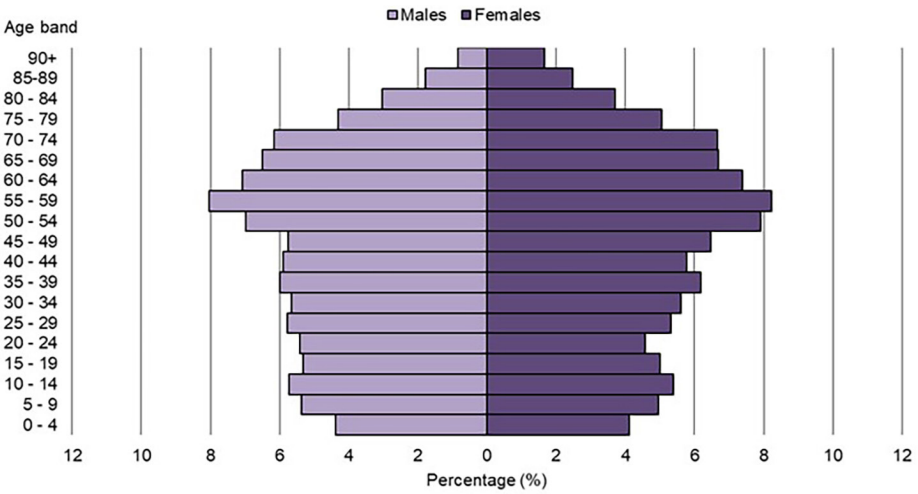
Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

Figure 5: Population estimates of Dundee City by age and sex as at 30 June 2021



Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

Figure 6: Population estimates of Perth & Kinross by age and sex as at 30 June 2021

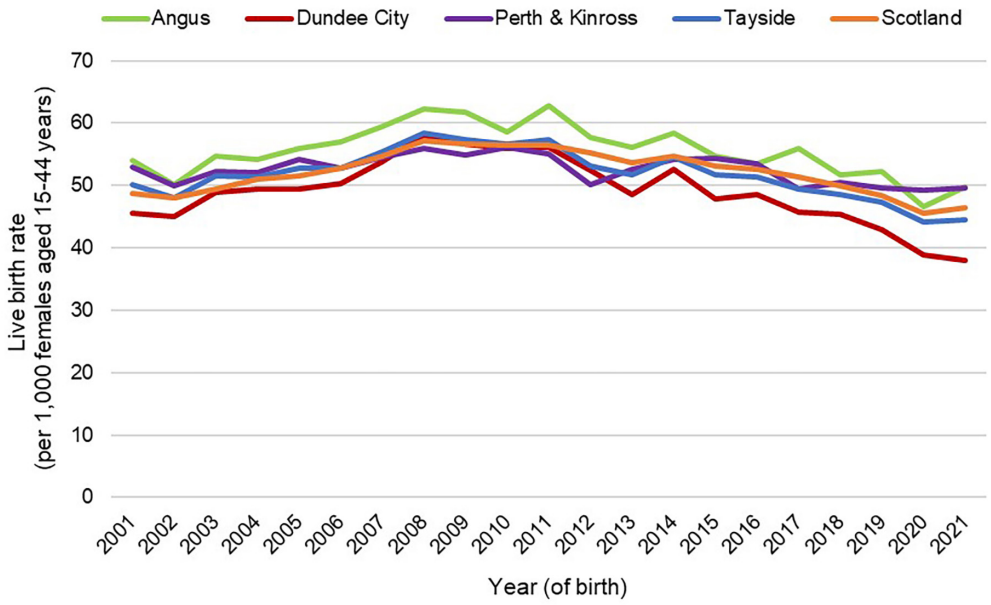


Source: National Records of Scotland (NRS) Midyear Populations Estimates (MYPE)

1.1.6 Birth rates

Since 2008, birth rates in Tayside and Scotland have been decreasing overall (figure 7). In 2021, there were 3,364 live births to women living in Tayside, a rate of 45 births per 1,000 female population aged 15-44 years. This was a slight increase on the previous year but a fall from 58 per 1,000 in 2008. By comparison, the national birth rate fell from 57 to 46 per 1,000 females aged 15-44 years. Within Tayside, while rates in Perth & Kinross (47) and particularly Angus (47) increased in 2021, Dundee City rates have continued to decrease (38).

Figure 7: Live birth rate per 1,000 female population aged 15-44 years in Tayside by local authority area and Scotland; 2001-2021



Source: National Records of Scotland (NRS) - Vital Events Birth Table 3.8

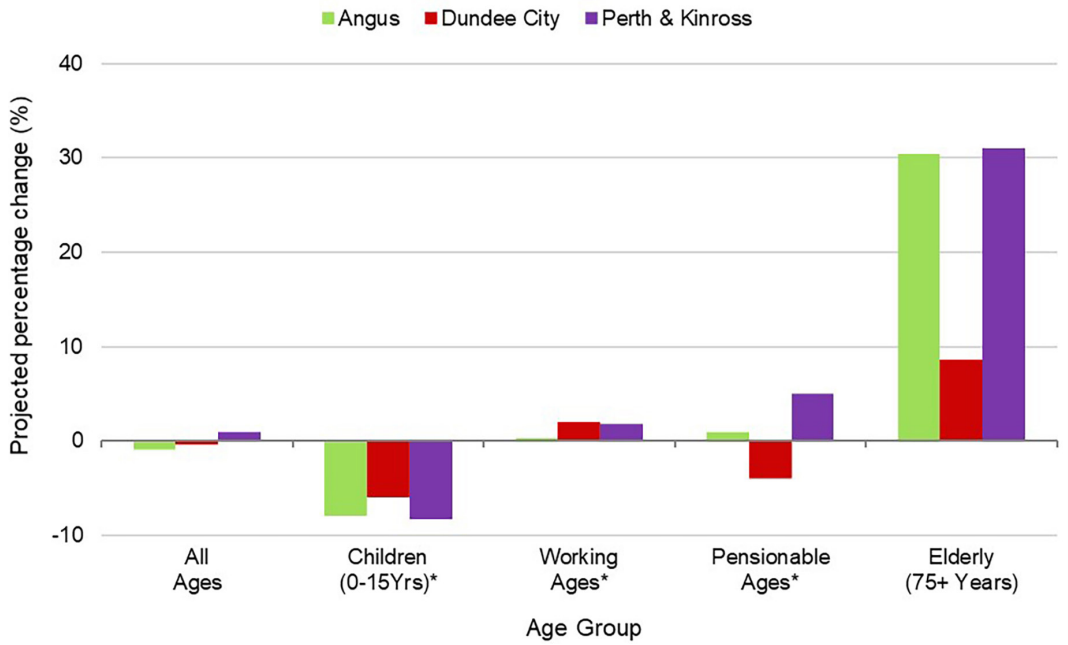
1.2 Population Projections

Population projections are useful for healthcare planning. They are trend-based and calculated to show how the population may change if particular assumptions are made. Interim 2020-based national projections for Scotland were published in January 2022[7]. They were classed as 'interim' to recognise the period of uncertainty in the mid-2020 base year and in setting long-term demographic assumptions following the onset of the coronavirus pandemic. Whilst the results of the Scotland Census 2022 are awaited, no sub-national population projections have been produced and so only 2018-based projections are available for Tayside[8,9].

National Records Scotland (NRS) predicts that the overall population of Tayside shall remain stable over the next 5 years. A slight decrease (-0.8% and -0.3%) is predicted in the population of Angus and Dundee City respectively; however, this will be offset by a predicted slight increase (+1.0%) in Perth & Kinross. However, any projected change in the population varies when further examined by specific age groups. For example, whilst the 75+ years age group is expected to increase overall by 24% for Tayside (compared to 25% nationally), the increase in this age group is predicted to be greatest in Angus (30%) and Perth & Kinross (31%), compared to 9% in Dundee City (figure 8).

7 https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based
8 https://www.nrscotland.gov.uk/files//statistics/population-projections/pop-proj-future-timings.pdf
9 Next update expected to be 2023-based projections and will be published Spring/Summer 2025

Figure 8: Projected percentage change in population of Tayside by local authority area; 2018-2028



** Children under 16, working age and pensionable age populations based on state pension age (SPA) for a given year. The figure for 'working' age and 'pensionable age and over' take into account the changes in the State Pension Age (SPA), as set out in the 2014 Pensions Act. In 2018, SPA reached 65 for women, meaning it was the same as for men. Between 2019 and 2020, SPA will rise from 65 years to 66 years for both men and women (by October 2020 (Pensions Act 2011)). A further rise in state pension age to 67 will take place between 2026 and 2028 (Pensions Act 2014).*

Source: National Records of Scotland (NRS) Projected Population of Scotland (2018-based)

1.3 Socioeconomic Context

Deprivation across Scotland is measured using the Scottish Index of Multiple Deprivation[10] (SIMD). This is an area-based measure of deprivation, combining indicators across various domains to give a relative measure of deprivation for small geographies called datazones (areas containing approximately 500-1000 people) which are then ranked from most to least deprived across Scotland. Data are most commonly presented by quintiles, as in this report. Approximately 20% of the Scottish population live within each SIMD quintile, with quintile 1 containing the most deprived datazones and quintile 5 containing the least deprived.

However, it should be noted that many people experiencing socio-economic disadvantage live outside areas categorised as the most deprived communities. Also, if an area is identified as 'deprived', this can relate to people having a low income or it could also mean that people who are living in that area have fewer resources or opportunities. This is because other indicators, such as 'average drive time to a GP surgery in minutes' or 'premises without access to superfast broadband', are also included in the calculations for SIMD.

Deprivation varies across Tayside. More than one-in-three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland compared to only one-in-14 people (7%) in Angus and one-in-17 people (6%) in Perth & Kinross (table 2).

10 Source: www.gov.scot/SIMD

Table 2: Proportion of Tayside's 2021 population estimates living in each SIMD 2020 quintile by local authority area

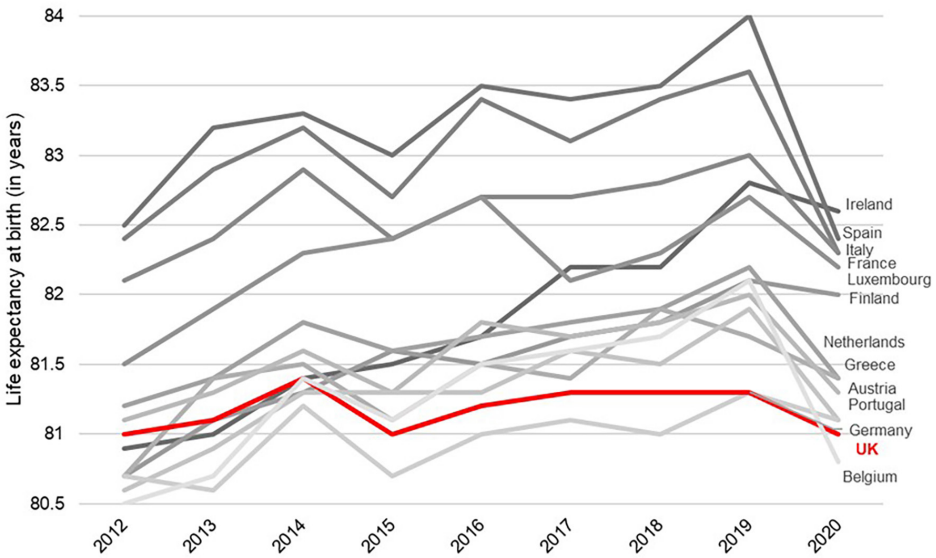
SIMD 2020 Quintile	Angus	Dundee City	Perth & Kinross
1 (most deprived)	7%	37%	5%
2			
3			
4			
5 (least deprived)	13%	16%	25%

Source: 'Small Area Population Estimates [SAPE]' based on Data Zones for 2021 via NRS and 'SIMD_2020' - Scottish Government

1.4 Life expectancy

The UK has one of the lowest life expectancies in Western Europe (figure 9) and Scotland has the lowest life expectancy[11] of all the UK countries (figure 10). Trends across Scotland overall had been improving year on year, until 2012-2014, but since then growth in life expectancy has stalled (figure 11), primarily due to declining life expectancy amongst the most deprived communities. The current life expectancy in Tayside for men is 76.9 years and 81.2 years for women. This is slightly higher than the Scottish average of 76.6 and 80.8 years respectively.

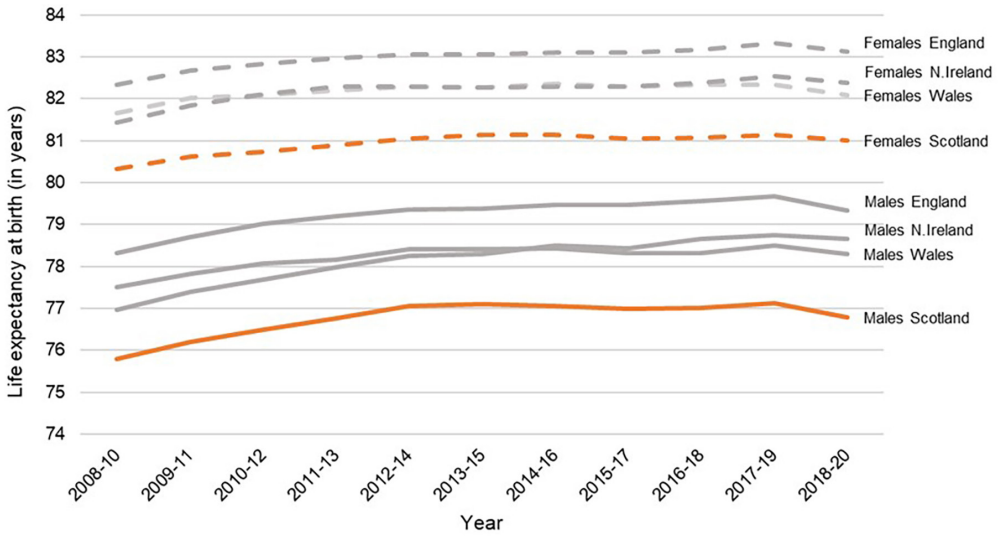
Figure 9: Life expectancy (LE) at birth for population of Western Europe; 2012-2020



Source: https://data.oecd.org/healthstat/life-expectancy-at-birth.htm

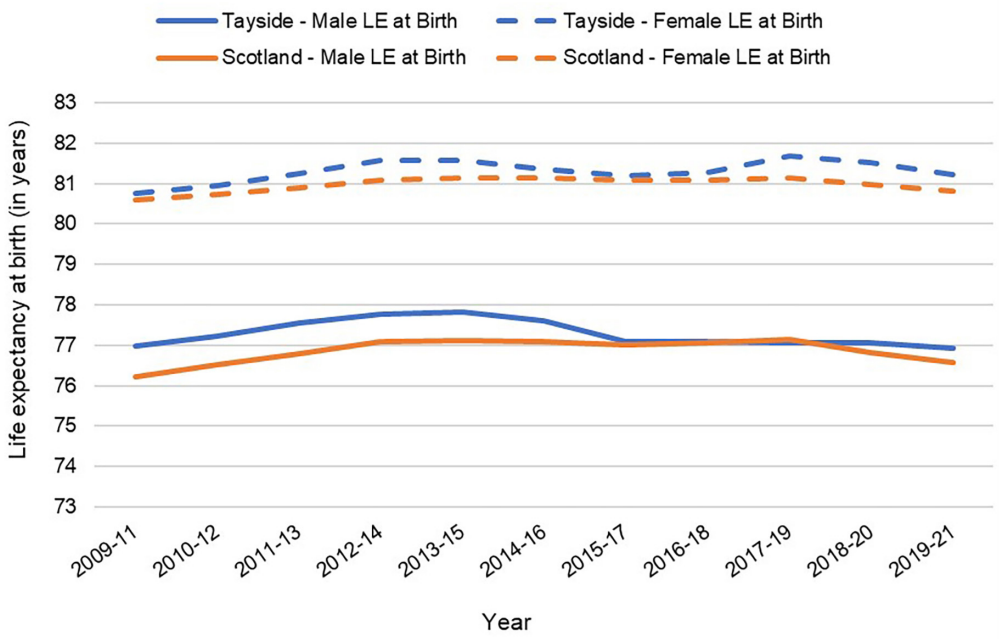
11 the average number of years a baby born today can expect to live if current mortality rates continue to apply

Figure 10: Life expectancy (LE) at birth for population across the United Kingdom; 2008-10 to 2018-20



Source:https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2018to2020

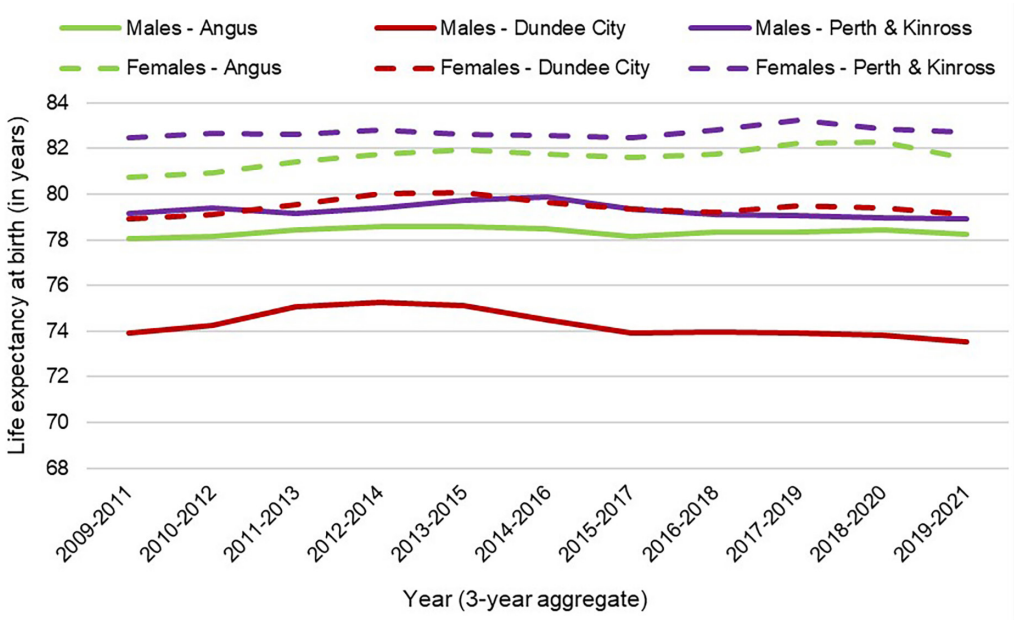
Figure 11: Life expectancy (LE) at birth for population of Tayside and Scotland by sex; 2009-11 to 2019-21



Source: Life expectancy in Scotland 2019-2021 (NRS)

Within the local authority areas in Tayside, men and women who live in Dundee City have the lowest life expectancy. Growth in life expectancy has generally stalled in each of the local authority areas in Tayside and it is now starting to show a notable slowly decreasing trend in Dundee City males (figure 12).

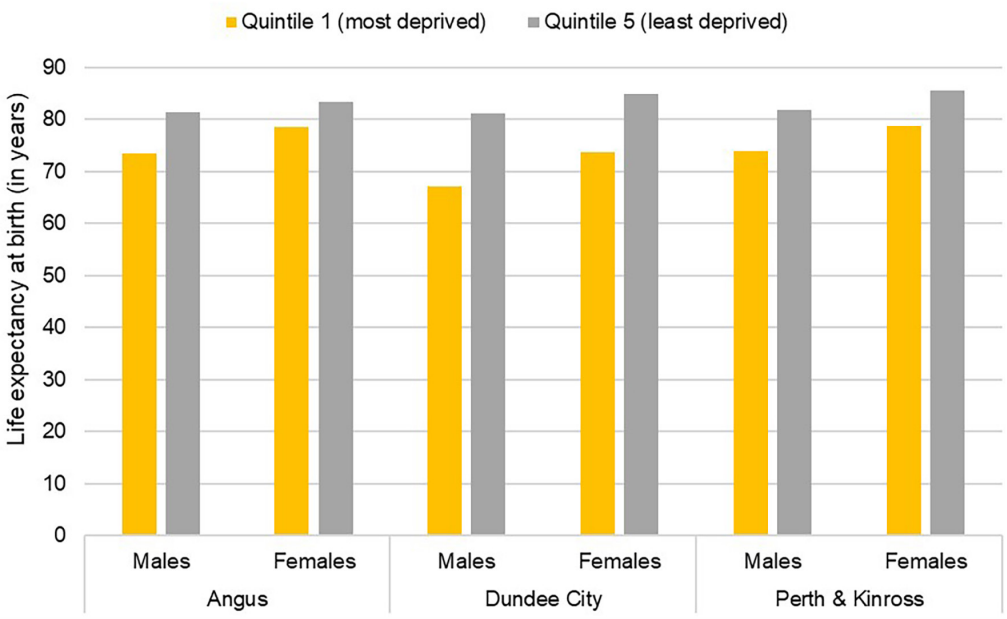
Figure 12: Life expectancy (LE) at birth for population in Tayside by local authority area and sex; 2009-11 to 2019-21



Source: Life expectancy in Scotland 2019-2021 (NRS)

Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City are anticipated to live on average 14.1 years fewer than people in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.0 and 7.9 years respectively. While the inequality gap in females is less prominent, it has widened slightly[12]. The current difference in life expectancy for females is 11.2 years, 5.0 years and 6.8 years in Dundee City, Angus and Perth & Kinross respectively (figure 13).

Figure 13: Life expectancy at birth for population of Tayside by local authority area and deprivation; 2017-2021



Source: Life expectancy in Scotland 2017-2021 (NRS)

12 https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2019-2021

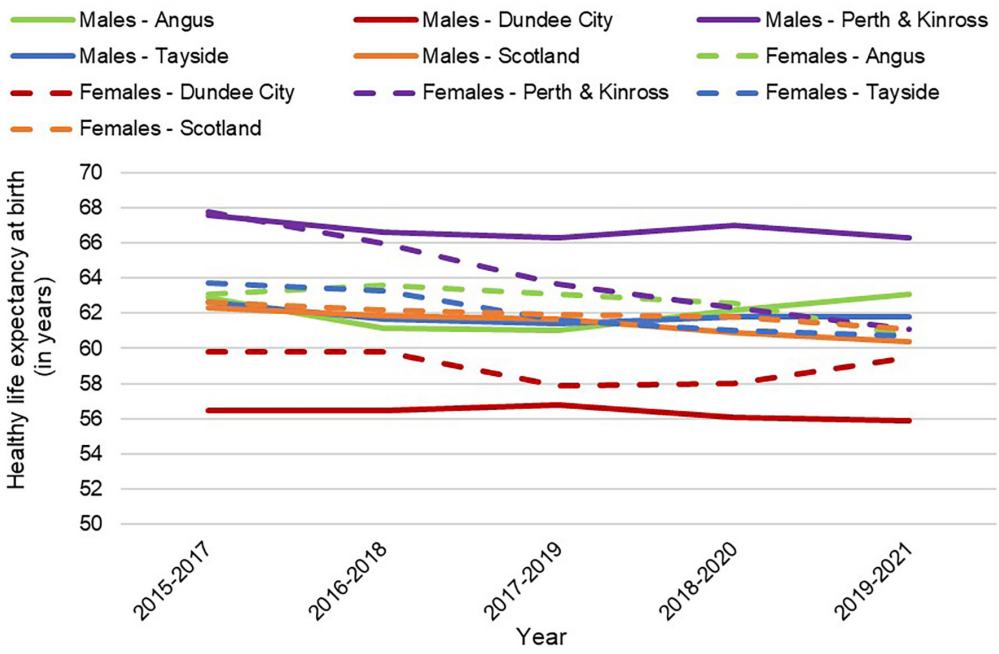
1.5 Healthy life expectancy

Healthy life expectancy (HLE) provides insight into the proportion of life spent in good health. It is calculated by extracting the prevalence of self-reported good health from each age group and geography, drawn from the 2011 census, and combining this with population statistics to provide HLE estimates[13].

Nationally, in the last decade, estimated HLE has fluctuated but decreased overall. In the most recent period that data is available (2019-21), both males and females across Scotland reported a decrease in their HLE from the previous year (2018-20) while in Tayside, very little change overall has occurred.

Whilst the number of years that males and females are expected to live healthy lives in Tayside is similar to the national average, there is variation across the region. Healthy life expectancy for males in Angus and females in Dundee City increased in 2019-21. However, despite the increase in HLE for females in Dundee City, residents continue to experience the least number of years in good health (figure 14).

Figure 14: Healthy life expectancy at birth for population of Tayside and Scotland by sex; 2015-17 to 2019-21



Source: Healthy life expectancy in Scotland (NRS)

A comparison of life expectancy and healthy life expectancy gives an indication of the proportion of their life that an individual can expect to live in good health (table 3).

Notably, the HLE for women is much closer to the HLE for men than overall life expectancy and therefore women experience a longer period of living with comorbidities in later life.

While males living in Dundee not only have the lowest life expectancy in Tayside, they also spend the least amount of time living in good health.

There has been a decrease in healthy life expectancy for females in Perth & Kinross in recent years but the reasons for this are unclear and are being explored further.

13 https://www.nrscotland.gov.uk/files//statistics/life-expectancy-15-17/le-methodology-feb-19.pdf

Table 3: Proportion of life spent in good health in Tayside by local authority area and Scotland; 2019-2021

Administrative Area	Males			Females		
	HLE at birth (years)	LE at birth (years)	Proportion of life spent in good health (%)	HLE at birth (years)	LE at birth (years)	Proportion of life spent in good health (%)
Scotland	60.4	76.6	78.9%	61.1	80.8	75.6%
Angus	63.1	78.3	80.6%	60.7	81.6	74.4%
Dundee City	55.9	73.5	76.1%	59.5	79.1	75.2%
Perth & Kinross	66.3	78.9	84.0%	61.1	82.7	73.9%
Tayside	61.8	76.9	80.4%	60.7	81.2	74.8%

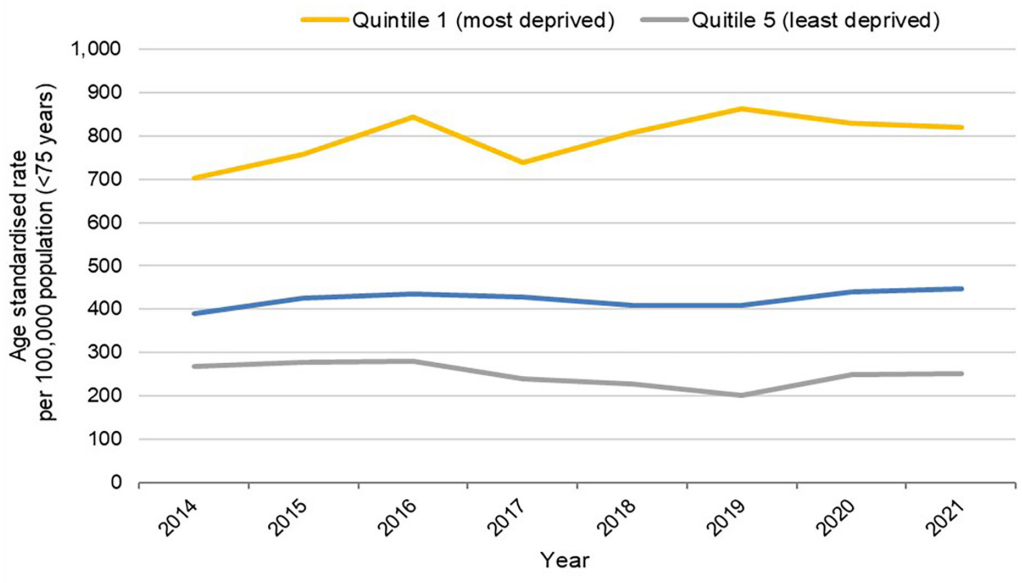
Source: Life expectancy and healthy life expectancy in Scotland (NRS)

1.6 Premature mortality (<75 years)

Premature mortality gives a further indication of the health status of a population. In Scotland, more than 24,000 people aged under 75 years died in 2021 – an age standardised rate of 471 per 100,000 population – and an increase of 690 deaths (3%) from the previous year. A disproportionate number of people who died before reaching 75 years old lived in the most deprived areas of Scotland. The premature mortality rate was 839 per 100,000 population in the most deprived areas in 2021, compared to 247 per 100,000 in the least deprived.

In Tayside, there were 1,823 deaths in people aged under 75 years in 2021, an age standardised rate of 448 per 100,000 population, and an increase of 53 (3%) deaths from 2020. Comparing the premature mortality rate over time, there has been a widening of the gap between people living in the most and least deprived quintiles (figure 15). In Tayside, the gap closed slightly in 2020 and data for 2021 show that despite overall premature mortality rates increasing, the difference in the rates between the most and least deprived areas (820 v 448) has once again closed very slightly.

Figure 15: Age standardised premature (<75 years) mortality rates per 100,000 population in Tayside by SIMD quintile; 2014-2021



Source: NRS, SIMD 2016 and 2020v2

There are differences in the main causes of premature death when the most and least deprived areas in Tayside are examined (table 4). While lung cancer and myocardial infarction (heart attack) were the most common cause of death in the least deprived areas, substance use (drugs) followed by lung cancer were the most common drivers of premature mortality in the most deprived areas.

Table 4: Causes of premature (<75 years) mortality in Tayside
Comparison of the 10 main causes of death within the most and least deprived areas
Based on five-year aggregate (2017-2021)

SIMD Quintile 1 (most deprived)	% of all SIMD Quintile 1 premature deaths	Top 10 Main Causes	SIMD Quintile 5 (least deprived)	% of all SIMD Quintile 5 premature deaths
Substance use (drugs)	9.7%	1	Lung cancer	7.5%
Lung cancer	9.3%	2	Heart attack	5.3%
COPD* related	6.4%	3	Coronary Heart Disease (CHD)	4.0%
Coronary Heart Disease (CHD)	5.9%	4	Breast cancer	3.9%
Heart attack	5.3%	5	Brain cancer	3.3%
Liver disease	3.3%	6	Pancreatic cancer	2.8%
COVID-19	3.3%	7	Prostate cancer	2.7%
Suicide (hanging, strangulation & suffocation)	2.3%	8	COPD* related	2.7%
Mental & behavioural disorders - psychoactive drug use	2.1%	9	Cancer of the digestive organs	2.6%
Breast cancer	1.5%	10	COVID-19	2.5%
SIMD 1 (Premature) Total	**49.1%**	**-**	**SIMD 5 (Premature) Total**	**37.3%**

**Chronic Obstructive Pulmonary Disease*
Source: National Records for Scotland (NRS) – Annual Deaths Files (2017-2021) via Health Intelligence Team

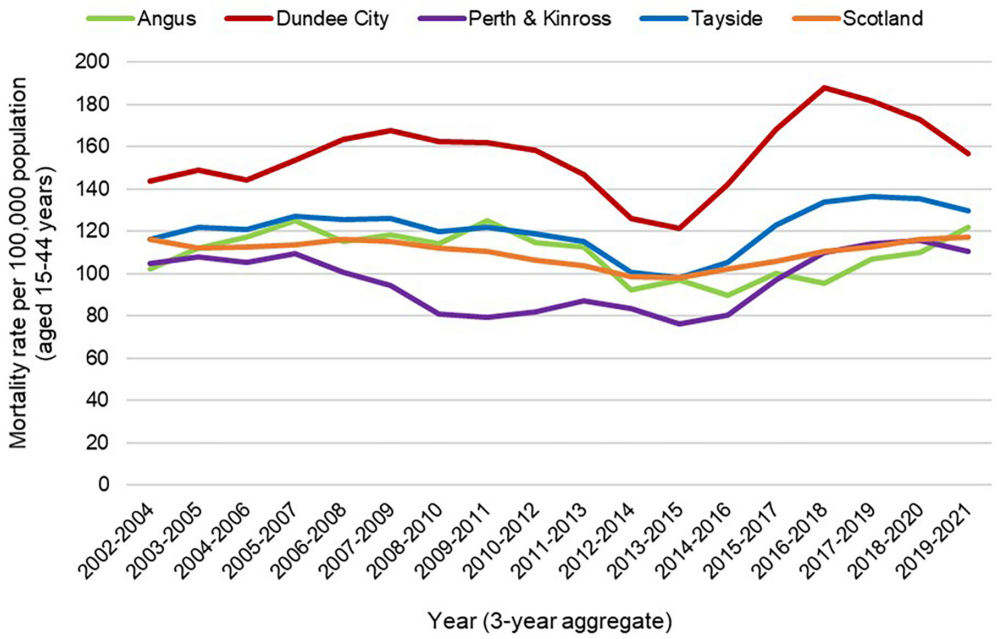
1.7 Premature mortality (15-44 years)

The mortality rate in people aged 15-44 years has been increasing across Scotland since 2012-14 (figure 16).

Previously, Tayside showed a similar mortality rate to the national average but between 2014-16 and 2017-19, local rates rose at a faster rate than Scotland. This was predominantly due to a large increase in Dundee City, although rates in Angus and Perth & Kinross had also risen. Since then, while rates in Tayside have decreased slightly, they remain higher than the national average.

Within Tayside, a fall in the Dundee City rate has been offset by an increase in Angus and very little change in Perth & Kinross. A substantial proportion of these premature mortalities are due to 'deaths of despair' (suicide, alcohol and drug-related mortality) which are heavily patterned by age, sex and socioeconomic status (table 4).

Figure 16: Age-sex standardised premature mortality rates per 100,000 population aged 15-44, in Tayside by local authority area and Scotland; 2002-04 to 2019-21



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

2. Physical Health

After considering the main measures that describe the composition, trends and projections of the overall population of Tayside, chapters two and three consider in more detail the principle health conditions which contribute to life expectancy and healthy life expectancy.

At any one time, approximately one in four adults (16+ years) in Scotland will be experiencing some form of long-term condition (LTC), health problem or disability. By the age of 65 it is estimated that nearly two thirds of adults will have developed an LTC[14]. In addition, the prevalence of LTCs is increasing and the greatest increase is being experienced by people living in greatest deprivation. For example, people in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times), and be diagnosed with cancer (1.2 times) than people in the least deprived areas.

This chapter looks at the physical health conditions coronary heart disease, cancer, chronic obstructive pulmonary disease and diabetes, as comparative data between local and national activity is most readily available from national sources such as The Scottish Public Health Observatory Profiles (ScotPHO)[15] and the Scottish Diabetes Survey[16]. For summary statistics of other key diseases e.g. stroke, please see publications held within Public Health Scotland[17].

Hospitalisations for coronary heart disease have decreased but vary by area and deprivation, with Dundee higher than the national average.

Trends in cancer diagnoses have changed very little in the past 10 years. New diagnoses decreased in 2020 during the pandemic then increased again in 2021.

Lung cancer, the most common cancer in Scotland, has decreased. Liver cancer mortality has increased the most (38%) with obesity, alcohol and hep B & C the main risks.

COPD hospitalisations have decreased in the last five years and prevalence is lower in Tayside than Scotland. However, Dundee is higher than Scotland with the gap widening in recent years.

The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,596 new cases in 2022 with approx 90% being new cases of type 2 diabetes.

14 Improving the Health & Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan (http://www.gov.scot/Publications/2009/12/03112054/0)
15 https://scotland.shinyapps.io/ScotPHO_profiles_tool/
16 https://www.diabetesinscotland.org.uk/wp-content/uploads/2023/02/Diabetes-Scottish-Diabetes-Survey-2021-final-version.pdf
17 https://publichealthscotland.scot/publications/

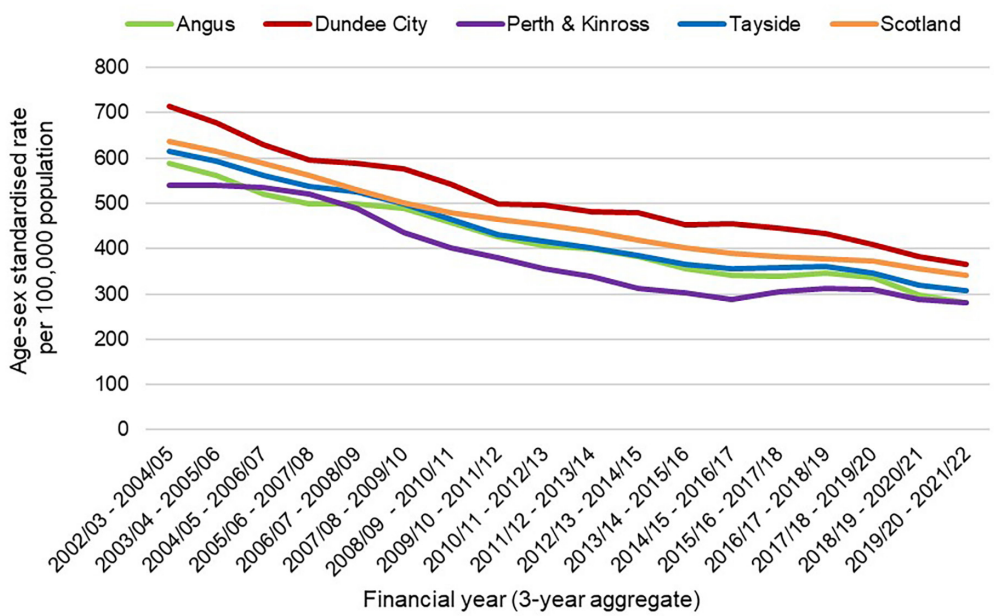
2.1 Coronary heart disease (CHD)

It is estimated that 7% of men and 4% of women are currently living with CHD in Scotland[18]. Risk factors associated with CHD include smoking, poor diet and physical inactivity and are particularly prevalent in Scotland.

Hospitalisations due to CHD have been decreasing since 2002/03 (figure 17) and the main drivers for this include a decrease in smoking and improvements in medical treatments and interventions. However, increases in the prevalence of diabetes and obesity have contributed to a slowing in this reduction since circa 2014.

While the overall Tayside hospitalisation rate is lower than that of Scotland, hospitalisation rates are consistently higher in Dundee City.

Figure 17: Age-sex standardised rate of coronary heart disease patient hospitalisations per 100,000 population in Tayside and Scotland; 2002/03-2004/05 to 2019/20-2021/22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Examining hospitalisation rates for people with coronary heart disease by deprivation shows that admissions to hospital would be 19% lower in Tayside (25% across the whole of Scotland) if the rates of the least deprived area were applied to the whole population[19].

2.2 Cancer

It is estimated that two out of five people will develop cancer in their lifetime. The risk of cancer increases with age and has historically been higher in men than in women. This continues to be the case[20].

18 https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/
19 https://scotland.shinyapps.io/ScotPHO_profiles_tool/
20 https://www.publichealthscotland.scot/media/12645/2022-04-12-cancer-incidence-report.pdf

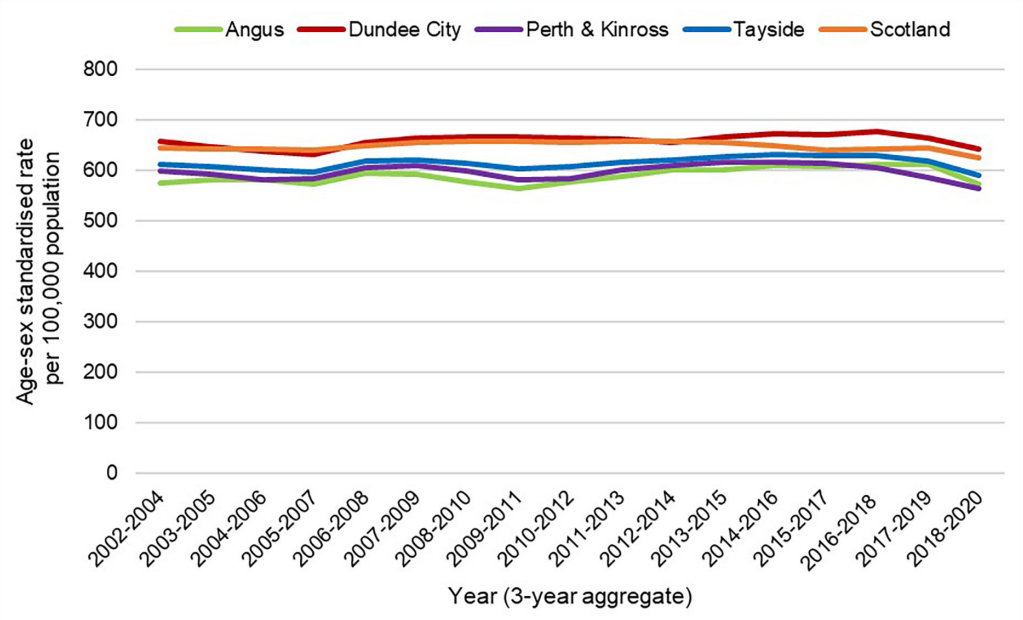
Whilst welcome reductions in smoking prevalence have occurred in Scotland, there remains considerable potential to prevent cancers through further reductions in smoking, reducing overweight and obesity, improving diet and reducing alcohol consumption[21].

Over the last 20 years there has been little change in overall cancer incidence[22] and the incidence of cancer in Dundee City has been consistently higher than in Angus and Perth & Kinross and Scotland as a whole (figure 18).

It should be noted, however, that the COVID-19 pandemic has had a huge impact on all aspects of cancer management in Scotland. Public Health Scotland reported a large decrease in the number of new cancers identified in 2020 compared with the expected long-term trend.

Most of this decrease was likely due to under-diagnosis caused by the pandemic. Any changes in overall trends and the impact of delayed diagnoses will become evident in the coming years.

Figure 18: Age-sex standardised rate of cancer diagnoses per 100,000 population; 2002-2004 to 2018-2020



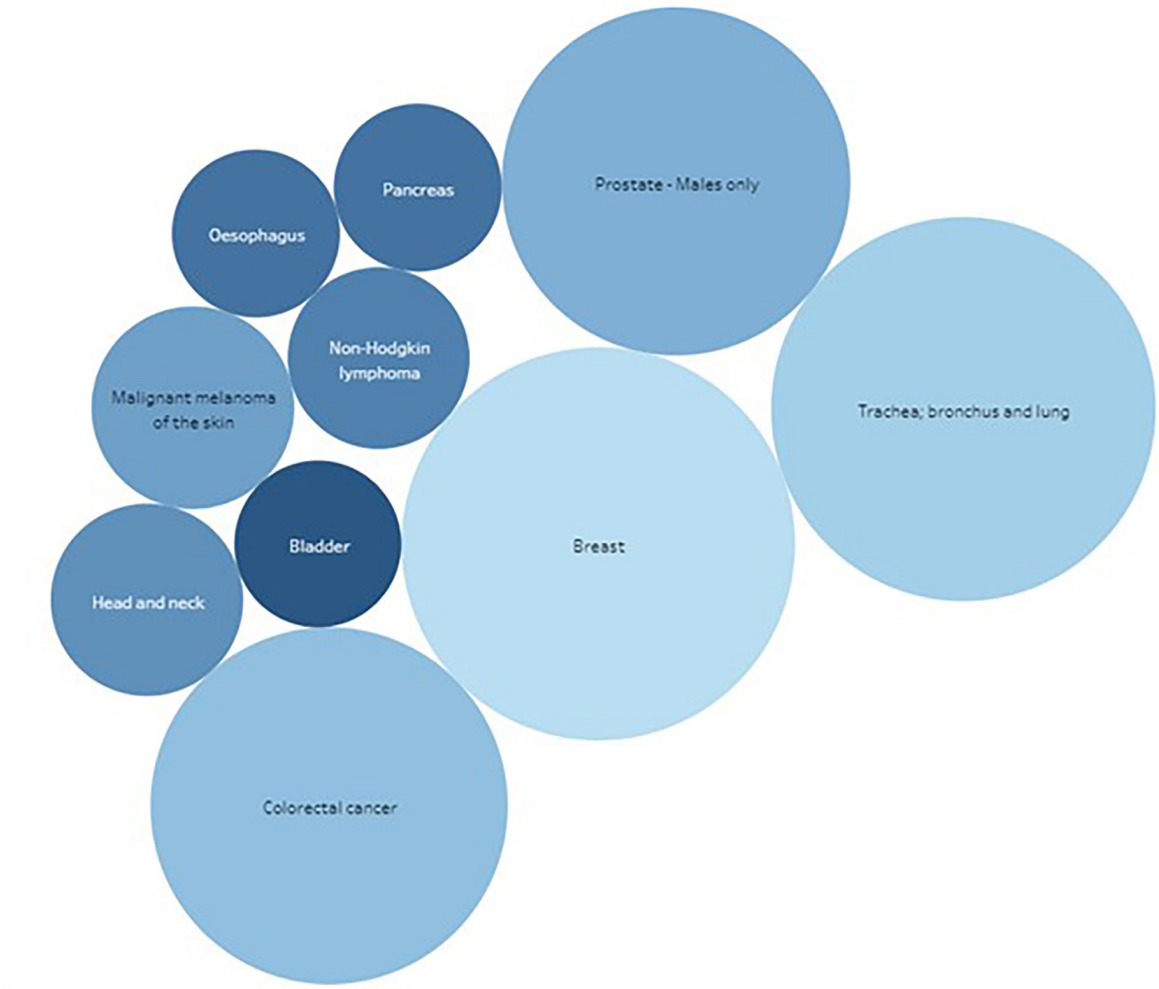
Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

The most common cancers in Scotland in 2021 were lung, breast, bowel and prostate, accounting for over half (54%) of all malignancies (excluding non-melanoma skin cancers).[23]

In Tayside, breast cancer was the most commonly diagnosed cancer in 2021 (figure 19) with 422 new registrations followed by lung (403 registrations), colorectal (348) and prostate cancer (331).

21 https://www.publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-scotland-to-december-2021/
22 Cancer incidence is the number of new cancers of a specific site or type occurring in the population per year, usually expressed as the number of new cancers per 100,000 population
23 https://www.publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-scotland-to-december-2021/

Figure 19: The 10 most commonly diagnosed cancers in Tayside, 2021



Source: Cancer Incidence in Scotland dashboard, Public Health Scotland

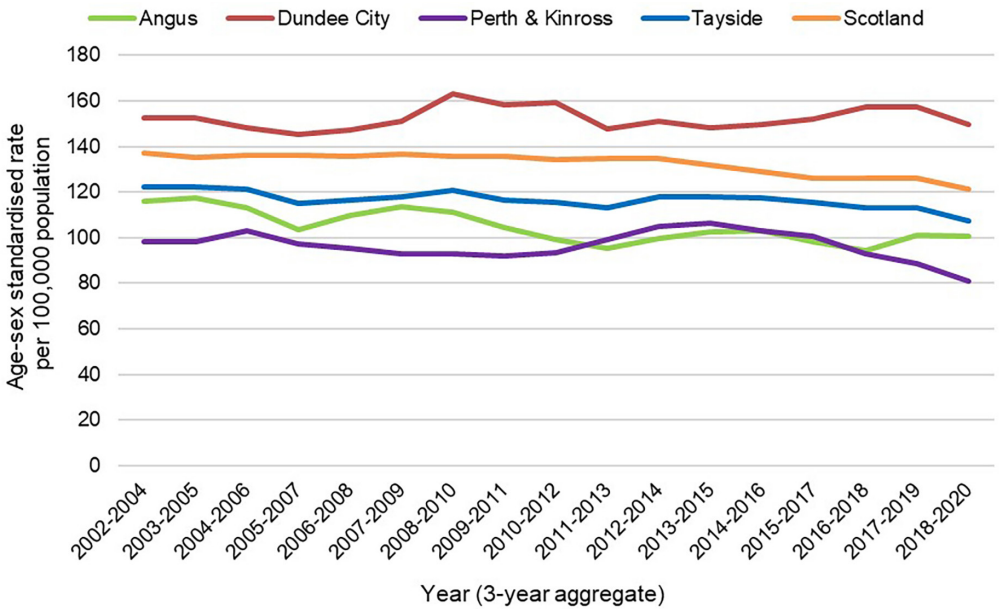
Socioeconomic deprivation is associated with incidence, survival and mortality from cancers. Broadly, increasing deprivation is associated with poorer survival from cancer but its relationship with incidence varies in size and direction. For example, the most commonly diagnosed cancer overall in Scotland, lung cancer, has a higher incidence in more deprived areas.

Conversely, the most commonly diagnosed cancers in men and women individually (prostate and breast cancer, respectively) occur more often in less deprived populations but these cancers respond better, on average, to available treatment and are associated with lower mortality rates overall.

Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall (figure 20).

Furthermore, the incidence rate in Dundee City had been increasing since 2013 until 2018, in contrast to the Scotland overall, but is now appearing to decrease once more.

Figure 20: Age-sex standardised rate of lung cancer diagnoses per 100,000 population; 2002-2004 to 2018-2020



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

While lung cancer accounted for the largest number of cancer-related deaths across Scotland in 2021, the largest increase in mortality rates, for all types of cancer, across Scotland over the last decade has been for liver cancer (38% increase) with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses[24].

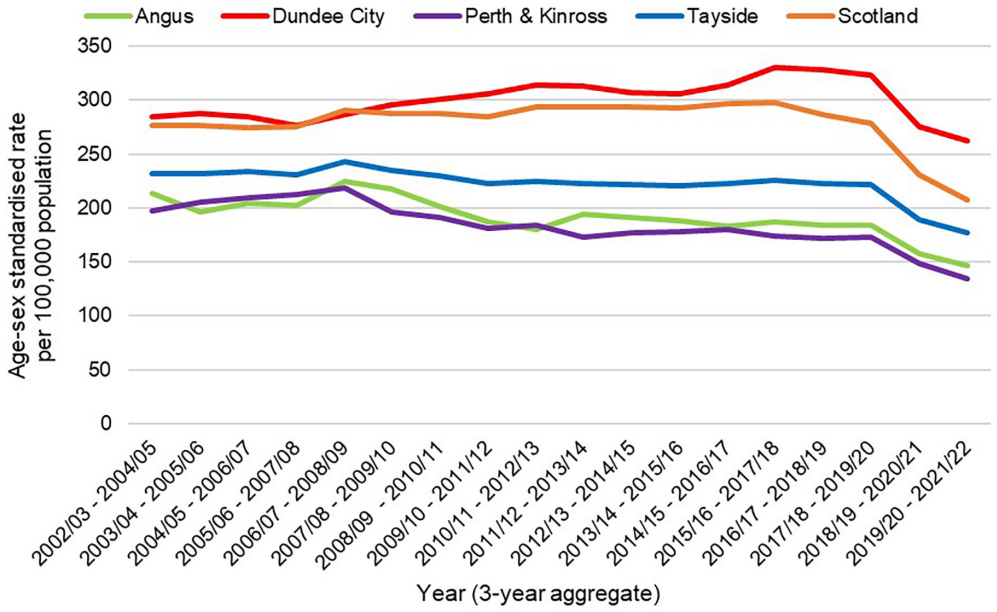
2.3 Chronic obstructive pulmonary disease (COPD)

Long-term respiratory conditions, such as asthma and COPD, can cause significant challenges for the people who live with them and lead to the greatest use of health resources to assist with management. Over 129,000 people are diagnosed with COPD annually in Scotland[25]. While situational factors (such as air quality and working conditions) and genetics can cause the disease, smoking is still by far the main cause of COPD. Approximately 25% of long-term smokers will end up developing COPD[26]. The risk is increased for women, who tend to develop the condition with lower exposure to smoke than men[27] in contrast to lung cancer which has a higher incidence in men[28].

Hospitalisation rates for COPD have decreased over the last five years with the overall rates for Tayside lower than the national average. However, Dundee City has higher hospitalisation rates for COPD than Scotland overall with the gap widening in recent years. Similar to new lung cancer diagnoses, there had also been a steady increase in COPD hospitalisations in Dundee City until recently (figure 21).

24 https://publichealthscotland.scot/publications/cancer-mortality/cancer-mortality-in-scotland-annual-update-to-2020/
25 Chest Heart and Stroke Scotland and SPRAG: 2017 Pulmonary Rehabilitation Survey
26 https://www.gov.scot/publications/scottish-health-survey-2018-main-report-revised-edition-2020/pages/68#fn-9
27 https://www.gov.scot/publications/scottish-health-survey-2018-main-report-revised-edition-2020/pages/68#fn-9
28 https://www.publichealthscotland.scot/publications/cancer-incidence-in-scotland/cancer-incidence-in-scotland-cancer-incidence-and-prevalence-in-scotland-to-december-2019/cancer-incidence-dashboard/

Figure 21: Age-sex standardised rate of COPD hospitalisation per 100,000 population 2002/03-2004/05 to 2019/20-2021/22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Analysing COPD patient hospitalisations by deprivation shows that COPD admission rates in Tayside would be 65% lower (Scotland 70%) if the levels of the least deprived area were experienced across the whole population[29].

2.4 Diabetes

Diabetes is a common life-long health condition, although remission can be achieved in type 2 diabetes with weight management and early intervention. The most recent Scottish Diabetes Survey (2021) estimated that there were almost 328,000 people with a diagnosis of diabetes in Scotland, representing a prevalence[30] rate of 6.0% (compared to 4.8% in 2012) with the majority (88%) having type 2 diabetes[31].

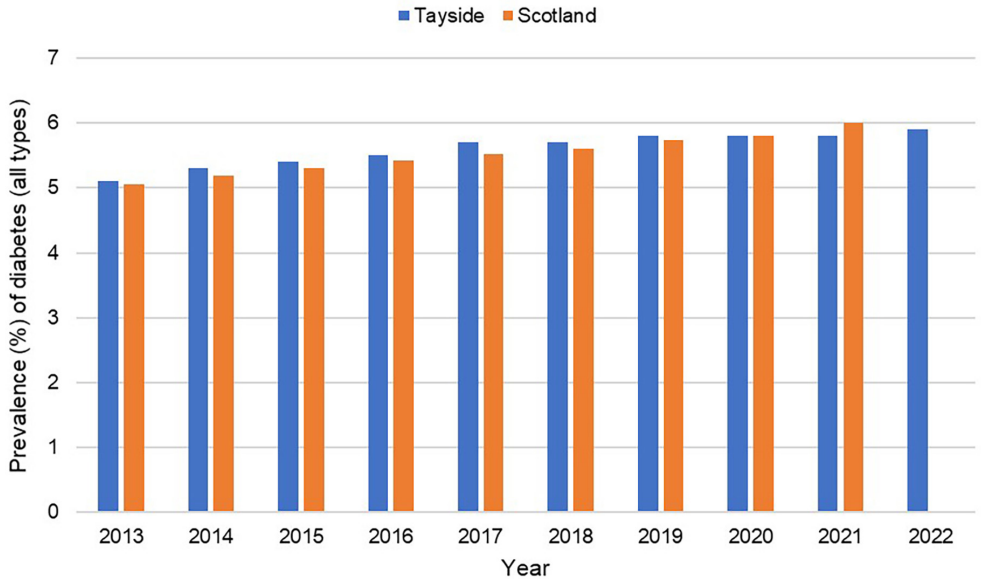
When only adults are considered, the prevalence rate rises to approximately 1 in 10. Furthermore, approximately 500,000 people in Scotland are currently considered at high risk of developing type 2 diabetes[32] in future and it is estimated that 10% of type 2 diabetes is undiagnosed.

In Scotland, more cases of diabetes were diagnosed in 2021 than in previous years but this may be due partially to a delay in diagnosing cases during the COVID-19 pandemic in 2020. These trends were mirrored in Tayside with the number of new cases of diabetes diagnosed in 2021 and 2022 (1,619 and 1,596 respectively) higher than those seen annually since 2010.

The prevalence of both type 1 and type 2 diabetes in Tayside in 2022 was 5.9%, compared to 5.0% in 2012 (figure 22), and 90% of people living with diabetes in 2022 had type 2 diabetes.

29 Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/
30 Prevalence refers to proportion of persons who have a condition at or during a particular time period
31 https://www.diabetesinscotland.org.uk/wp-content/uploads/2023/02/Diabetes-Scottish-Diabetes-Survey-2021-final-version.pdf
32 Diabetes UK Position Statement 2014

*Figure 22: Crude prevalence rate of all types of diabetes for all ages per 100,000 population; 2013-2022**



** Scotland data for 2022 not yet available*
Source: Scottish Diabetes Survey 2021 and Tayside Diabetes MCN annual report 2022

2.5 Summary

Physical health outcomes are influenced by a person's individual characteristics and behaviours, as well as by their physical, social and economic environments.

Whilst the physical health status of person can be managed to prevent hospital admissions and prolong life expectancy, to ensure sustainability of health and social care services long-term, it is imperative that a public health approach is adopted across the whole system to focus on prevention and early intervention, targeted to populations at greatest need, to improve overall health and reduce health inequalities.

It is the modifiable risk behaviours that Public Health as a specialty primarily focuses on changing, to improve the health outcomes of the population, and it is in the next chapter that this report will describe some of the current and future activities that will have a positive impact on the population's health.

3. Mental Health

Mental illness is one of the major public health challenges in Scotland. Poor mental health is the leading cause of sickness absence in the UK and is generally more debilitating than most chronic physical conditions. Currently around one in four people are estimated to be affected by mental illness. Good mental health is fundamental to good public health as mental health influences our capacity and motivation for healthy behaviours, outcomes in chronic disease and our ability to engage with health services.

Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least[33].

Young people are experiencing increasing mental health challenges over recent years and the COVID-19 pandemic has added to this with disadvantaged young people most affected[34]. Locally this is evident in challenges faced by schools and in the increasing number of referrals to statutory and non-statutory services.

Poor mental health, particularly self-harm, suicide, anxiety and depression, is strongly associated with deprivation.

Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland.

The suicide rate in Tayside is higher than the national average with 22 per 100,000 population in Dundee compared to 14 per 100,000 for Scotland.

Suicide rates vary by sex. While the suicide rate in females has not changed significantly over the past decade, the rate in males has increased.

Children and young people's mental health has declined in the past decade, exacerbated by the pandemic.

Three quarters of people with a mental health condition start developing it prior to 18 years of age.

33 https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report
34 https://publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/covid-19/covid-19-data-and-intelligence/covid-19-and-children-research/covid-19-early-years-resilience-and-impact-survey-ceyris/overview/

3.1 Local and national context

3.1.1 Hospitalisations

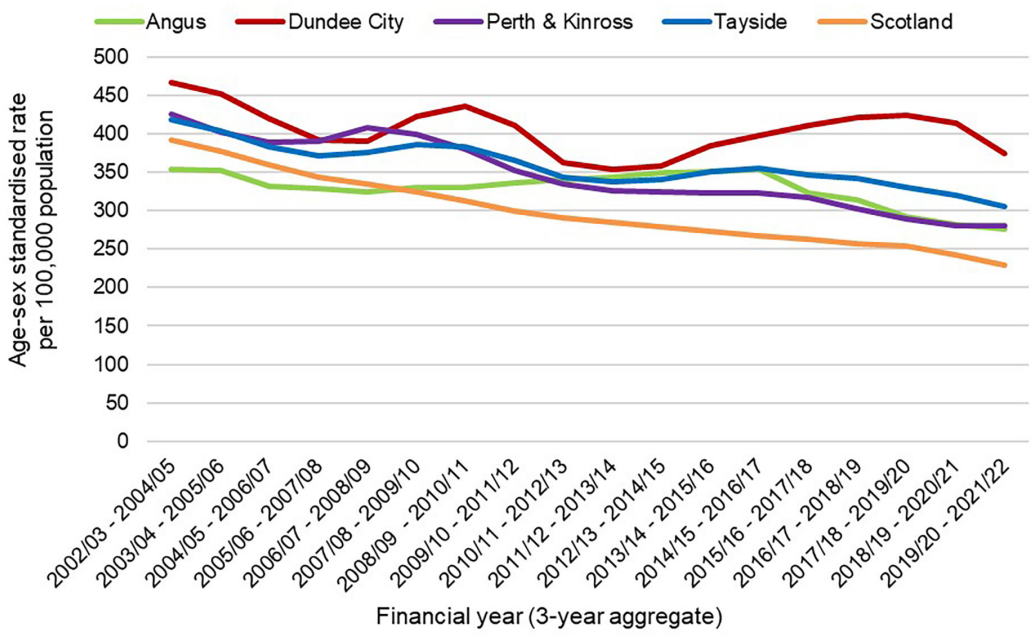
Over the last 20 years, the rate for psychiatric hospitalisations across Scotland has decreased (figure 23) with Tayside rates following a similar pattern, albeit with higher rates than Scotland overall.

Differing numbers of inpatient beds and patterns of service delivery between areas of Scotland may also explain some of the variation in admission rates and these are currently being explored further.

Hospitalisations for residents of Dundee City had however diverged from this overall Tayside and national trend and increased between 2015 and 2019.

Despite a decrease in the rate in the most recent period, psychiatric hospitalisations for Dundee City residents remains considerably higher than the rest of Tayside and indeed Scotland.

Figure 23: Age-sex standardised rate of psychiatric patient hospitalisations per 100,000 population; 2002/03-2004/05 to 2019/20-2021/22

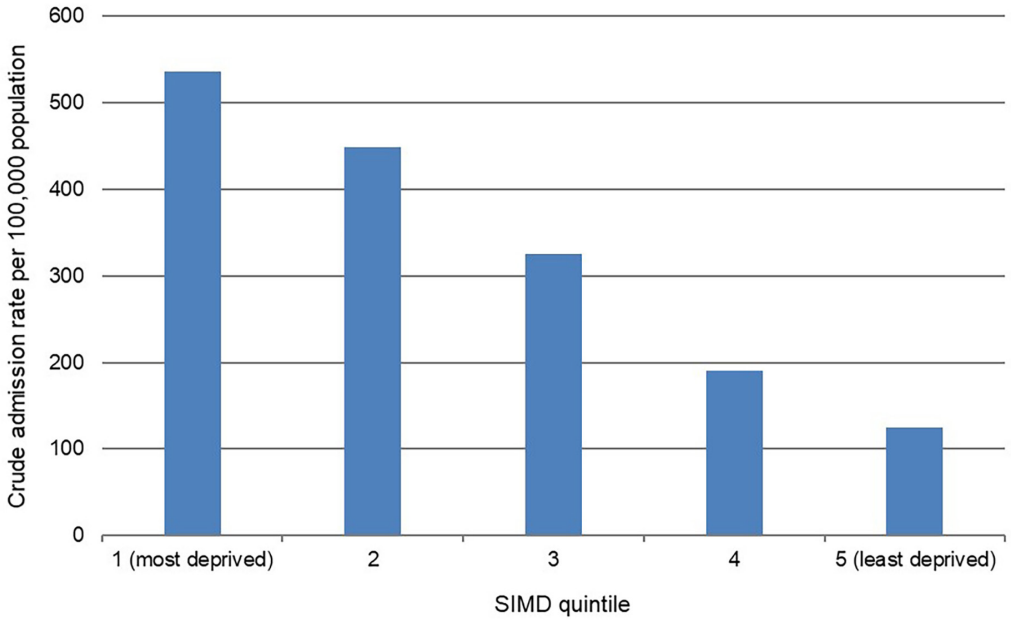


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Psychiatric hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside four times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness (figure 24).

In addition, psychiatric hospitalisations would be 56% lower if the rates of the least deprived areas were experienced across the whole population.

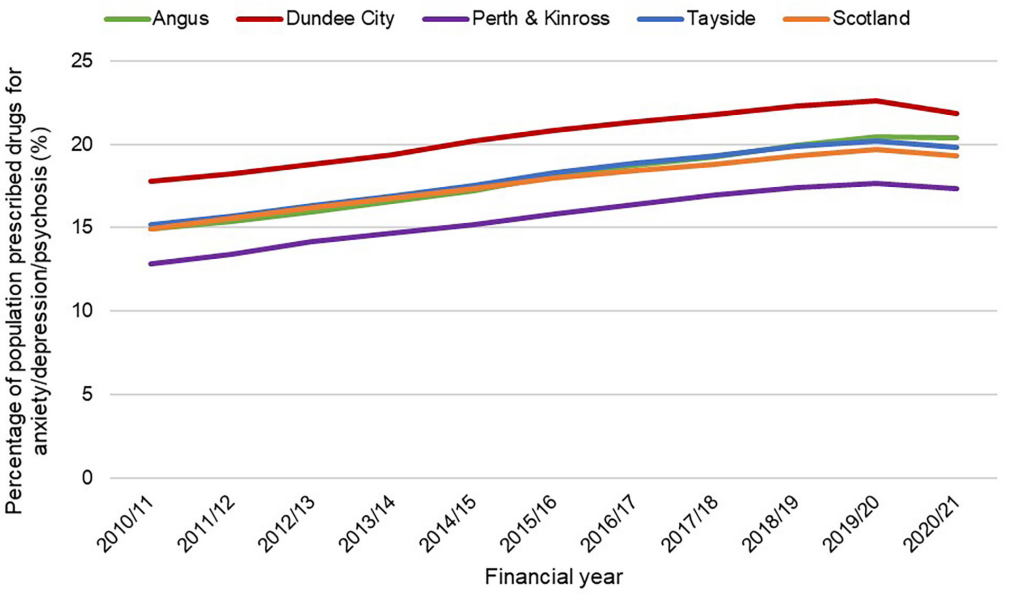
Figure 24: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by SIMD2020 quintile; 2021/22



Source: Discovery (PHS)

The proportion of the population who are prescribed drugs for anxiety/depression/psychosis can be used as a proxy measure for mental health prevalence (in the absence of robust community prevalence data for mental health), and data show that while hospitalisations have decreased overall, prevalence of mental health illness in the community that is being treated with medication has increased (figure 25).

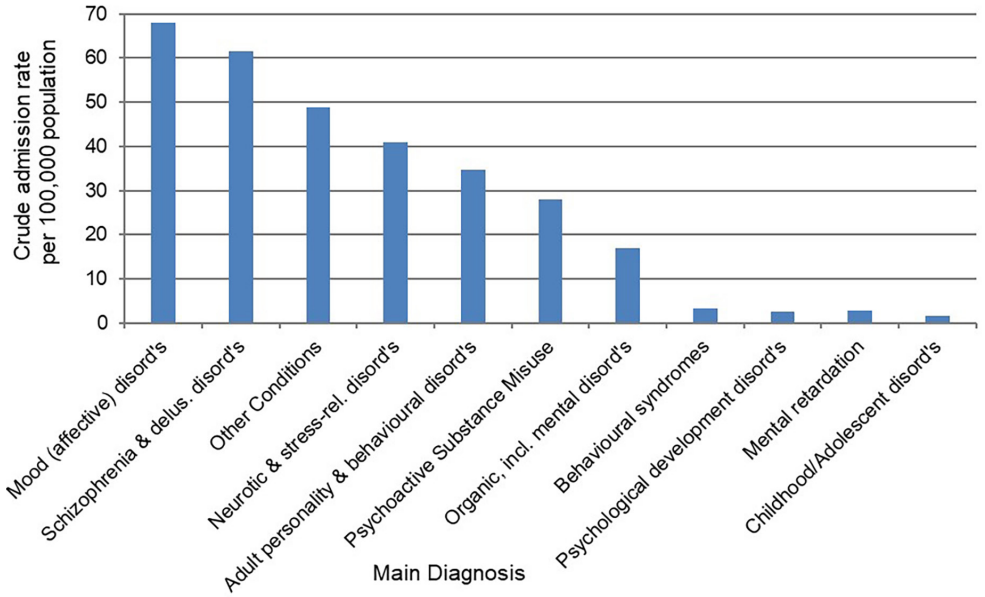
Figure 25: Percentage of population prescribed drugs for anxiety/depression/psychosis between 2010/11 and 2020/21



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Examining the diagnoses of people being admitted to a psychiatric hospital shows that mood, schizophrenia and personality disorders are the most commonly treated conditions (figure 26).

Figure 26: Adult psychiatric patient hospitalisations per 100,000 population in Tayside by main diagnosis grouping; 2021/22

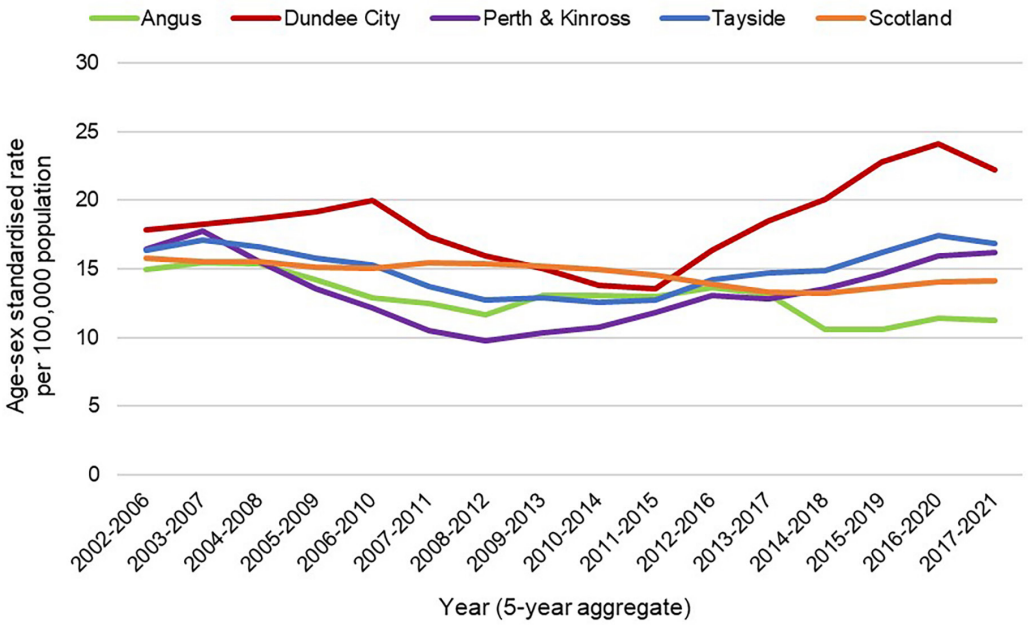


Source: Discovery (PHS)

3.1.2 Suicide

In 2021, there were 66 suicides in Tayside. While suicide rates across Scotland had been generally decreasing, recent data show that Scotland rates are now starting to rise slowly, with a particular notable increase in Tayside (figure 27)[35]. This is predominantly due to a rise in the number of suicides in Dundee City, although there have been increases in both Angus and Perth & Kinross also since 2014-2018. Despite a slight decrease in the rate in the most recent period, Dundee City continues to experience a considerably higher rate of suicide than other Scotland mainland local authority areas[35].

Figure 27: Age-sex standardised suicide rate per 100,000 population in Tayside and Scotland; 2002-2006 to 2017-2021

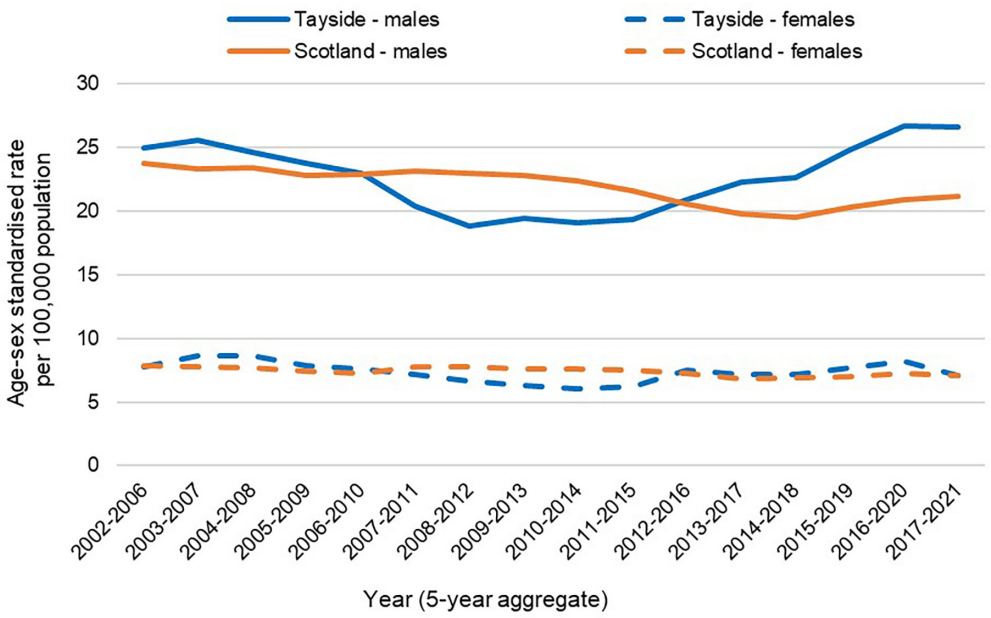


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

35 https://www.nrscotland.gov.uk/files//statistics/probable-suicides/2020/suicides-20-report.pdf

A clear difference in sex and deprivation exists when suicides are examined more closely. In the most recent period, the suicide rate in Tayside was four times higher in males than in females and while the suicide rate in females has remained relatively unchanged, the suicide rate in males has increased over last decade (figure 28). Further analyses of suicides in Tayside show that the mean age of death was 44 years and half of the suicides were in people known to have problem alcohol/substance use[36]. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than people living in the least deprived areas.

Figure 28: Age-sex standardised suicide rates per 100,000 population in Tayside and Scotland by sex; 2002-2006 to 2017-2021



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

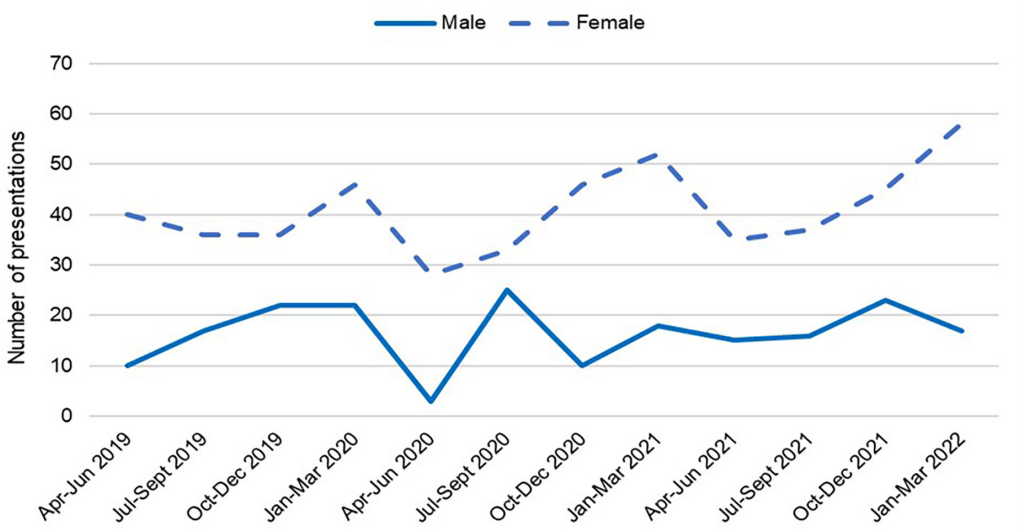
3.1.3 Self-harm

Repeated self-harm is one of the main risk factors for suicide. It is much more common in young people, particularly young women. A recent study conducted in England reported that more than a quarter of women aged 16-24 years had self-harmed at some point[37].

More than seven out of 10 young people (16-25 years) presenting to NHS Tayside Accident and Emergency (A&E) with a self-harm diagnosis between 2019/20 and 2021/22 were female. Conversely, two in 10 suicides of people aged 16-25 years in the same period were female. Self-harm presentations have fluctuated over the last three years but in the most recent quarter there were 75 presentations to A&E in this age group (figure 29), averaging almost six attendances per week.

36 Tayside Multi Agency Suicide Review Group Annual Report 2021
37 S. McManus et al., "Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014.," no. Generic (2016), http://digital.nhs.uk/media/32987/APMS-2014-Full-Report/pdf/Mental_health_and_wellbeing_in_England_full_report

Figure 29: Number of self-harm presentations (people aged 16-25 years) to NHS Tayside Accident & Emergency, 2019/20-2021/22 by quarter



Source: NHS Tayside Psychiatry Liaison Team

3.1.4 Mental health in children

There is concern that mental health is worsening amongst children. Nearly half of all lifetime mental health conditions occur before the age of 14 years, with emotional disorders increasing, especially in young girls. Poor childhood mental health can impact on relationships, educational engagement and self-confidence, often persisting throughout adult life with direct consequences on an individual's health, social and economic outcomes[38].

Many factors influence mental health and wellbeing, e.g. diet, physical activity, sleep, substance use, social relationships, the school experience, as well as deprivation. Children from socio-economically deprived backgrounds are 2-3 times[39] more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health.

Development and publication of 'Connected Tayside: an emotional health & wellbeing strategy for children & young people' (2020-2023), by the Tayside Regional Improvement Collaborative for children's services, has set out how all partners will work together to ensure children and young people get the right help, at the right time, from the right people with universal support for all and targeted support when needed.

Prevention, early intervention and attention to the impact of Adverse Childhood Experiences (ACES) on the life course are key in achieving improved mental health and wellbeing for Tayside's children.

38 'Findings from The HBSC 2018 Survey In Scotland Health Behaviour In School-Aged Children: World Health Organization Collaborative Cross-National Study' (January 2020), Inchley, J et al. https://www.gla.ac.uk/media/Media_707475_smxx.pdf

39 Mental Health Foundation (Website) - Statistics & Poverty www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty

3.2 Current and future activity

3.2.1 Primary prevention of Mental Health Disorder

The Directorate of Public Health is working with Public Health Scotland to increase the use of a 'Health in all Policies' approach. The aim will be to develop a Health in All Policies and Health Impact Assessment infrastructure, capacity and champions in Tayside.

3.2.2 Prevention and early intervention for mental health conditions and improving primary and community mental health services

A key component of public mental health work is to build capacity with partners. Training is used to increase knowledge and promote effective actions that will improve population mental health and wellbeing. Public Health has mapped training needs and is developing and delivering a co-ordinated programme of training.

3.2.3 Mental health and wellbeing strategic planning

Public Health works closely with partners from the health and social care partnerships, third sector and other agencies to drive forward an upstream preventative approach to mental health, which targets people with greatest health needs. Public Health inputs into the three locality community mental health and wellbeing strategic planning groups and co-chairs the early intervention sub-groups in Dundee and Perth & Kinross.

3.2.4 Mental health identification in general inpatient services

Unidentified mental health conditions result in poorer outcomes for patients and increase health costs. Public Health is supporting the development and use of a mental health screening question for use in inpatient nursing documentation.

3.2.5 Suicide prevention

The Public Health Directorate set up the Tayside Multi-agency Suicide Leadership Group in early 2021 which has three key workstreams:

1. **Tayside Multi-agency Suicide Review Group (TMASRG)**
   Public Health leads this group which undertakes in-depth reviews of all suicide deaths in Tayside. The purpose is to identify risk factors, emerging issues, locations of concern and areas for service improvement[40].

2. **Suicide Prevention Training Group**
   The purpose is to ensure quality and responsiveness of training, build capacity and facilitate access to training, based on need.

3. **Children and Young People's Suicide Prevention Group**
   This group was set up to respond to local stakeholder concerns and national strategy recommendations. A comprehensive needs assessment has been undertaken and action plan developed. Actions include improving data collection, developing better information sharing between agencies and improving access to training[41].

40 Tayside Multi Agency Suicide Review Group Annual Report 2021
41 Tayside Needs Assessment to Inform the Prevention of Suicide and Self Harm in Children and Young People

3.2.6 Mental health services improvement

Public Health is a member of the Executive Leadership Group for the Tayside Mental Health and Learning Disability Whole System Change Programme. This group is leading an overarching piece of work to understand the current and future mental health service needs of the population of Tayside. Public Health also contributes to a number of the priority workstreams as described in the Mental Health and Learning Disabilities Improvement Plan – March 2023.

3.2.7 Physical health of individuals with severe and enduring mental health disorders

Individuals with severe and enduring mental illness die, on average, 10-20 years prematurely due to preventable physical health conditions. Public Health is working closely with mental health and other services to develop a physical health strategy to implement systems change to address physical health needs over the next three years.

4. Modifiable Risk Factors

Whilst we cannot impact or influence some risk factors for disease, for example age, there are a range of risk factors that can be changed to decrease the risk of a disease happening, or becoming worse, and these are therefore called 'modifiable'.

However, whilst many of these factors can be changed at an individual level e.g., a person's weight, it is far too simplistic to think that the reason a population as a whole is experiencing rising levels of obesity is down to individuals' choice.

Rising levels of obesity are a direct result of increasingly obesogenic environments, for example where food and drink in high calorific content are easily available and marketed, and options for active travel are limited. The wider socioeconomic and cultural context impacts far more extensively than simply individual 'choice'.

This chapter describes current trends in the key metrics available to measure modifiable risk factors for the development of disease and ill health.

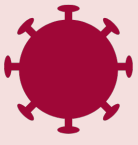
Alcohol-related health harm is increasing across Tayside. Alcohol-related hospital admissions are 30% higher in Dundee than the national average while deaths are 26% higher.

Drug-related hospital admissions have increased in Dundee by almost 800% in the last 18 years and current rates in Dundee are more than double the national average.

Alcohol-related hospital admissions are five times higher for people living in the most deprived areas compared to the least deprived areas, while the difference in drug-related admissions is 16 times.

Following a long-term upward trend in drug-related deaths, the rate has recently fallen in Tayside. Despite a substantial decrease in Dundee, the rate remains higher than for Scotland as a whole.

The COVID-19 pandemic resulted in a decrease in diagnoses of STIs. Post-pandemic, rates of STIs are increasing again with a higher rate of infection in Tayside than Scotland.



The infection rate for gonorrhoea more than doubled in Tayside between 2019 and 2022. The incidence of HIV in Tayside and Scotland are showing a downward trend.

Teenage pregnancy rates have decreased, however, the rate in Angus was 38 per 1,000 females and 30 in Dundee compared to 27 in Scotland in 2018-20.

Terminations have been steadily increasing over the past decade with Tayside higher than Scotland (19.4 per 1,000 females compared to 16.1 in 2022).

While smoking prevalence, smoking-related hospital admissions and smoking-attributable deaths have decreased, in 2021 a fifth of deaths in Scotland continue to be smoking-related.

Two thirds of Tayside adults are meeting physical activity guidelines, however, this varies considerably by sex (higher in males at 70%), area and deprivation (lower in Dundee at 57%).

Fewer than one third of the Tayside population are of healthy weight with this proportion being lower in males than females and for people living in more deprived areas.

The proportion of children who are of healthy weight in Tayside has decreased from 75% in 2014/15 to 72% in 2021/22 and is consistently lower than the national average.

Children and young people who are growing up in the most deprived areas are less likely to have a healthy weight.

Fewer than a quarter of adults in Scotland eat the recommended five or more portions of fruit and vegetables per day.

Breastfeeding rates are improving with Perth & Kinross higher than Scotland (40% compared to 32% in the most recent period) but rates vary by age of mother and deprivation.

The proportion of primary school children showing no obvious dental decay continues to improve although deprivation is associated with poorer dental health.

4.1 Substance Use — Alcohol and Drugs

Substance use adversely impacts health and wellbeing. For example, alcohol is known to be a causal factor in over 200 diseases and injury conditions[42]. Substance use often occurs concurrently with poor mental health and both can impact more widely, affecting family, friends, and local communities. Furthermore, both poor mental health and problem substance use (drugs and alcohol) disproportionately affects people who live in areas of greater socioeconomic deprivation. Alcohol and Drug Partnerships (ADPs) undertake a strategic role to develop good quality accessible services that promote the recovery of people affected (both directly and indirectly) by substance use.

4.1.1 Alcohol consumption

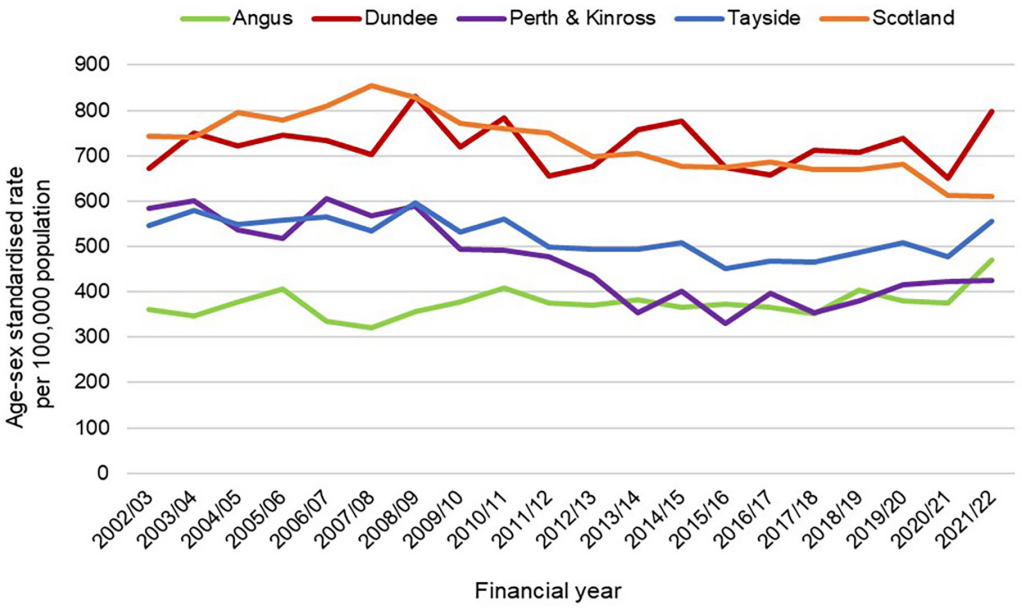
A considerable proportion of adults continue to drink alcohol in excess of the recommended government guidelines of 14 units per week for all adults[43]. Thirty percent of men and 15% of women currently drink alcohol at levels that are considered hazardous or harmful.

4.1.2 Alcohol-related health harm

Alcohol continues to be one of the largest drivers for A&E attendances and subsequent hospital admissions in Tayside and alcohol mortality remains a significant public health concern.

Alcohol-related hospital admissions in Tayside have consistently been lower than Scotland. However, while national rates have shown a decrease, the Tayside rates have risen in recent years and in 2021/22, were the highest seen in a decade. Although all three local authority areas have shown an increase over the last reported year, the admission rate is considerably higher for people living in Dundee City (figure 30).

Figure 30: Age-sex standardised alcohol-related hospital admission rate per 100,000 population; 2002/03-2021/22



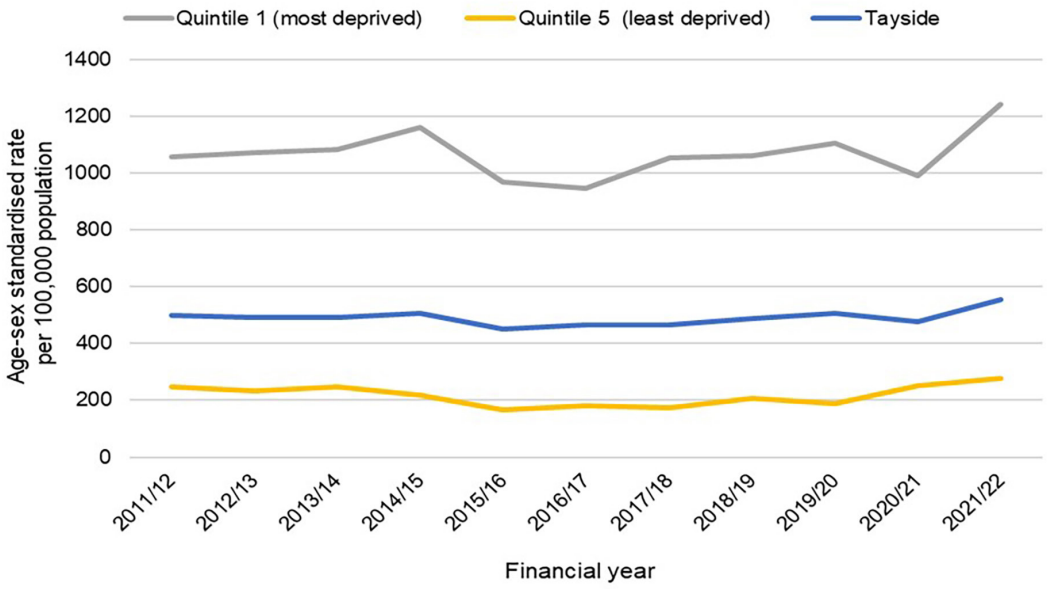
Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

42 World Health Organization. Global status report on alcohol and health 2014. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

43 Scottish Government / National Statistics. The Scottish Health Survey 2019 Edition. Available from: Scottish Health Survey (shinyapps.io)

When considering the socioeconomic status of people admitted to hospital for alcohol-related conditions a clear deprivation gradient exists with admissions five times higher for people living in the most deprived communities than for people in the least deprived areas (figure 31).

Figure 31: Age-sex standardised alcohol-related hospital admission rate per 100,000 population by SIMD quintile; 2011/12-2021/22

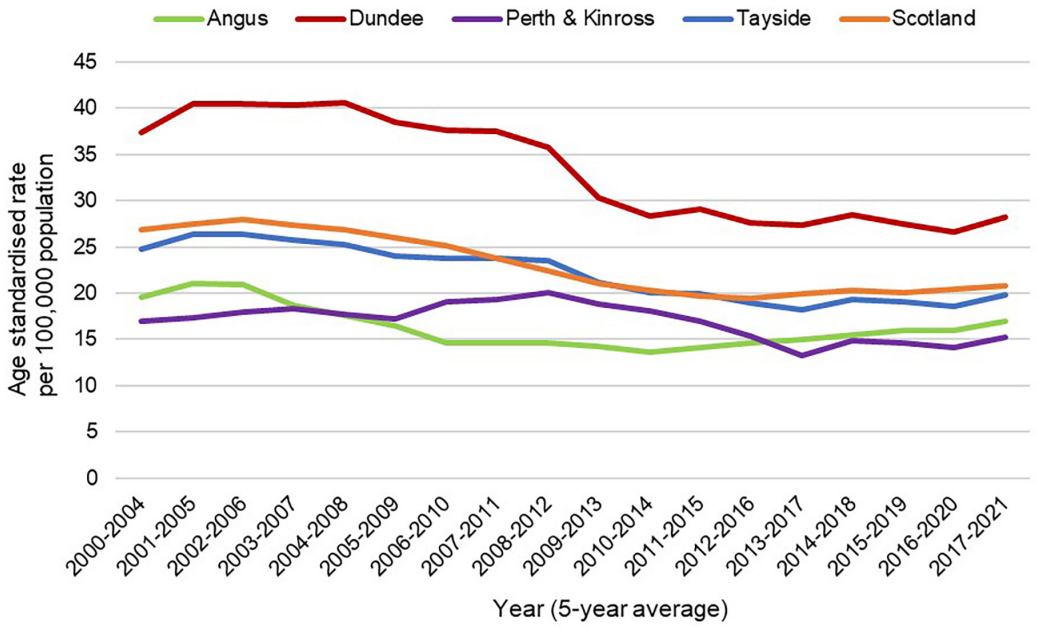


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

4.1.3 Alcohol-specific mortality

Overall, deaths due to alcohol have decreased over the last 20 years with the Tayside rate currently slightly lower than the national average. However, this decline has now stalled and there has been a small increase now in all three local authority areas across Tayside during the most recent reporting period (figure 32).

Figure 32: Alcohol-specific age standardised mortality rates per 100,000 population in Tayside and Scotland; 2000-2004 to 2017-2021



Source: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths

4.1.4 Drug prevalence

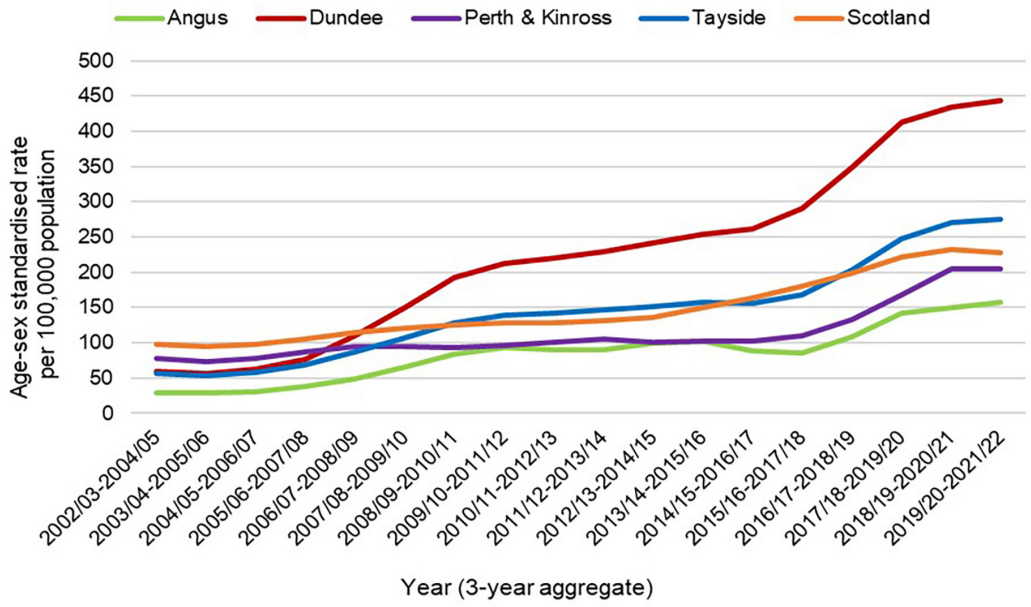
The most recent national drug prevalence study[44] estimated that there are approximately 4,600 people with problem drug use in Tayside with the majority (61%) living in Dundee.

While the prevalence of problem drug use overall in Tayside (1.7%) is slightly higher than the national average (1.6%), the prevalence of problem drug use in Dundee is much higher (2.8%).

4.1.5 Drug-related health harm

Across Scotland, trends in drug-related hospital admissions have increased over time. Since 2016/17, the rate for Tayside has been higher than the Scottish average, predominantly due to the significantly higher rate in Dundee City (figure 33).

Figure 33: Age-sex standardised drug-related hospital admission rate per 100,000 population; 2002/03-2004/05 to 2019/20-2021/22

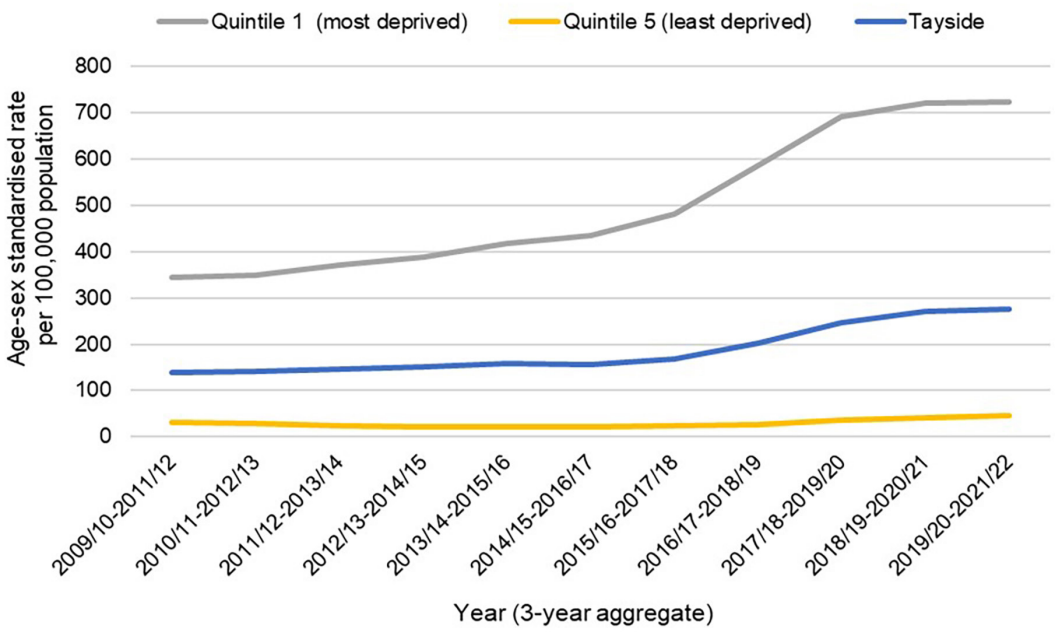


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

There is a huge inequality gap in rates of drug-related hospital admissions. In the most recent period, the rate for people living in the most deprived areas was 16 times higher than the rate for people living in the least deprived areas (figure 34).

44 Study last carried out in 2016

Figure 34: Age-sex standardised drug-related hospital admission rate per 100,000 population by SIMD quintile; 2009/10-2011/12 to 2019/20-2021/22

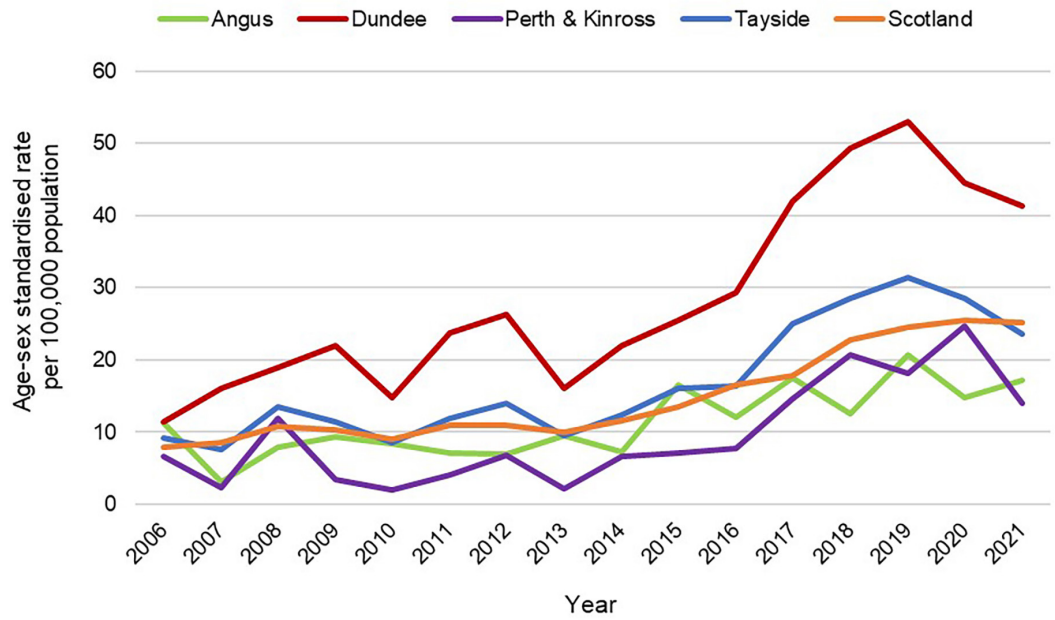


Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

4.1.6 Drug-related mortality

Drug-related deaths across Scotland have increased over time, with a sharp rise seen since 2013. The drug-related death rate for Tayside as a whole, has consistently been above the national average, due to the high rate in Dundee City. However, the data for 2020 and 2021 show that the Dundee rate has decreased considerably bringing the Tayside average below that of the national average (figure 35).

Figure 35: Age-sex standardised drug-related death rate per 100,000 population in Tayside and Scotland; 2006-2021



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

4.1.7 Current and future activity

Alcohol brief interventions are endorsed by the World Health Organisation (WHO) as a cost-effective measure to support people to reduce the amount of alcohol they consume. The alcohol brief interventions (ABI) co-ordinator for NHS Tayside works within Public Health to support and develop the national programme of ABI delivery across Tayside. This includes providing training, both face to face and through development of an e-module, co-ordinating and improving data collection and contributing to the national review of the ABI programme across Scotland.

The Health Improvement team in Public Health has worked within Dundee Alcohol and Drugs Partnership (ADP) Prevention sub-group to develop an evidence-based prevention framework which has been published on the ADP website and will form a core part of its action plan over the next five years. The Health Improvement team is also working with partners to deliver a pilot of the 'Planet Youth' project to strengthen school, community and family responses to prevent substance use amongst young people. It is planned that this work will expand to cover additional schools over the coming years.

The Health Intelligence Team in Public Health has worked with partners to deliver the intelligence and reporting requirements to support implementation of the national Medication Assisted Treatment (MAT) standards. The team has also been supporting the roll out of and developing reporting from the new national Drug and Alcohol Information System, including training staff locally and contributing to national work to refine and improve the system.

Public Health has led the Tayside-wide group tasked with implementation of MAT standard 4, to make comprehensive harm reduction services available wherever opioid substitution therapy is provided. The harm reduction interventions include injecting equipment provision, testing for blood-borne viruses, overdose awareness training and provision of take-home naloxone, wound care and targeted vaccination delivery. Public Health will continue to support implementation of MAT standards over the coming year.

The Public Health team continues to lead the drug death learning reviews across Tayside and has recently recruited a new Near Fatal Overdose pathway co-ordinator, funded by the three Tayside ADPs, to develop and support the overdose response pathways within each Partnership.

In March 2023, Public Health published a health needs assessment for people who use benzodiazepines. This report will be discussed at key stakeholder groups to consider implementation of the 10 recommendations. A substance use needs assessment group for Tayside has been established, led by Public Health, and this group will oversee a needs assessment for alcohol use over the coming year.

4.2 Sexual health and blood borne virus

Sexual health and blood borne viruses (BBV) – HIV, hepatitis B and C – remain a major public health issue in Scotland. Early diagnosis and treatment can dramatically improve outcomes and avoid significant morbidity and mortality. There is a clear association between BBVs, poor sexual heath, early parenthood and inequalities. Many people living with BBV continue to face stigma and discrimination.

4.2.1 Harm reduction and maintaining hepatitis C elimination

Local and national context

Tayside was one of the first regions in the world to achieve hepatitis C elimination in 2020 (as defined by WHO[45]). Access to regular testing and timely treatment is vital to ensure elimination is maintained. One of the main impacts of COVID-19 restrictions was a dramatic reduction in attendance at harm reduction clinics, associated with a significant decrease in the amount of injecting equipment provided from these sites across Tayside and a reduction in testing. Similar patterns were seen across the whole of Scotland.

Recent laboratory data suggests BBV testing rates are increasing but focused work is required with services that support people at the highest risk of acquiring hepatitis C (HCV) to ensure national guidance on testing is implemented and there is continuing recovery and further improvement in testing. In the four NHS Boards core to the HCV test database (NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside and NHS Grampian) 53,649 individuals were tested for HCV antibodies in 2021. While this represents a 13% increase on 2020, it remains 17% lower than in 2019 prior to the COVID-19 pandemic[46]. In 2021, 1,116 new cases of HCV antibody-positivity were diagnosed in Scotland. This figure compares with 1,496 and 1,016 for the calendar years 2019 and 2020, respectively. The 2021 total was the lowest recorded in Scotland since 1996 and reflects the impact of the COVID-19 pandemic on HCV testing services in Scotland. Of the 1,116 newly diagnosed cases in 2021, 7% (77) were in Tayside.

The number of needles and syringes distributed in Tayside has decreased by over two thirds in the last decade with just under 184,000 distributed in 2021/22 compared to just over 579,000 in 2011/12[47].

4.2.2 HIV elimination - Getting to zero new transmissions and Fast Track Cities

There have been transformational developments in the diagnosis, treatment and care for HIV. Highly effective medications for HIV exist offering treatment as prevention (TasP), meaning a person living with HIV with a sustained undetectable viral load due to effective treatment cannot pass on infection to others, including sexual partners – undetectable equals untransmittable (U=U). This, together with the introduction of pre-exposure prophylaxis (PrEP), provide all the tools to end new transmissions of HIV, prevent AIDS-related deaths and stop stigma and discrimination. UNAIDS and partners are looking to countries to accelerate their work to eliminate HIV transmission by 2030 developing 95-95-95 targets:

- 95% of people living with HIV know their status
- 95% of people who know their status are receiving treatment
- 95% of people on treatment have an undetectable HIV viral load

Local and national context

Scotland, and Tayside, perform well against these targets however it is estimated that only 92% of people living with HIV in Scotland are aware of their status (board level data unavailable). As with hepatitis C, access to preventative interventions is vital to ensure HIV transmission can be eliminated.

45 full-final-who-ghss-hiv-vh-sti_1-june2022.pdf
46 Surveillance of Hepatitis C in Scotland 2022
47 https://www.publichealthscotland.scot/publications/injecting-equipment-provision-in-scotland/injecting-equipment-provision-in-scotland-2021-to-2022/

During 2021, a total of 218 reports of HIV diagnoses were recorded in Scotland. This compares to a total of 326 reports in 2019 and 254 reports in 2020 and continues the downward trend seen in the number of HIV diagnoses recorded prior to the COVID-19 pandemic. Of these 218, fewer than five cases were in Tayside bringing the total number of individuals diagnosed and living with HIV in Tayside to 438.

Current and future activity

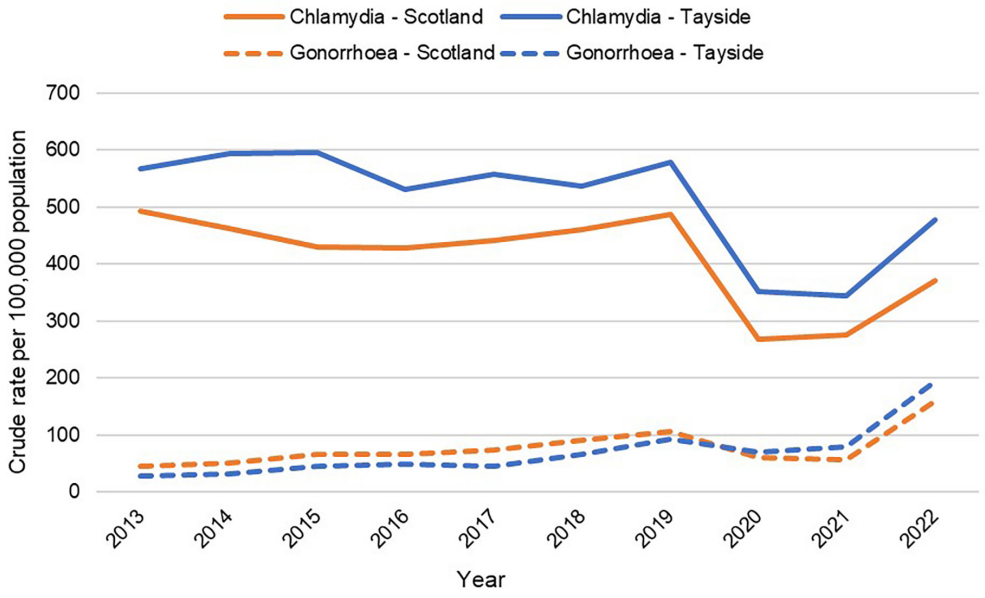
Both Dundee City and Perth & Kinross councils signed the 'Paris Declaration'[48] in 2023 to become Fast Track Cities. This represents a shared commitment from the local authorities, health and social care partnerships and NHS Tayside to accelerate local work to meet the UNAIDS 95-95-95 targets and become part of the global Fast Track Cities initiative.

4.2.3 Sexual and Reproductive Health

Local and national context

Infection rates for many STIs have increased over time. Chlamydia diagnoses in Tayside and Scotland increased between 2016 and 2019 before decreasing in 2020 and 2021 mainly due to a decrease in testing while restrictions were in place during the COVID-19 pandemic. In 2022, the number of diagnoses increased in Tayside but still remains 18% lower than the number recorded in 2019 (figure 34). Chlamydia infection rates vary by age and sex. The highest incidence of chlamydia in women aged 15-64 years was observed in Tayside, with a rate of 541 per 100,000 population. The incidence of chlamydia is substantially higher in people aged less than 25 years, with the highest incidence in Tayside in both young women and men at 2,372 per 100,000 and 1,338 per 100,000 respectively. Rates of gonorrhoea infection have increased in Tayside and Scotland and despite a drop in rates in 2020 and 2021 due to the COVID-19 pandemic, rates are higher in 2022 than pre-pandemic levels (figure 36).

Figure 36: Chlamydia trachomatis infection and gonorrhoea infection rates per 100,000 population (aged 15-64 years) in Tayside and Scotland, 2013-2022



Source: Chlamydia trachomatis infection in Scotland-2013-2022v3 and gonorrhoea infection in Scotland 2013-2022v4, Public Health Scotland

48 https://www.iapac.org/fast-track-cities/paris-and-sevilla-declarations/

4.2.4 Teenage pregnancy

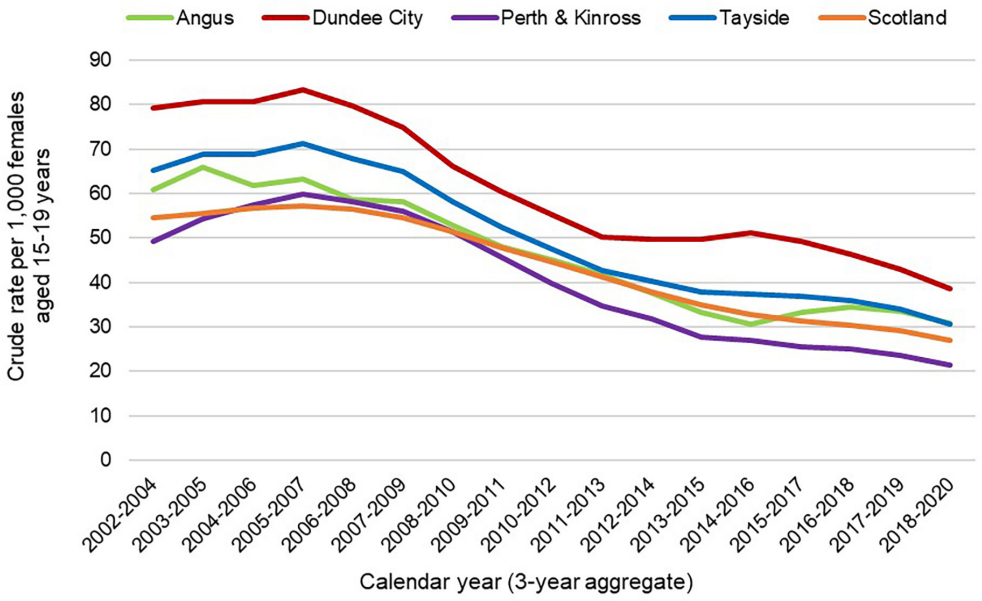
Local and national context

Teenage pregnancy rates in Scotland are at their lowest level since reporting began in 1994. While Tayside conceptions have also fallen, Dundee City shows considerably higher rates than the national average (figure 37).

While teenage pregnancy rates have reduced across all areas in the last decade, they have fallen more rapidly in the most deprived areas which has narrowed the absolute gap between the most and least deprived areas.

In 2020, however, people living in the areas of highest deprivation still had teenage pregnancy rates five times higher than people in the least deprived[49].

Figure 37: Teenage (under 20 years) pregnancy rate per 100,000 population (aged 15-19 years) in Tayside and Scotland, 2002-2004 to 2018-2020



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

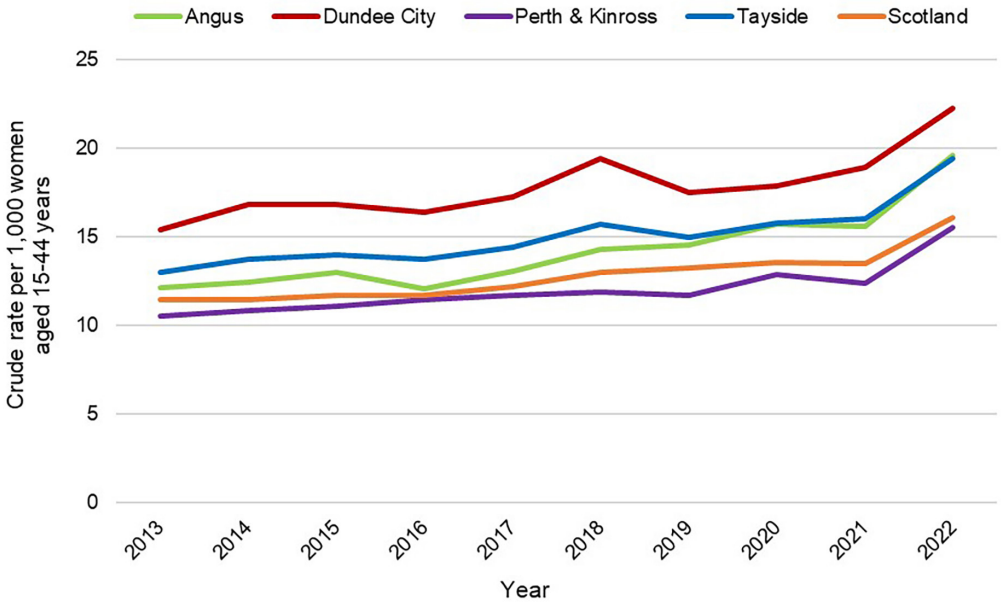
4.2.5 Terminations

The rate of termination of pregnancy in Scotland increased steadily from 2013 to 2020 with a sharper increase seen in the most recent year.

Termination rates in Tayside have been consistently higher than Scotland consistently mostly due to high rates in Dundee City but Angus also shows higher than average termination rates (figure 38).

49 https://www.publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2020/

Figure 38: Termination rates per 1,000 women (aged 15-44 years) in Tayside and Scotland, 2013-2022



Source: https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2022/

Current and future activity

Improved access to sexual and reproductive health (SRH) services, both specialist and non-specialist, is a key action required to reduce transmission of sexually transmitted infections (STIs) and unplanned pregnancy.

SRH encompasses promotion of positive sexual relationships and wellbeing, supporting good sexual health, and working to minimise risk-taking behaviours. In recent years there has also been an increasing demand for improved management of menopause in both primary care and the specialist SRH service.

The Director of Public Health and Director of Midwifery are the Board Executive co-leads for implementation of the Women's Health plan[50] in Tayside, which will provide strategic leadership and co-ordination for improvement in both sexual health and women's health in general.

4.3 Tobacco use

4.3.1 Local and national context

Failing to address the continued challenge posed by tobacco use will inevitably place greater burdens on health and social care resources in future. Tobacco is still the single greatest cause of preventable death, disability, illness and social inequality. One in two people who smoker will die prematurely. Tobacco addiction is a chronic relapsing disease that often begins in childhood. In addition, people experiencing poverty are more likely to smoke.

Through collective action, the proportion of people smoking has fallen over time, however, to reach the Scottish Government target of a smoke-free nation by 2034 further action is required.

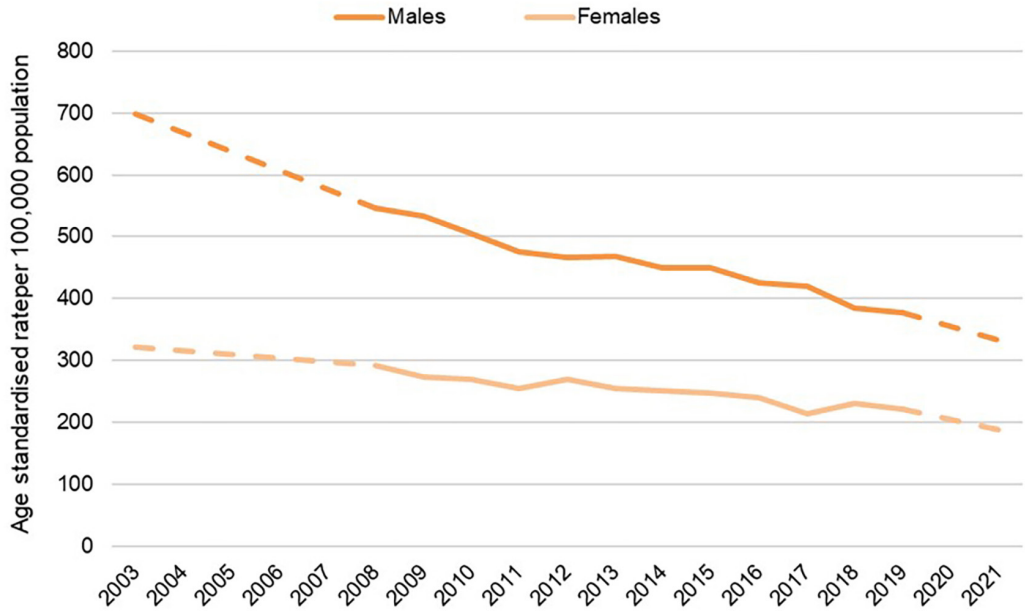
50 https://www.gov.scot/publications/womens-health-plan/

Recent figures (2017-2021) show that while adult smoking prevalence[51] in Tayside is the same as that for Scotland (16%), there is variability across the region with Angus and Dundee City showing higher rates (19% and 18% respectively) and Perth & Kinross showing a lower rate (11%)[52].

In Scotland[53] in 2021, there were an estimated 86,302 hospital admissions (2,585 admissions per 100,000 population) where a smoking-attributable disease or condition was the primary or secondary reason for hospital admission. The estimated rate varied considerably when examined by deprivation with the rate for people living in the most deprived areas 4.5 times higher than for people in the least deprived areas.

In 2021, smoking accounted for an estimated 8,260 deaths (250 deaths per 100,000 population) in people aged 35 years and over in Scotland. This accounts for a fifth of all Scottish deaths in 2021. The death rate in males was 1.8 times higher than for females. However, there has been a considerable decrease in the rate of smoking attributable deaths in Scotland between 2003 and 2021 (figure 39).

*Figure 39: Smoking attributable deaths by sex in Scotland, 2003, 2008-2021**



** No data available for the period 2004-2007 and 2020*
Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

In 2021, rates for smoking-attributable deaths in the most deprived areas were over four times higher than in the least deprived areas[54].

4.3.2 Current and future activity

Over the next year we look forward to the publication of the new Tobacco Plan by the Scottish Government. In Tayside, we will continue to work to achieve the delivery of a "tobacco-free generation" by 2034, where the prevalence of tobacco use is 5% or less. Key actions to support the progress towards this includes continuing to decrease opportunities to smoke and reducing, where possible, the supply of tobacco products.

51 Prevalence is the proportion of persons in a population who have a particular disease at a particular point in time or over a specified period of time
52 https://scotland.shinyapps.io/sg-scottish-health-survey/
53 Data for Tayside not currently available
54 Smoking attributable deaths - ScotPHO

We are collaborating with secondary care colleagues to streamline the referral pathways for people who smoke to smoking cessation services. We will continue to target our smoking cessation incentive schemes to benefit vulnerable groups, including people who use food banks, and will work closely with our community pharmacy partners to maximise the impact of the "Quit Your Way" branded intervention. Furthermore, we are working closely with colleagues who deliver the mental health inpatient service to provide support to people who smoke and are admitted as inpatients.

We are cognisant of the high-profile issue of vape use in school-age children and of the potential issues for their future health. Our Children's and Young People Team in Public Health delivers evidence-based interventions in schools, that draw on peer-influence and we are working with partners in HSCPs and local authorities to scope and design work that is effective in protecting our young people against this new and emerging public health threat.

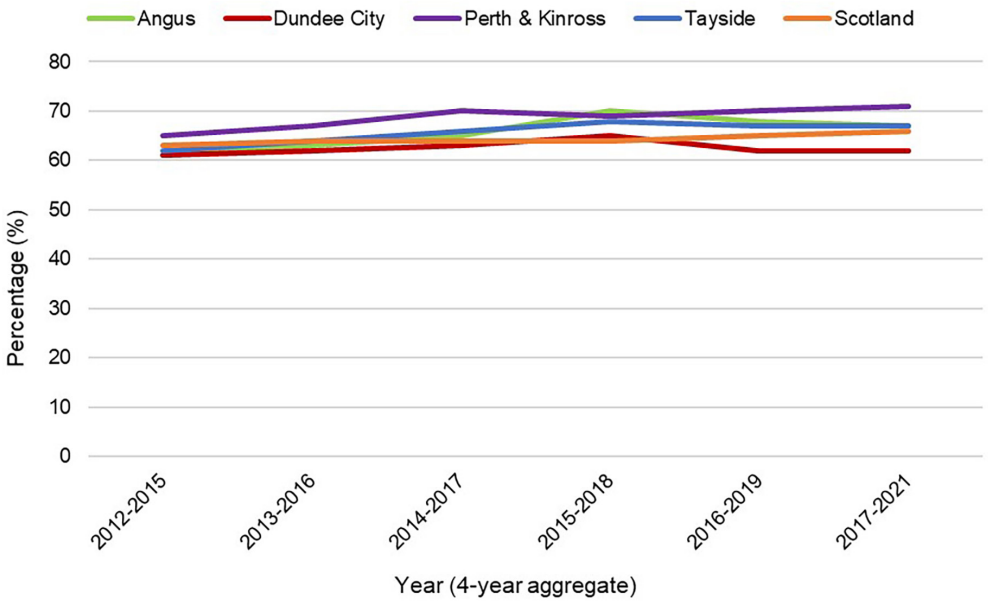
4.4 Physical activity

4.4.1 Local and national context

Across Tayside, two thirds of adults achieve the recommended physical activity guidelines of 30 minutes of exercise five days per week[55] (figure 40). This is a similar proportion to that for Scotland as a whole (62%).

Proportions vary when considered by sex (63% of females compared to 70% of males in Tayside) and local authority area (from 57% in Dundee City to 66% in Perth & Kinross).

Figure 40: Percentage of adults meeting physical activity guidelines, Tayside and Scotland; 2012-2015 to 2017-2021



**Note no data available for 2020 due to COVID-19 pandemic*
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

55 https://scotland.shinyapps.io/sg-scottish-health-survey/

Participation in physical activity and sport also varies with deprivation with people in the most deprived areas of Scotland less likely to be physically active than people in the least deprived areas (57% compared to 77% in 2021)[56].

4.4.2 Current and future activity

Over the last year, work in the Directorate of Public Health is underway to develop and implement the National Physical Activity Pathway (NPAP) as designed by Public Health Scotland. Links between services and local physical activity opportunities have been strengthened.

Physical activity awareness sessions have been delivered to a number of staffing groups across Tayside to support the application of this vital health promoting tool.

Implementation of the NPAP is dependent on NHS Tayside staff engaging patients in conversations related to physical activity and how this health promoting resource can support and improve their health and wellbeing. Patients can then be referred or signposted towards local opportunities. Across Tayside, there is access to programmes such as GOGA[57] Tayside and Dundee's Green Health Partnership, alongside leisure provider provision.

Upcoming priorities include:

- Continue to develop the NPAP and widen the use of NPAP across multiple services
- Develop a Waiting Well pilot
- Develop digital options for referrals in partnership with NHS Tayside and local activity providers
- Scale the use of Green Health Approaches across Tayside, in partnership with multidisciplinary teams
- Contribute to the development of an NHS Tayside Active and Sustainable Travel strategy

4.5 Healthy weight

4.5.1 Adults

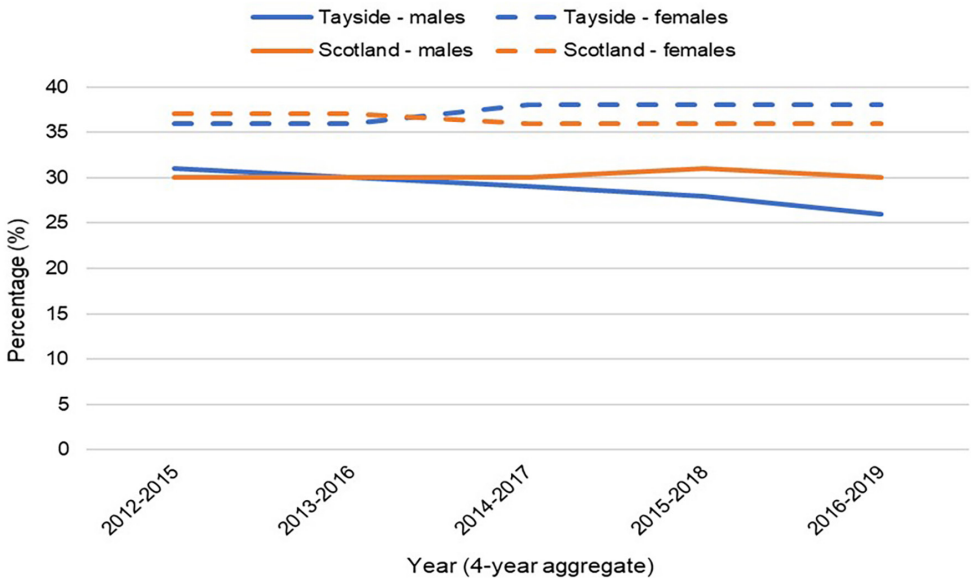
Local and national context

Being obese or overweight increases the risk of developing a range of serious diseases including type 2 diabetes, hypertension, heart disease and some cancers; as well as contributing to premature death.

In Tayside, fewer than one third (32%) of adults are of healthy weight[58], similar to the Scotland proportion of 33%[59]. These proportions vary when broken down by sex with higher proportions of females being of healthy weight (figure 41).

56 https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/
57 Get Out Get Active – a programme created to bring disabled and non-disabled people together to be active
58 Defined as a Body Mass Index (BMI) greater than 18.5 and lower than 25
59 https://scotland.shinyapps.io/sg-scottish-health-survey/

Figure 41: Percentage of adults estimated to be of healthy weight in Tayside and Scotland; 2012-2015 to 2016-2019

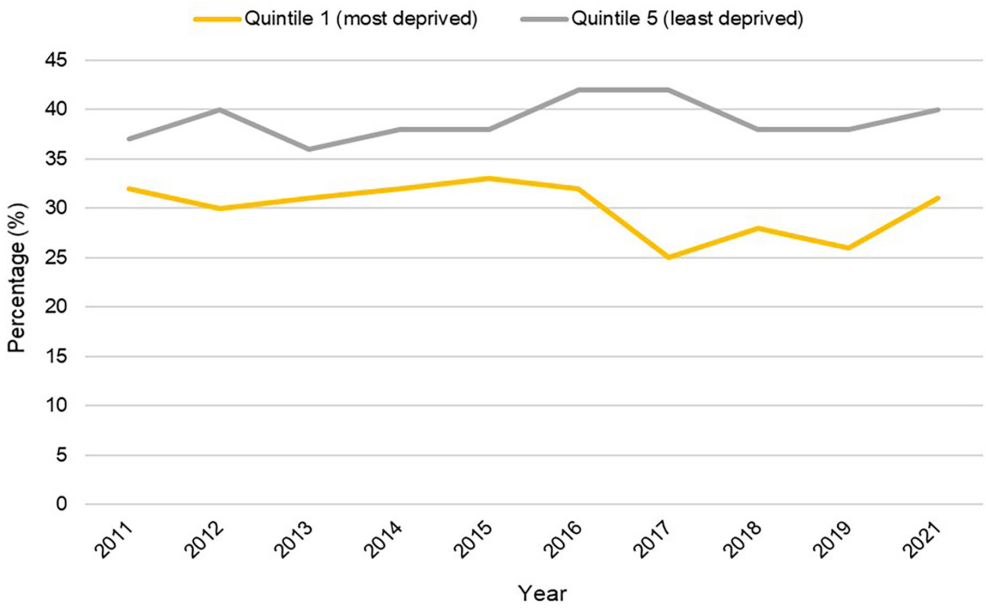


Note: This is the most recent data available due to the impact of COVID-19 on data collection but national data for 2021 show that there has been little change

Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

Healthy weight also varies by deprivation. Data for Scotland by SIMD shows that in the most recent year (2021), 40% of adults in the least deprived quintile were estimated to be of healthy weight compared to 31% of people living in the most deprived areas in Scotland. While the inequality gap has closed in the most recent year, it remains wider than it had been prior to 2015 (figure 42).

*Figure 42: Percentage of adults estimated to be of healthy weight in Scotland by SIMD quintile; 2011-2021**



**Note no data available for 2020 due to COVID-19 pandemic*

Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

Current and future activity

While not all cases of type 2 diabetes are associated with excessive weight, it is the single greatest risk factor, responsible for 80-85% of someone's risk of developing it. Age, family history and ethnicity also contribute to risk. People of African-Caribbean, South Asian or Black African descent are two-four times more likely to develop type 2 diabetes than white people[60]. Weight loss addresses the key metabolic abnormalities associated with type 2 diabetes and is therefore central to prevention, effective management, and even type 2 diabetes remission i.e. to a non-diabetic state. NHS Tayside receives annual funding from the Scottish Government to support each of these objectives and referral pathways are embedded within primary care to enable patients who are newly diagnosed with type 2 diabetes, prediabetes or previous gestational diabetes to receive targeted weight management interventions. This programme of work is strategically led by the Public Health Nutrition Team and operationalised in coordination with colleagues across NHS Tayside including the Nutrition and Dietetic Service.

Type 2 diabetes prevention programme – Referrals to a 9-month type 2 diabetes prevention programme are accepted from primary care for individuals aged 18-70 if they have a diagnosis of pre-diabetes or a previous history of gestational diabetes. People can also self-refer into type 2 diabetes prevention programmes. Referral numbers have increased in the last 12 months, with nearly 300 people accessing this intervention. Preliminary outcome data suggests that of those completing the programme, an average weight loss of 6.5% body weight is achieved. HbA1c (a measure of average blood sugar level over the last three months) data are in the process of being evaluated.

Type 2 diabetes early intervention programme – People who have been diagnosed with type 2 diabetes in the last three years can self-refer, or be referred by their GP practice, to a 12-week type 2 diabetes support programme. This is a remotely delivered intervention and was accessed by nearly 500 people in the last 12 months. Around half of participants are male, 6% (where ethnicity has been reported) are from Black and Minority Ethnic (BAME) groups, and 40% come from the most deprived areas (SIMD 1 and 2) across Tayside. Nearly 80% of people enrolling complete the programme, with significant improvements in weight, HbA1c and confidence to manage the condition observed.

Type 2 diabetes remission programme – Type 2 diabetes has traditionally been viewed as a progressive and lifelong condition, but recent evidence has demonstrated that one-third of people can achieve type 2 diabetes remission for at least two years, if they lose and maintain sufficient weight loss, soon after diagnosis. Remission is high on the agenda of people with type 2 diabetes, and has a central place within Scottish Government priorities. In Tayside, people who have been diagnosed with type 2 diabetes within three years can be referred by their GP practice for an intensive weight management delivered over 12 months by health psychologists and dietitians.

Early detection of type 2 diabetes – It is well established that weight loss prevents conversion from prediabetes to type 2 diabetes but identifying and intervening in high-risk individuals at an earlier stage (without overburdening primary care) remains a key challenge. Community pharmacies are present in each town and village and their significant reach into disadvantaged populations provides an ideal opportunity to target the highest risk population for progression to type 2 diabetes. With this in mind, a project investigating point of care systems for HbA1c testing in community pharmacies is due to begin shortly and will involve 15-20 pharmacies in Tayside. It is planned that 1250 people identified as moderate/high risk of T2D via a risk assessment tool will have their HbA1c tested and people who are identified with prediabetes will be offered information and joining instructions for a type 2 diabetes prevention programme.

60 https://www.diabetes.org.uk/in_your_area/scotland/news/increase-diabetes

4.5.2 Children

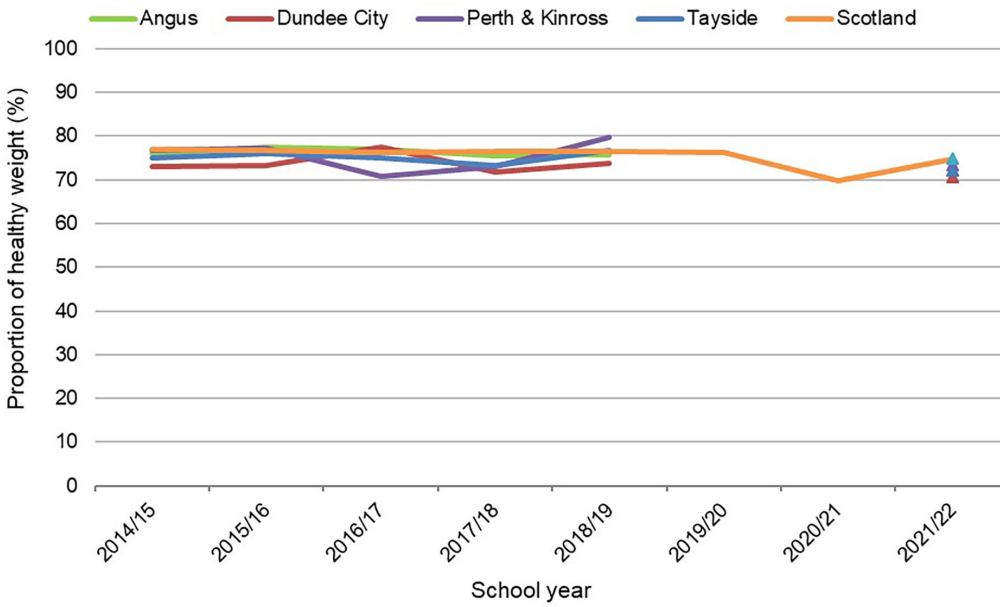
Local and national context

Monitoring healthy weight across all children is a way of seeing how well the needs of children are being met and to gain robust public health surveillance data on Body Mass Index (BMI) to understand and monitor prevalence and trends. In addition to surveillance, weighing and measuring children at home as part of the Universal Health Visiting Pathway and at school as part of the Child Health Surveillance Programme – School (CHSP-S) has been used locally to inform the development, implementation and monitoring of the Tayside Child Healthy Weight Strategy and to support child healthy weight interventions.

Maintaining a healthy weight throughout childhood is associated with many health benefits[61]. Children and young people living with obesity are five times more likely to be adults living with obesity, further reinforcing the rationale for monitoring and intervening early in the life course. In 2021/22 in Tayside, 7 in 10 (72%) Primary 1 school children were assessed as being of healthy weight (based on epidemiological thresholds)[62]. This was a decrease from 75% in 2014/15 and Tayside has generally remained below the national average (figure 43). Within Tayside, rates varied slightly with Angus reporting 71% of children being of healthy weight, 72% in Dundee City and 73% in Perth & Kinross as at 2021/22.

As with adults, children's healthy weight varies by deprivation and data show that while the inequality gap had closed in the proportions of healthy weight children in 2016/17 in Tayside, they widened again in the subsequent two years (figure 44). Data in the most recent year show a slight closing of that gap once again with 79% of children being of healthy weight in the least deprived areas and 68% in the most deprived areas.

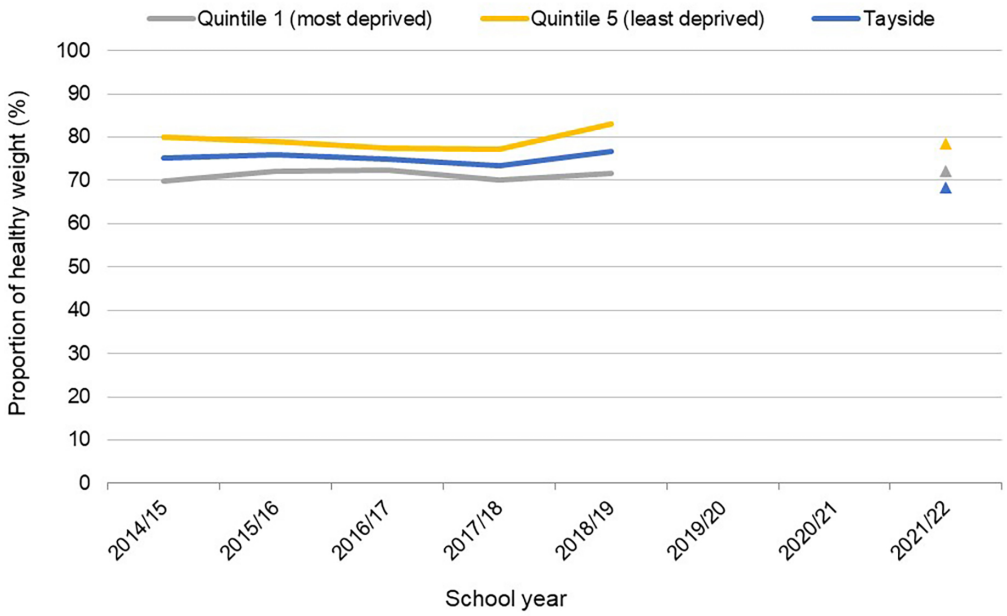
*Figure 43: Proportion of primary 1 children who are of healthy weight (epidemiological) in Tayside and Scotland; 2014/15-2021/22**



**No data available for Health Boards in 2019/20 and 2020/21 due to low coverage during COVID-19 pandemic*
Source: CHSP-School November 2022, Public Health Scotland

61 https://www.publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2021-to-2022/
62 For details of definition see https://www.publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/primary-1-body-mass-index-bmi-statistics-scotland-school-year-2021-to-2022/

*Figure 44: Proportion of primary 1 children who are of healthy weight (epidemiological) in Tayside by SIMD quintile; 2014/15-2021/22**



*No data available for Health Boards in 2019/20 and 2020/21 due to low coverage during COVID-19 pandemic
Source: CHSP-School November 2022, Public Health Scotland

Current and future activity

In Tayside, increasing the proportion of children who have a healthy weight and reducing the disparity between higher levels of obesity in the least affluent areas compared to the most affluent areas is a key focus of work being led by the Directorate. As part of this effort, action on the upstream determinants of health and wellbeing are critically important.

The Tayside Plan for Children, Young People, and Families (2017-2020) included a commitment by the Tayside Regional Improvement Collaborative (TRIC) to create a strategy for promoting healthy weight in children. 'Helping Tayside's Children and Young People to Feel Great and Ready to Learn' is Tayside's Child Healthy Weight Strategy (CHWS)[63] was co-produced over a 22-month period. The CHWS remains a health and wellbeing priority within the current Tayside Plan for Children, Young People and Families (2021-23) and will be a continued priority in the next iteration (2023-26). The CHWS has five ambitions with associated calls to action:

1. Child healthy weight is seen as a society wide issue
2. Children have the best start in life
3. Our environment supports healthier choices
4. Families get helpful weight management support, and
5. Families and communities in most need are our main concern

Achieving these ambitions includes the application of a whole systems approach (WSA) and the wish to extend existing good practice so that a firm foundation for obesity prevention can be established. The overarching purpose of the CHWS is to start a social movement across Tayside so that all our children, young people and families can eat well, drink well, be active and have a healthy weight.

The aim is to embed community-centred ways of working within a WSA to improve health and wellbeing of children, young people and their families and, to focus collective effort towards

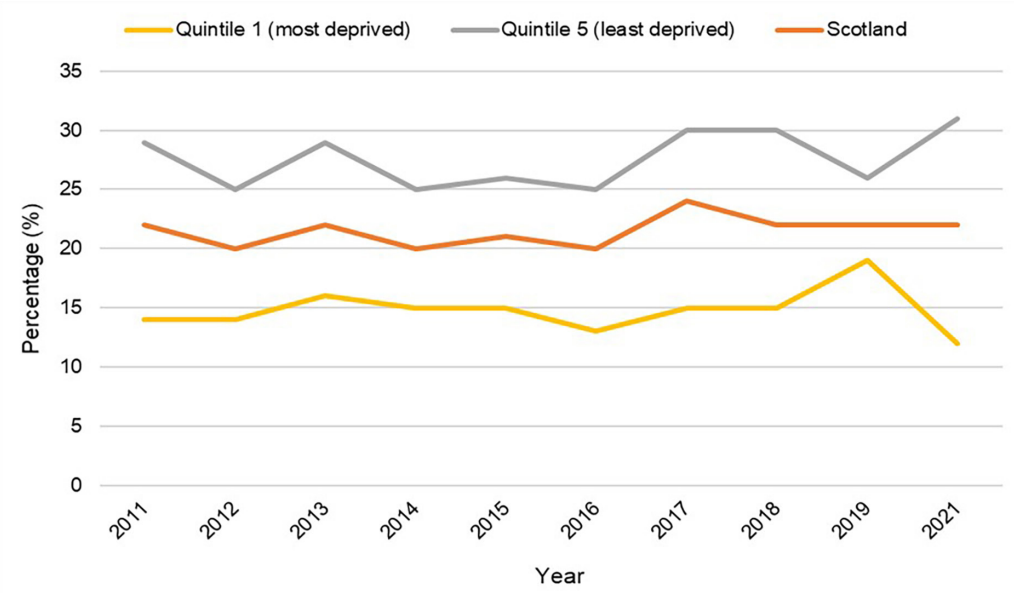
63 https://www.taycollab.org.uk/wp-content/uploads/2021/06/Child-Healthy-Weight-Strategy-2020-2030.pdf

preventative approaches that includes improve the combined action on nutrition and the food environment, physical activity and the built environment.

4.6 Dietary intake

Government guidelines recommend adults (and children) should aim to consume at least five varied portions of fruit and vegetables per day. The most recent survey data show that fewer than a quarter (22%) of the Scottish population meet these guidelines and while this overall proportion has changed very little over the last few years, there is considerable disparity when people living in the most deprived areas are compared to the least deprived. This gap has widened in the most recent year (figure 45).

Figure 45: Percentage of adults meeting recommended fruit and vegetable consumption guidelines by SIMD quintile, Scotland; 2011-2021



**Note no data available for 2020 due to COVID-19 pandemic*
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

While data on fruit and vegetable consumption is not available for Tayside for 2021, previous trend data shows that Tayside proportions were similar to Scotland. These varied across the region with Angus showing the lowest proportion in 2016-2019 with only 15% meeting guidelines compared to 20% and 29% in Dundee City and Perth & Kinross respectively[64].

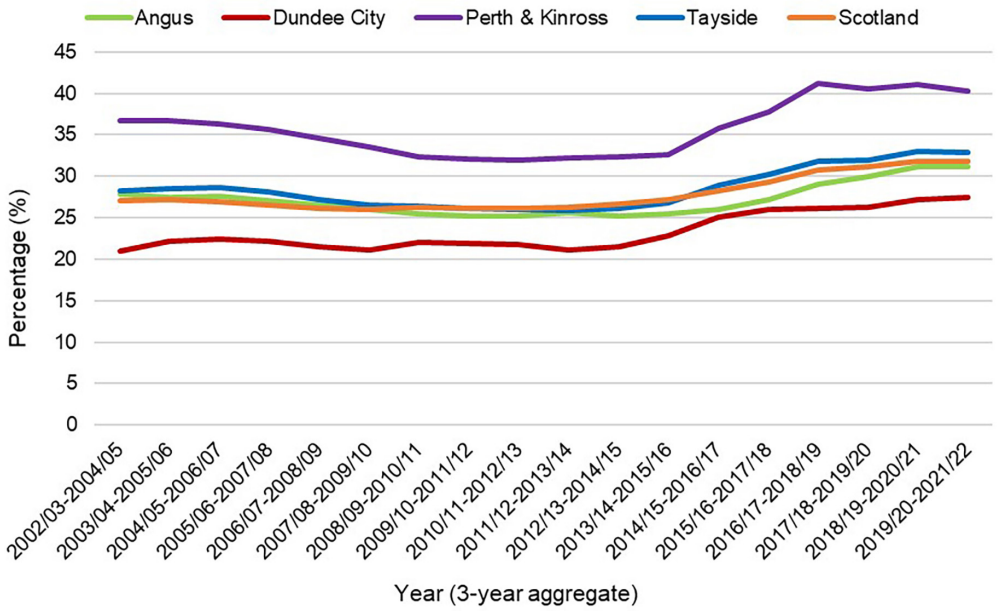
4.7 Breastfeeding

4.7.1 Local and national context

Encouraging and supporting breastfeeding helps to improve the health of babies and mothers, and reduce inequalities in health. Overall, breastfeeding rates across Scotland have been increasing in recent years and while this is mainly due to an increase in mixed breast and formula feeding, there has also been an increase in the percentage of babies exclusively breastfed at the 6-8 week review (figure 46). Breastfeeding rates in Perth & Kinross have been consistently higher than the Scottish average but both Angus and Dundee City have been showing notable improvements too in recent years.

64 https://scotland.shinyapps.io/sg-scottish-health-survey/

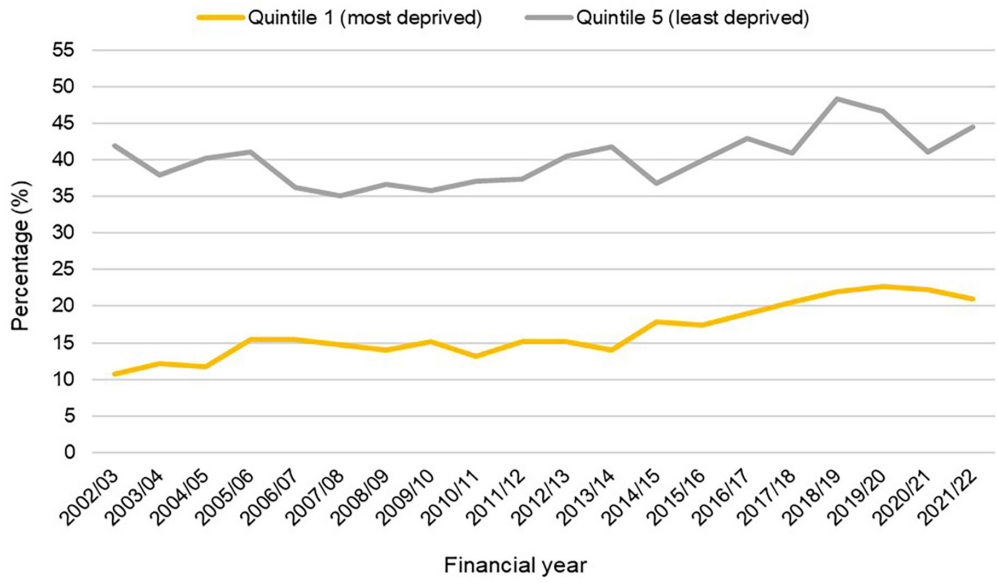
Figure 46: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside and Scotland; 2002/03-2004/05 to 2019/20-2021/22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

There are marked inequalities in breastfeeding, with babies born to mothers in more deprived areas, younger mothers, and babies of white Scottish ethnicity[65] least likely to be breastfed. However, the gap is reducing, as a result of increases in breastfeeding at 6-8 weeks among babies born to mothers in the most deprived areas and mothers in the younger age groups in recent years (figures 47 and 48).

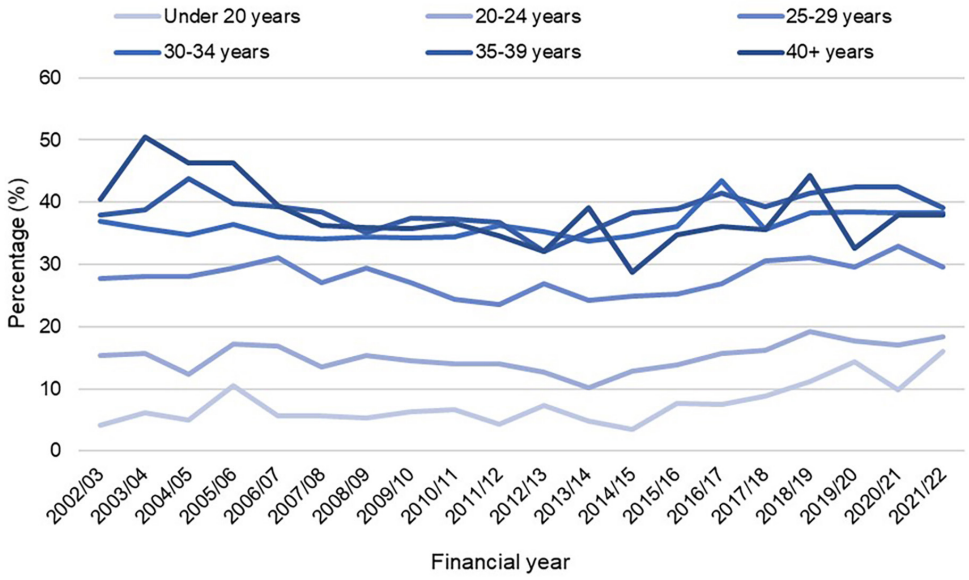
Figure 47: Percentage of babies exclusively breastfed at 6-8 weeks, Tayside by SIMD quintile; 2002/03-2021/22



Source: https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2021-to-2022/dashboard/

65 https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2021-to-2022/dashboard/

Figure 48: Percentage of babies exclusively breastfed at 6-8 weeks by age of mother, Tayside; 2002/03-2021/22



Source: https://www.publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2021-to-2022/dashboard/

4.7.2 Current and future activity

The Public Health Nutrition team provides strategic leadership and coordination of breastfeeding peer support across Tayside. The peer support service is hosted in the third sector with the aim of increasing breastfeeding rates, particularly where families are impacted by deprivation. Work is in progress in partnership with Home Start Dundee to support young women in areas of deprivation with feeding choices and parenting skills during pregnancy and after birth through the Bumps and Beyond Buddies programme. A Healthy Choices Coordinator provides families with evidence-based information and guidance about healthy infant feeding and nutrition. This is delivered via groups, home visits and online.

The Public Health Nutrition team has funded infant feeding support workers based within the maternity unit at Ninewells Hospital to support mothers and staff with infant feeding. Success of this work has now meant that Maternity Services have embedded this service and are funding two full time infant feeding support workers. The NHS Tayside Infant Feeding Team led by Public Health provides coordinated support for NHS Tayside staff and families, including a specialist breastfeeding clinic and breastfeeding support workers who provide intensive support in the first 10 days. The Breastfeeding Friendly Scotland initiative is implemented across Tayside, with currently 109 establishments who have been supported to promote and provide an environment where breastfeeding is normalised. The team have also embedded the UNICEF UK Baby Friendly accreditation within Maternity Services, Health Visiting, Family Nurse Partnership and Neonatal Services. NHS Tayside was the first health board in Scotland to receive the prestigious Achieving Sustainability award.

4.8 Oral Health

4.8.1 Local and national context

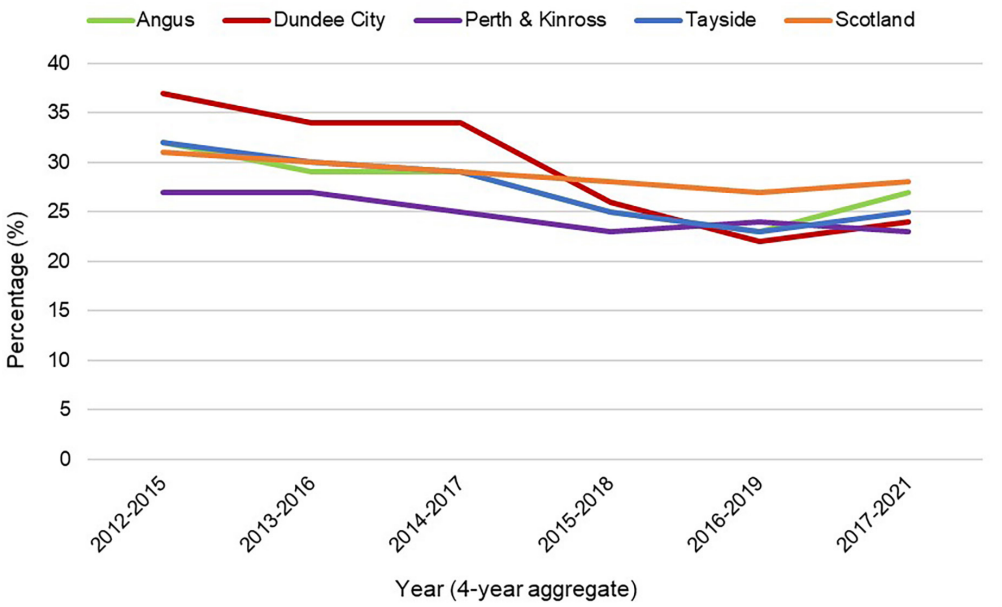
Adults

The overall oral health of our adult population is challenging to ascertain however data from

the Scottish Health Survey show that people are retaining their teeth for longer[66]. While this is a positive indication that oral health is improving, frailty and co-morbidities present challenges in providing dental treatment for an ageing dentate population and in maintaining oral hygiene as they become dependent on others for support with personal care.

Access to dental care was particularly affected during the COVID-19 pandemic and dental services continue to experience significant pressures with an ongoing impact on the availability of routine NHS dental care. Survey data show that the proportion of adults who think they would need dental treatment has increased in the most recent period following a previously reported downward trend (figure 49).

Figure 49: Percentage of adults who think they would need dental treatment, Tayside and Scotland; 2012-2015 to 2017-2021



**Note no data available for 2020 due to COVID-19 pandemic*
Source: https://scotland.shinyapps.io/sg-scottish-health-survey/

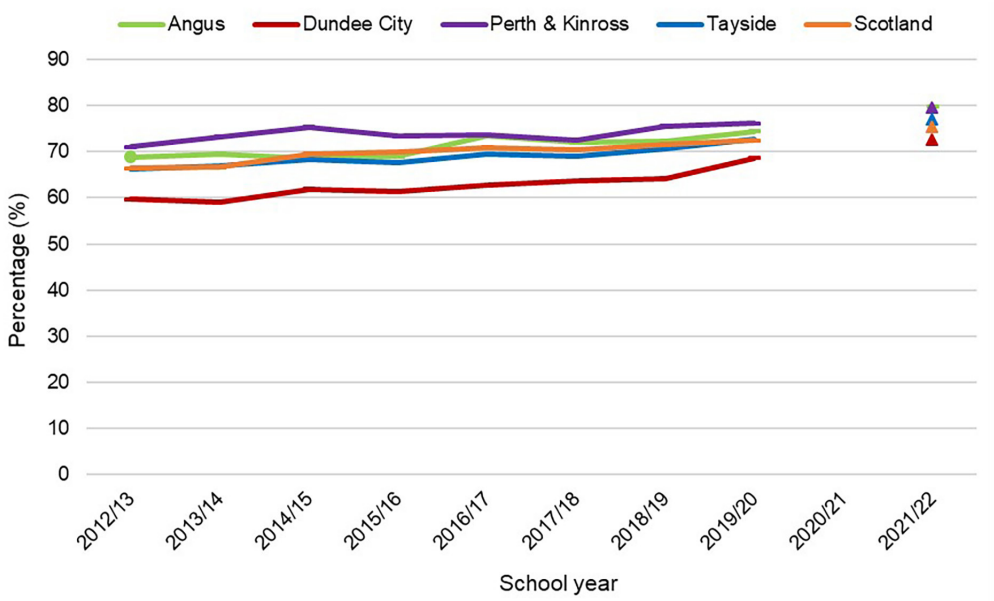
Children

The National Dental Inspection Programme (NDIP) is carried out annually in primary 1 and primary 7 children with its aims being to inform parents/carers of the dental health status of their children and to allow reliable data to plan initiatives to improve dental health. Due to the COVID-19 public health measures in place until January 2022, only a basic primary 1 inspection took place (no primary 7 basic inspection or scheduled detailed inspection) and despite the limitations, approximately 76% of all primary 1 children in Scotland were seen, compared to around 88% during a typical year.

Results were weighted to make the data more reliable and comparable to previous years[67]. In Tayside, 77% of primary 1 children showed 'no obvious decay experience' at inspection. This was higher than the national average of 75% (figure 50) and a vast improvement from 2012/13 when only two thirds of children showed 'no obvious decay experience'. While the proportion is lower in Dundee City, this has improved over time. It should be noted however that data for Scotland show that the proportion of children with severe decay or abscesses requiring dental attention had increased in 2021/22 to 9.7% from 6.6% in 2019/20.

66 https://scotland.shinyapps.io/sg-scottish-health-survey/
67 For more detail: https://www.publichealthscotland.scot/media/16081/national-dental-inspection-programme-2022-10-25.pdf

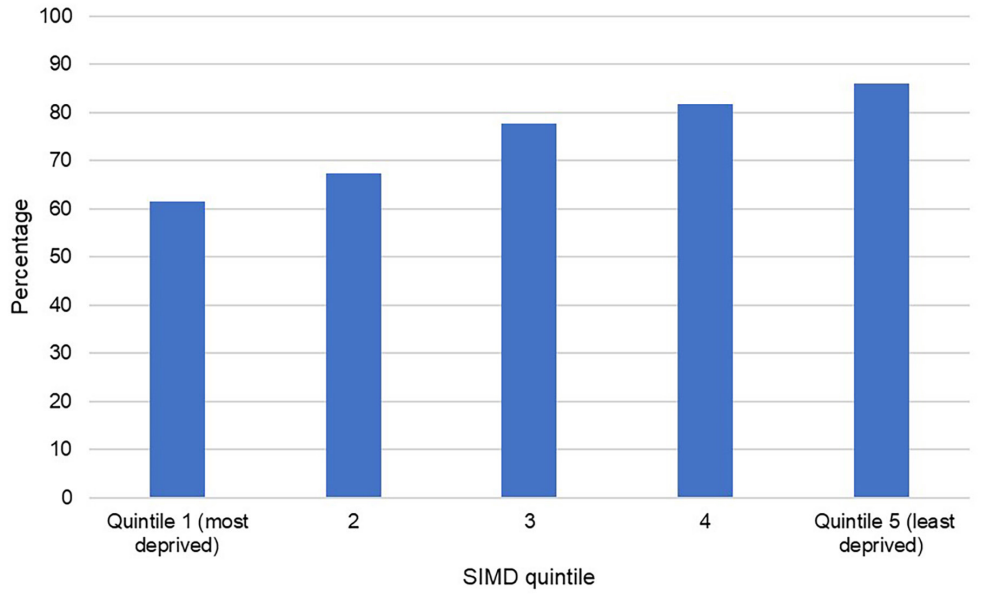
Figure 50: Percentage of primary 1 children with no obvious decay at basic inspection, Tayside by local authority area and Scotland; 2012/13-2021/22



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

The most recent data for primary 7 children (2019/20) showed that three quarters of children in Tayside and Scotland showed 'no obvious decay experience'. Again, this was a significant improvement from 2012/13 when just over half of P7 children had 'no obvious decay experience'. Evidence would suggest that the Childsmile[68] programme has been the main driver in this clear improvement in dental health in children. Inspection data in primary 1 children for 2021/22 highlighted that there is a continuing link between area-based socio-economic deprivation and poor dental health in Scotland. While 62% of P1 children in Tayside had no obvious decay experience in the most deprived areas, this proportion increased to 86% in the least deprived areas (figure 51).

Figure 51: Percentage of primary 1 children with no obvious decay at basic inspection, Tayside by SIMD quintile; 2021/22



Source: https://www.publichealthscotland.scot/publications/national-dental-inspection-programme/national-dental-inspection-programme/

68 http://www.child-smile.org.uk/

4.8.2 Current and future activity

Over the past year, efforts have been made to raise the profile of oral health and integrate oral health activity with other public health workstreams including smoking cessation, breastfeeding, inpatient oral care, type 2 diabetes, support for people who use substances and people experiencing poor mental health. Working across the wider system will provide opportunities to further improve the oral health of the population of Tayside, with a particular focus on people experiencing disadvantage or at greater risk of poor oral health. Close relationships with dental services have helped to build an understanding of ongoing pressures and to explore opportunities to protect and support access to dental care and mitigate for current challenges.

4.9 Cost of living

As referred to at the start of this chapter, modifiable risk factors and people's behaviours are driven to a large extent by the wider socio-economic and cultural context in which we live. Currently health inequalities, on the whole, are widening and these will be further exacerbated by the current cost of living crisis.

A prolonged period of austerity, Brexit, the COVID-19 pandemic and price inflation have all contributed to what is commonly referred to as the 'cost of living crisis'. It is having a detrimental effect on workplaces, communities, households, public sector budgets and the delivery of key public services.

Poverty is a significant driver for ill health and is a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities have also increased with the gap between the least deprived and the most deprived widening across Scotland[69].

Community planning partnerships across Scotland are tackling these issues related to the cost of living. Programmes in Tayside such as open doors community, benefits and money advice, food hubs and community fridges, and mental health and crisis support are freely available to the Tayside population to help mitigate the impact of this crisis. Public Health is working closely with the three local authorities in Tayside and partner agencies to deliver these and further details on our collaborative work and metrics concerning the wider socioeconomic determinants of health will be included in the 2024 DPH Annual Report.

69 Chapter 5: Households Most Affected - The Cost of Living Crisis in Scotland: analytical report - gov.scot (www.gov.scot)

5. Screening

The Director of Public Health has direct responsibility for the coordination and quality assurance of the local implementation of the national screening programmes.

Delivery of effective population screening remains a key NHS Scotland priority. National screening programmes are evidence-based interventions which provide cost effective opportunities to improve the health of individuals and to avert, or to identify at an early stage, serious clinical outcomes.

NHS Tayside is ensuring delivery of the five national adult screening programmes, namely breast cancer, bowel cancer, cervical cancer, diabetic eye screening (DES) and abdominal aortic aneurysm (AAA).

Breast screening uptake in Tayside is above the Scottish average and the 70% minimum standard, but is not meeting the 80% target, although some of the least deprived areas are meeting this.

Bowel screening uptake rates in Tayside overall are above the Scottish average and above the target rate of 60%, however, uptake is below the target rate in areas of greatest deprivation.

There has been a decreasing trend in uptake rates for cervical screening in both Tayside and Scotland and only the least deprived areas are meeting the target of 80%.

Uptake rates for diabetic eye screening almost halved to around 48% for Tayside and Scotland during the pandemic and have not yet recovered to the pre-pandemic levels of 85%.

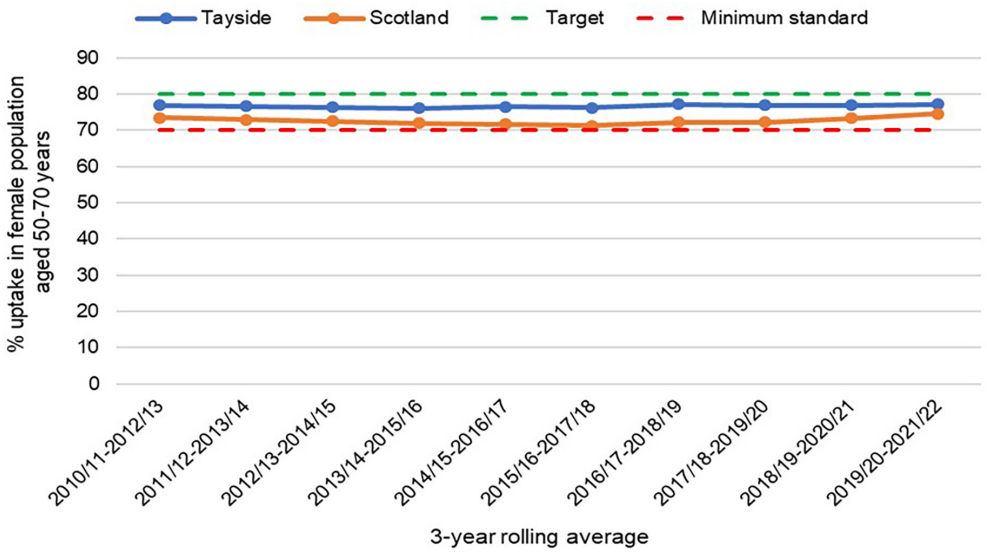
There has been a slight decrease in the abdominal aortic aneurysm screening uptake rates in Tayside although the target of 85% is still being met. Only the most deprived areas in Tayside are not meeting this target.

5.1 Local and national context

5.1.1 Breast screening

Of all women eligible for breast screening (aged 50-70 years) in the 3-year period (2019/20 – 2021/22), 77.2% in Tayside and 74.5% across Scotland were screened. This is above the minimum standard of 70% but does not meet the target of 80%. This percentage uptake in Tayside has changed very little over the last five years but has consistently been higher than the national average (figure 52).

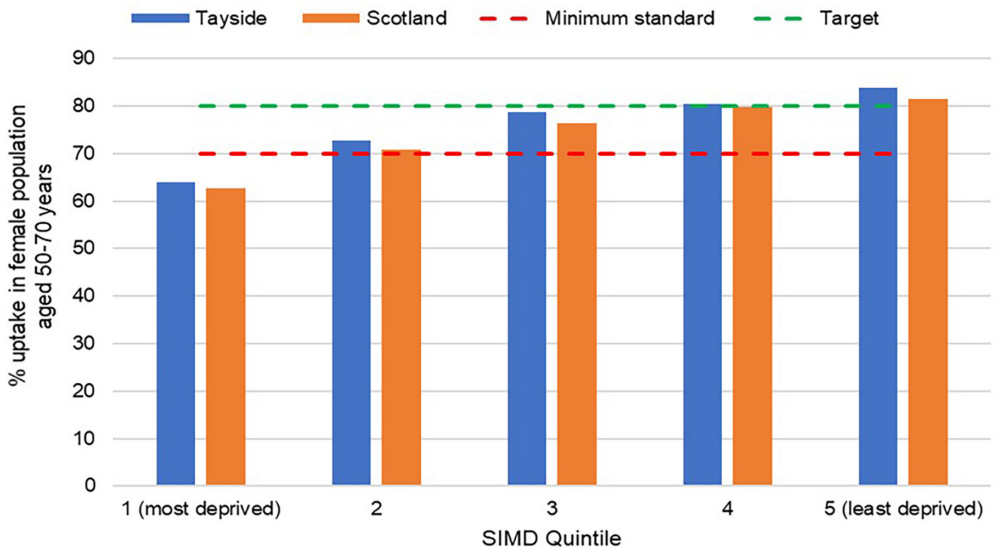
Figure 52: Breast screening uptake in female population aged 50-70 years, Tayside and Scotland; 3-year rolling average 2010/11-2012/13 to 2019/20-2021/22



Source: Scottish Breast Screening Programme (SBSP) Information System via PHS

There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening (figure 53). The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. This pattern is also seen in other screening programmes.

Figure 53: Breast screening uptake (%) in female population aged 50-70 years, Tayside and Scotland by SIMD quintile; 2019/20-2021/22

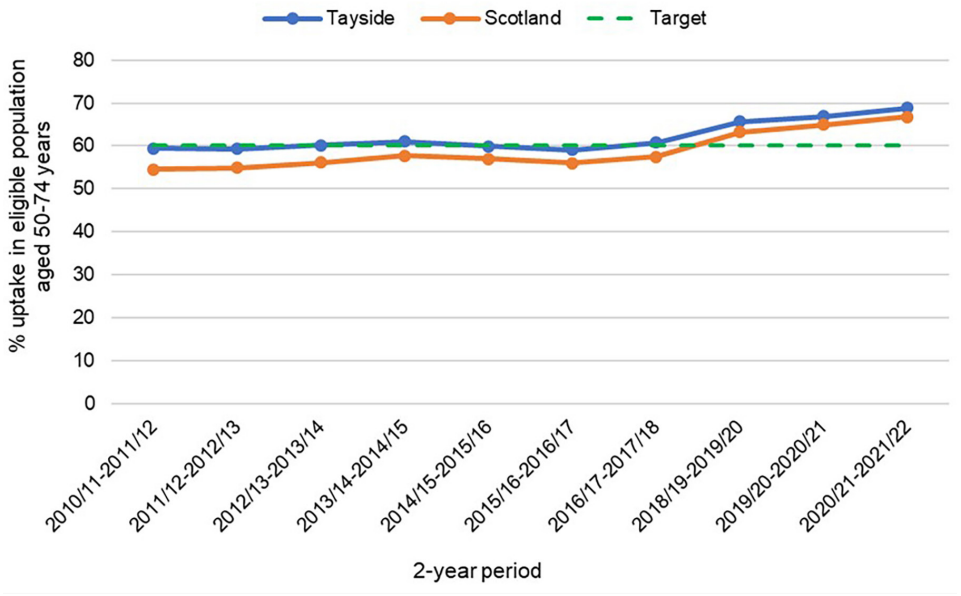


Source: Scottish Breast Screening Programme (SBSP) Information System via PHS

5.1.2 Bowel screening

Of all eligible people in Tayside (men and women aged 50-74 years) 68.8% were screened during the period May 2019 to April 2021. This was a continued improvement from previous years and above the national average of 66.7% (figure 54).

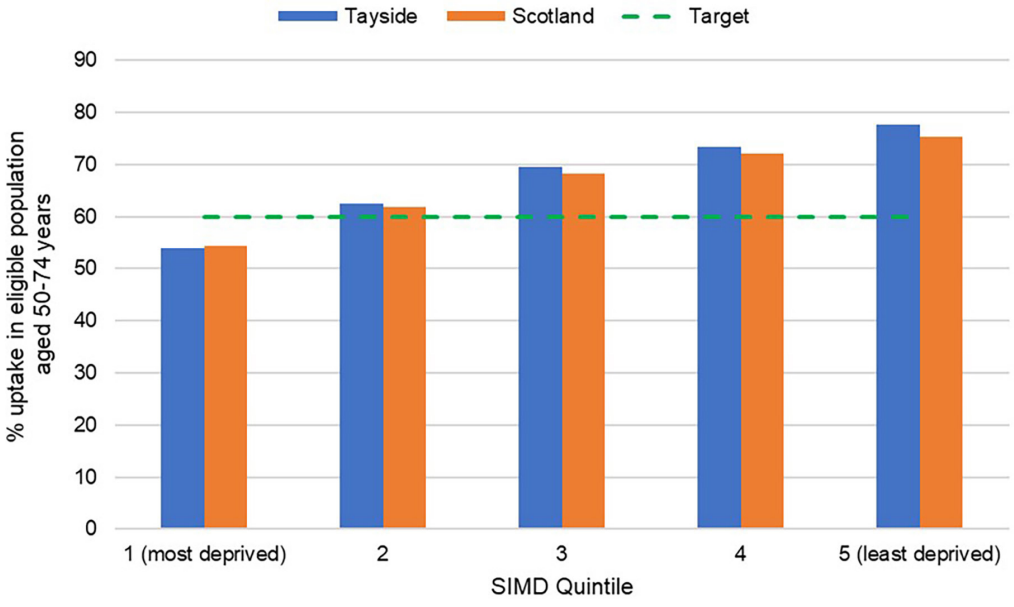
*Figure 54: Bowel screening uptake in Tayside and Scotland population; 2-year average 2010/11-2011/12 to 2020/21-2021/22**



**Note that due to screening being paused, there is no data available for the period 2017/18-2018/19*
Source: Scottish Bowel Screening Programme Statistics via PHS

The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 54% in the most deprived areas of Tayside (figure 55). This gap has widened slightly when compared to the previous period.

Figure 55: Bowel screening uptake in Tayside and Scotland population by SIMD quintile; 2-year average 2020/21-2021/22

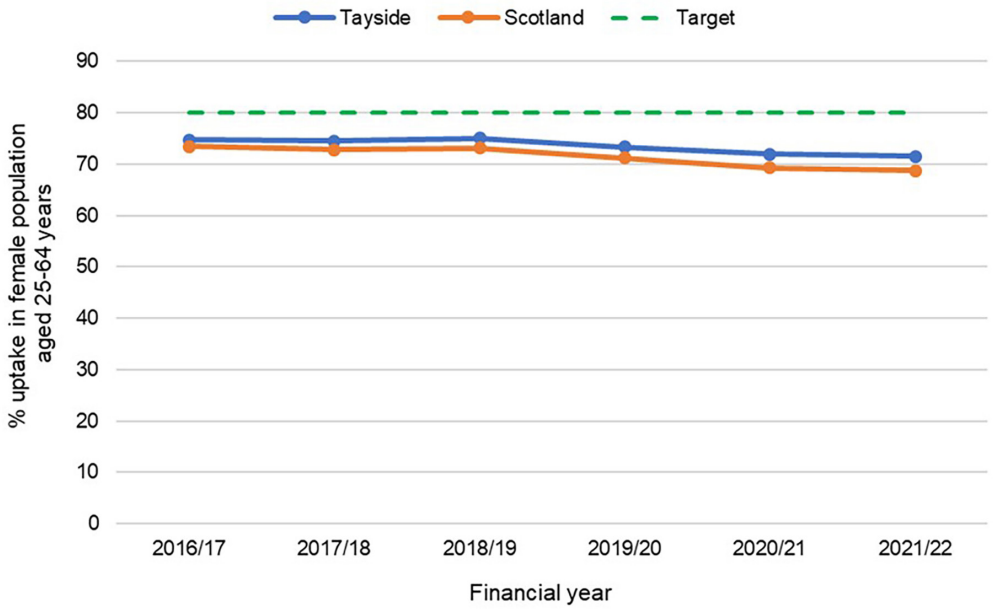


Source: Scottish Bowel Screening Programme Statistics via PHS

5.1.3 Cervical screening

The cervical screening uptake rate in Tayside is 71.5% and is higher than the overall Scotland rate of 68.7%. Tayside has consistently had a higher uptake rate than Scotland since 2016/17, although uptake has declined in Tayside and across Scotland in recent years (figure 56).

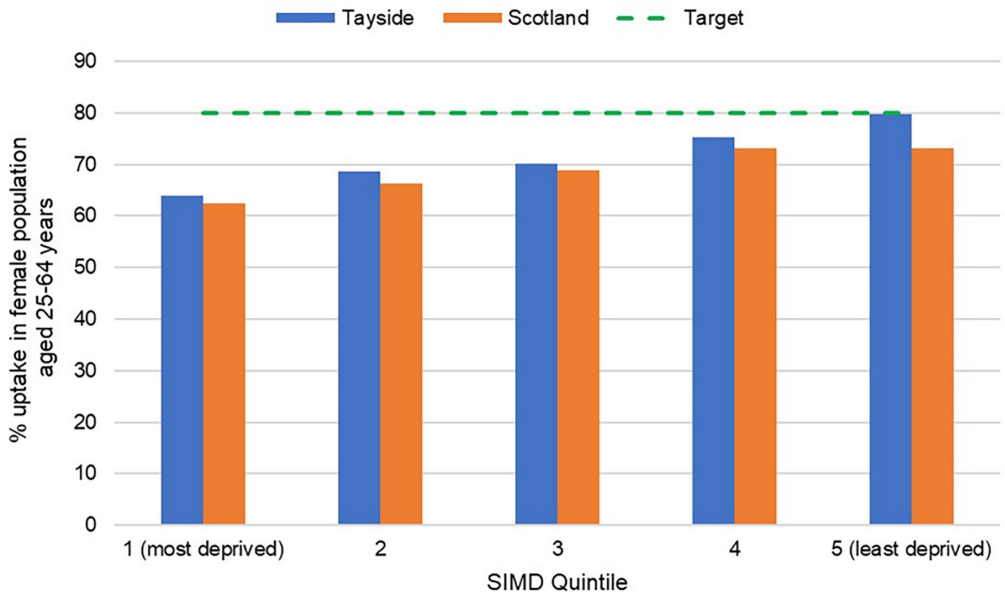
Figure 56: Cervical screening uptake in Tayside and Scotland female population aged 25-64 years; 2016/17-2021/22



Source: Scottish Cervical Screening Programme Statistics via PHS

Similar to other screening programmes, people from the most deprived areas are less likely to take part in screening, with uptake varying from 64.0% in the most deprived areas compared to 79.7% in the least deprived areas of Tayside (figure 57). It is worth noting that while Tayside shows better uptake than Scotland in each quintile, the overall gap between uptake in the most and least deprived areas of Tayside is wider than the Scottish average.

Figure 57: Cervical screening uptake in female population aged 25-64 years in Tayside and Scotland by SIMD quintile; 2021/22



Source: Scottish Cervical Screening Programme Statistics via PHS

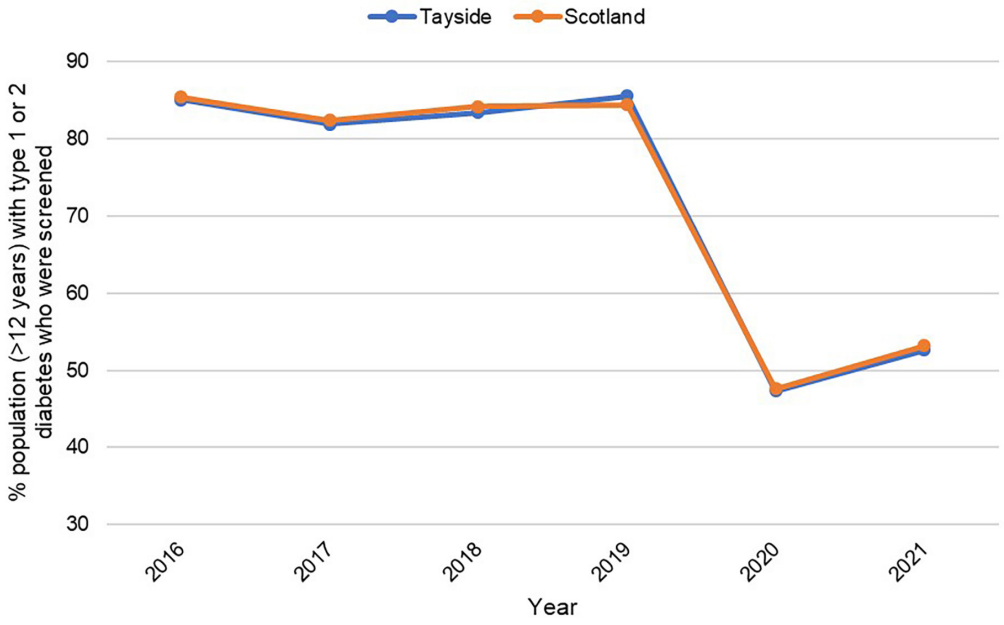
5.1.4 Diabetic retinopathy screening

Diabetic retinopathy is an eye condition which occurs when high blood sugar levels damage the cells in the retina. Diabetic retinopathy screening is an important part of diabetes care as screening can detect early forms of the condition before damage occurs and is offered every year to anyone with diabetes aged 12 years or over.

The proportion of people screened with type 1 and type 2 diabetes of appropriate age (>12 years) who were either recorded as having had diabetic retinopathy screening within the previous 15 months, were attending specialist ophthalmology clinics or were appropriately suspended from screening had consistently been above 80% in Tayside for people eligible in 2016 to 2019.

However, this proportion dropped below 50% in 2020 due to the temporary pause in the delivery of the programme. Figures for 2021 show that screening uptake has improved to 52.6% in Tayside and 53.2% across Scotland (figure 58).

Figure 58: Percentage of people with type 1 and type 2 diabetes (>12 years) who were either recorded as having had diabetic retinopathy screening within the previous 15 months, were attending specialist ophthalmology clinics or were appropriately suspended from screening in Tayside and Scotland; 2016-2021



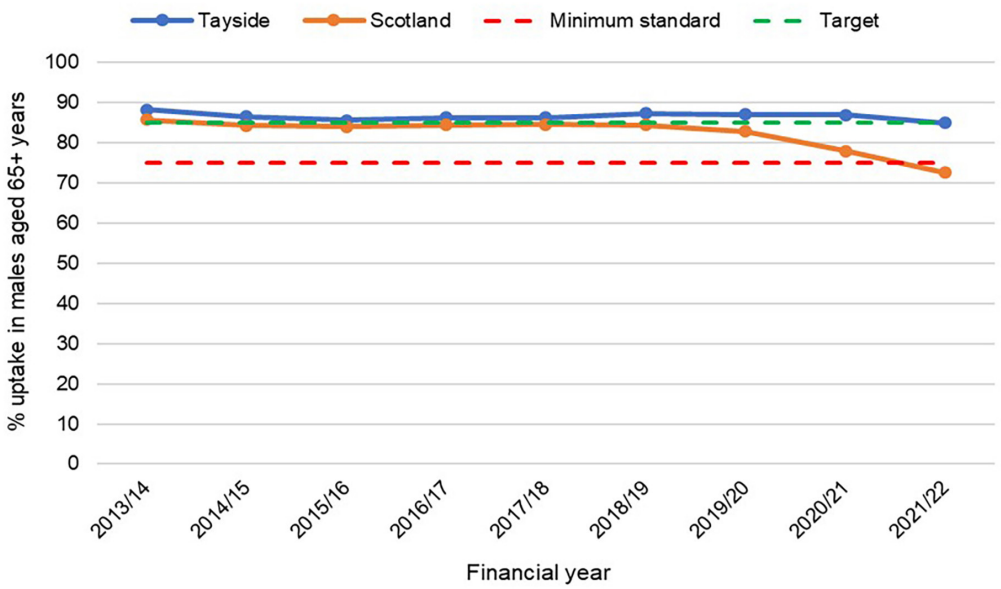
Source: https://www.diabetesinscotland.org.uk/publications/#survey-docs

5.1.5 Abdominal aortic aneurysm (AAA) screening

The AAA screening programme aims to reduce the number of deaths caused by abdominal aneurysms in men aged 65 and over.

In 2021/22, 85% of eligible men in Tayside attended a screening appointment, a slight drop from previous years but above the national average (72%) and equal to the target of 85% (figure 59).

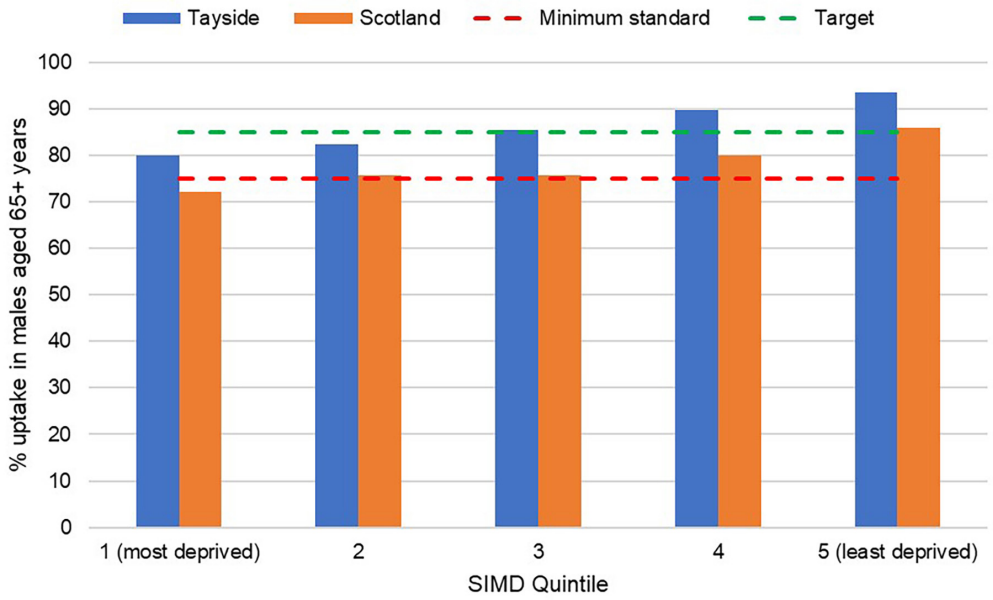
Figure 59: Abdominal aortic aneurysm screening uptake in Tayside and Scotland population; 2013/14-2021/22



Source: Scottish Abdominal Aortic Aneurysm (AAA) Screening Programme Statistics via PHS

Similar to other screening programmes, the AAA screening uptake varies with deprivation with 80% uptake rate in the most deprived areas and 94% in the least (figure 60).

Figure 60: Abdominal aortic aneurysm screening uptake in males aged 65+ years in Tayside and Scotland by SIMD quintile; 2021/22



Source: Scottish Abdominal Aortic Aneurysm (AAA) Screening Programme Statistics via PHS

5.2 Current and future activity

NHS Tayside's Public Health Adult Screening team has worked with the screening programmes on several interventions to improve patient experience and increase uptake both across the whole population and targeted to areas of greatest deprivation.

These have included:

- Improving uptake in breast screening amongst previous defaulters through a targeted telephone intervention
- Supporting pathway change in bowel screening and understanding the barriers to accessing colonoscopy in order to improve uptake and outcomes for people who screen positive
- Targeted pop-up cervical screening clinics for people overdue/never screened
- Piloting the use of hand-held cameras for DES
- Embedding Making Every Contact Count in AAA screening

Future programmes of work include developing more targeted approaches to increase engagement in screening, particularly for people who have never attended any screening programme. In 2024, it is anticipated that the roll out of the national Lung Cancer Screening Programme aimed at over 50s that have 'ever' smoked will commence.

6. Health Protection

The health protection function of the Public Health Directorate consists of fulfilling the statutory duties of NHS Boards to protect their populations from infectious diseases and environmental hazards. This is achieved through both reactive and strategic work carried out by the Health Protection Team (HPT) in preventing, monitoring, maintaining preparedness for, and carrying out investigation and public health management of individual cases, clusters, outbreaks and other incidents. These may involve a wide array of infections and environmental hazards, in community settings and across the general population.

In April 2022, the remaining COVID-19 related legal restrictions on the population were lifted. Although this did not signify the end of the circulation of the SARS-CoV-2 virus (which remains an important cause of morbidity and mortality), it did indicate an important change in emphasis on how we would continue to live with, and manage, the virus. In addition to ongoing circulation of SARS-CoV-2 virus, this year there have been a number of national outbreaks and surges in infectious disease activity (including mpox, hepatitis, shiga toxin-producing E.coli, Group A streptococcus and seasonal flu), driven at least in part by changes in the behaviour of the population following easing of pandemic restrictions and the impact of serial lockdowns in reducing exposure, and so immunity, to other micro-organisms.

The HPT also has responsibility for leading the coordination, governance and oversight of all immunisation programmes within Tayside. Its remit is safeguarding the health of the population in relation to vaccine-preventable infections, and ensuring fulfilment of Health Board and national programme objectives and vaccination uptake targets. The COVID-19 pandemic highlighted the importance of maintaining a robust infrastructure to provide the necessary oversight and support to ensure vaccination services can meet current and future needs, fulfil any requirements for programme acceleration and respond to emerging outbreaks and incidents in a consistent, efficient and sustainable manner.

Over the course of 2022/23, the Public Health Vaccinations Leadership Team has worked with partners to develop and implement an updated governance structure able to meet these challenges on a sustainable basis. At its centre is a multi-disciplinary Vaccinations Steering Group (VSG), which maintains a comprehensive overview of all immunisation programmes in Tayside, facilitating partnership working between Public Health, operational vaccination services, pharmacy, primary and secondary care, and support services. The VSG ensures the application of appropriate governance and risk management to facilitate strategic plans for the timely, safe and effective delivery of high quality, equitable immunisation programmes in line with national policy and good practice principles.

As well as its core governance role, the Directorate of Public Health, through its vaccinations leadership based within the HPT, operationally manages the single largest clinical service providing immunisations to patients for the Health Board – the Tayside Central Vaccination Service. This evolved from the service created in 2020 and, based within Public Health, tasked with delivering the COVID-19 vaccination programme. From autumn/winter 2021/22, the service also began contributing to the adult seasonal flu programme. It has since expanded to take over full responsibility for programmes that were previously delivered by general practice as part of Scotland's Vaccination Transformation Programme (VTP) and in line with the 2018 GMS contract. Since the completion of the VTP in March 2022, Public Health has been

responsible for operational delivery of the full adult flu and COVID-19 programmes, the adult pneumococcal and shingles programmes, unscheduled and catch-up vaccinations for adults, and core travel immunisations.

The HPT has managed and contained a number of non-COVID outbreaks, such as mpox, hepatitis, shiga toxin-producing E. coli, group A streptococcus and seasonal flu.

After COVID testing services were stepped down the HPT established testing in care homes for a range of respiratory pathogens in collaboration with other key teams.

While the proportion of children completing their immunisations in Tayside was consistently above the national 95% target, uptake rates have dropped locally and nationally in recent years due to the impact of the COVID-19 pandemic.

Uptake for many adult immunisations in 2022/23 have been higher in Tayside than Scotland. COVID-19 – 73.5% versus 72.6%, flu – 64.6% versus 63.7%, shingles – age 70 was 65.9% versus 45.1% and 71-79s was 75% versus 63.1%.

The HPT is working collaboratively with NHS Tayside children's immunisation service and wider partners to develop and implement strategies to address gradually declining uptake of routine childhood vaccination programmes, with particular emphasis on 6-in-1 and MMR programmes for which uptake in Tayside is lower than Scottish averages.

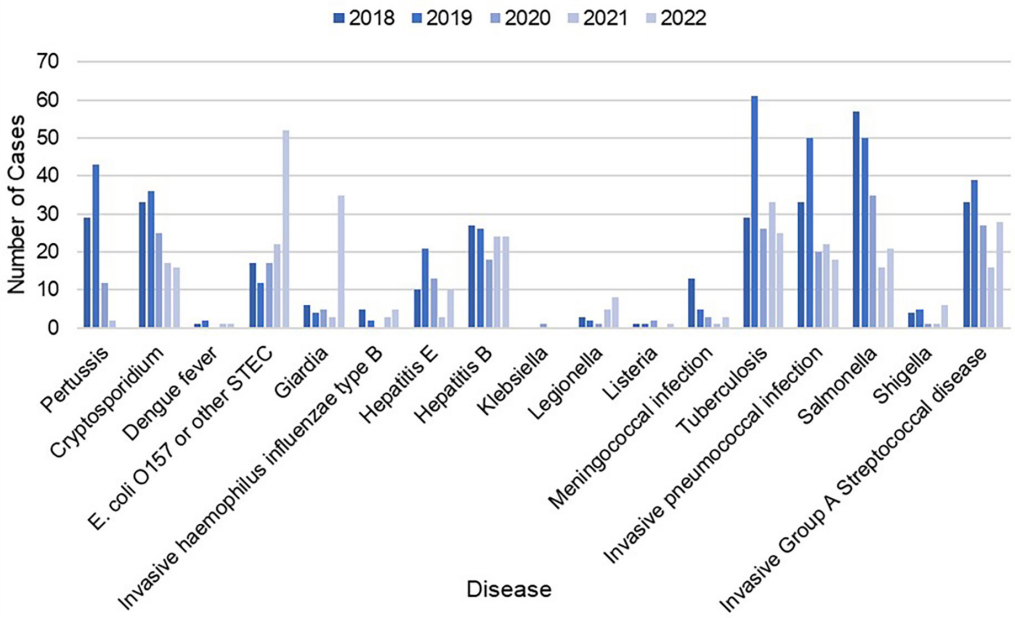
6.1 Infectious diseases

6.1.1 Local and national context

An analysis of the Health Protection Team's (HPT) response to infectious disease in the community showed that just over 1,080 non-COVID-19 clinical and laboratory notifications were received between 1st January 2022 to 31st December 2022, an average of three per day. Of these, 406 (37%) were laboratory notifications of campylobacter, a common gastrointestinal pathogen usually of low clinical consequence. The other 677 notifications spanned a full range from other common infections usually requiring limited follow-up (e.g., mumps, salmonella) to more severe and complex infections, such as E. coli O157 (and other Shiga-toxin producing E.coli), Legionnaire's disease and tuberculosis.

In addition to the workload represented by the notifications of diseases and pathogens, the HPT's day-to-day activities include responding to other reports and enquiries, including water quality failures and potential environmental hazards, and requests for advice on vaccinations. Trends in the number of cases of laboratory-confirmed notifiable organisms over the last five years are summarised in figure 61, with the numbers referring to individual disease/organism notifications and not individual people.

Figure 61: Number of Tayside laboratory-confirmed infectious disease cases, 2018-2022



Source: HPZone, NHS Tayside

6.1.2 Current and future activity

Response to outbreaks and emerging health protection threats in care homes

Tayside HPT manages outbreaks of infections, such as COVID-19 and other respiratory and gastrointestinal infections, and environmental hazards in care homes as well as other closed settings. In care homes, COVID-19 remains the main cause of respiratory infections, with a number of respiratory outbreaks occuring this winter secondary to seasonal influenza. The HPT has established, in collaboration with other key teams, mechanisms to test for a range of respiratory pathogens following the stepping down of services that had been established for COVID-19 testing. In outbreaks secondary to influenza virus, the HPT supports the assessment for the provision of antiviral treatment and prophylaxis. There have also been several outbreaks of gastroenteritis, diarrhoea and vomiting due to elevated levels of norovirus compared to previous years.

Mpox (formerly known as monkeypox)

This had a substantial impact on health protection systems across the UK during the spring/summer of 2022. Tayside HPT contributed to regular national Incident Management Team (IMT) meetings and led the local response. The latter included leading local IMT meetings to manage cases and situations, working with colleagues in a range of disciplines to develop care pathways, providing NHS Tayside-wide education sessions and developing a vaccination service.

Non A-E viral hepatitis

This outbreak affected mostly young children during the spring/summer of 2022 and resulted in hospital admissions due to severe hepatitis of unknown cause (and in a small number of cases leading to a liver transplant). The numbers across the UK were relatively small but all areas had to ensure the capability for early detection and notification of potential cases.

Shiga toxin-producing E. coli

A UK-wide outbreak of Shiga toxin-producing E. coli cases was heightened locally by the adoption of a sensitive PCR test for faecal samples (NHS Tayside has been a pioneer in this), resulting in a large number of cases being notified on a regular basis and particularly during the summer of 2022. Members of Tayside HPT are currently working with colleagues across Scotland to share our learning.

Group A Streptococcus (GAS)

During the winter of 2022/23, a number of high-profile cases of severe illness and death in children as a result of invasive Group A Streptococcus (iGAS) infections raised widespread concerns amongst the public and professionals. The high rate of GAS infections detected (both invasive and non-invasive) were believed to be as a result of both a genuine increase in GAS and an increase of reporting and testing of individuals with sore throats and scarlet fever. This placed significant pressures on primary care. Tayside HPT worked with a range of colleagues, provided support, advice and education to partners including through communications with schools and education departments, and education sessions with GP colleagues, as well as devising pathways to manage the situation proportionately.

Avian influenza

A highly pathogenic influenza A virus subtype (H5N1) has emerged as a global concern since 2020. Public and animal health authorities increasingly began conducting detailed risk assessment and surveillance reporting, with increasing reports of outbreaks among wild and domestic birds, as well as sporadic, isolated human cases, in the UK, Europe and North America. In October 2022, as part of a UK four nations agreement prompted by the latest risk assessment, a Scottish Avian Influenza Prevention Zone (AIPZ) was introduced, requiring poultry producers and bird keepers to comply with stringent biosecurity measures.

While the risk to the general public's health from avian influenza is very low, Health Protection Teams were tasked with maintaining preparedness as part of a wider system response, ensuring local arrangements were in place for: advising and monitoring any persons exposed to infected birds (e.g., farm workers and veterinary professionals); providing antiviral prophylaxis; accessing antiviral stocks; and arranging sampling of any exposed persons who are symptomatic. The arrangements put in place by the Tayside HPT were utilised actively in a small number of situations involving confirmed avian influenza in birds locally during the winter of 2022/23.

Diphtheria

In March 2022, following a rise in England of notifications of cases and outbreaks of diphtheria (an acute bacterial infection affecting the upper respiratory tract or the skin), the UK Health Security Agency (UKHSA) declared a national incident and issued updated guidance on public health management and control. A similar pattern was observed in a number of European countries, with rising incidence concentrated among refugees and people seeking asylum. While no cases were observed in Scotland, Health Protection Teams here were asked to be aware of the potential for cases of diphtheria in relevant groups and to support local arrangements for the provision of antibiotic prophylaxis, vaccination and testing where appropriate, in partnership with healthcare and community services. In Tayside, the HPT engaged extensively with colleagues in primary care, local authorities, HSCPs, the voluntary sector and government in order to provide information and advice, and assurance of suitable arrangements being in place.

6.2 Immunisations

Immunisations are highly effective at preventing or reducing severity of illness. A number of vaccinations (currently approximately 30) are available for people at different stages of their life[70].

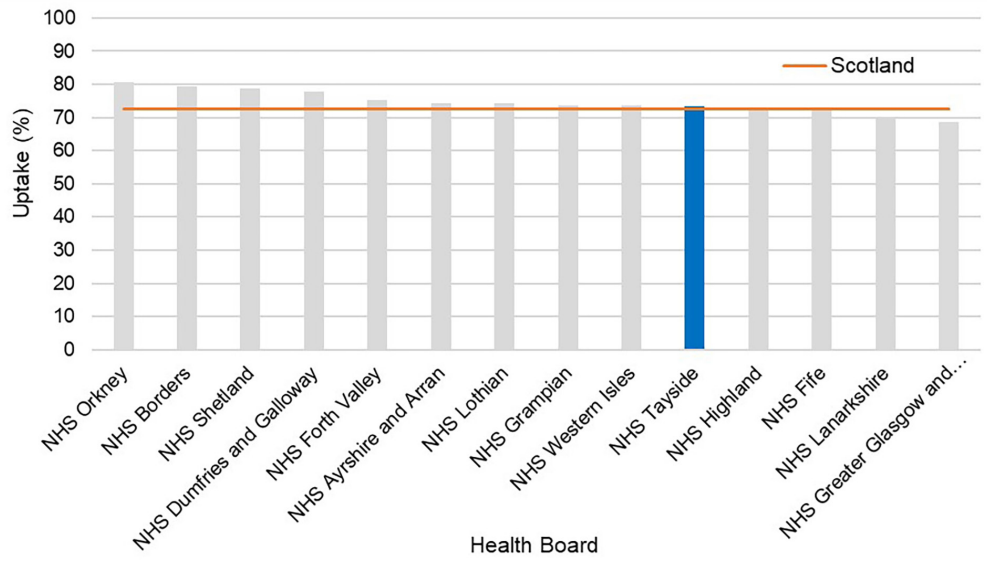
The UK routine vaccination schedule offers protection against diseases caused by 15 different infectious organisms. The majority of these vaccines are offered in childhood, at several key stages: infancy, pre-school and in secondary school. A smaller range of vaccinations are included in routine schedules for adults: age-based programmes providing protection against shingles and pneumococcal disease, and pertussis vaccination for pregnant women. There are two vaccination programmes which are primarily delivered seasonally to large age- and risk-based cohorts: flu and COVID-19. A further 12 vaccines are offered to individuals at highest risk of specific infections, including due to occupational and lifestyle factors, various health conditions, and travel.

6.2.1 COVID-19 and adult vaccination programmes

The COVID-19 vaccination programme is now largely delivered seasonally. A main autumn/winter booster programme targets older adults, care home residents, clinical risk groups and health and social care staff. There is a smaller spring booster campaign for over-75s, care home residents and people with a weakened immune system.

The latest uptake data are published by Public Health Scotland (PHS) on its respiratory infection and COVID-19 statistics dashboards. They show a total of 151,548 COVID-19 booster vaccinations have been administered within the 2022/23 autumn/winter programme in Tayside, giving an overall uptake of 73.5%, compared to 72.6% recorded for Scotland as a whole (figure 62). In the 2023 spring booster programme, the total number of vaccinations completed for Tayside (up to 2 July) was 42,119, an uptake of 79.0%, which compares to 76.4% in Scotland overall (figure 63).

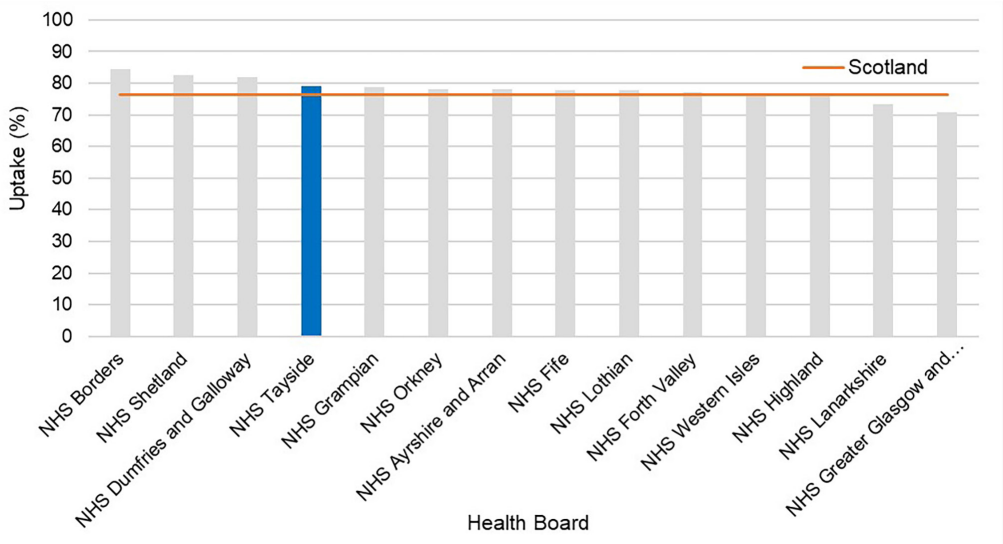
Figure 62: COVID-19 vaccination uptake in eligible population by Health Board, winter booster programme 2022/23



Source: Public Health Scotland (https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-28-september-2022/flu-and-covid-19-vaccination-uptake-in-scotland-dashboard/)

70 https://www.nhsinform.scot/healthy-living/immunisation/vaccines

Figure 63: COVID-19 vaccination uptake in eligible population by Health Board, spring booster programme 2023

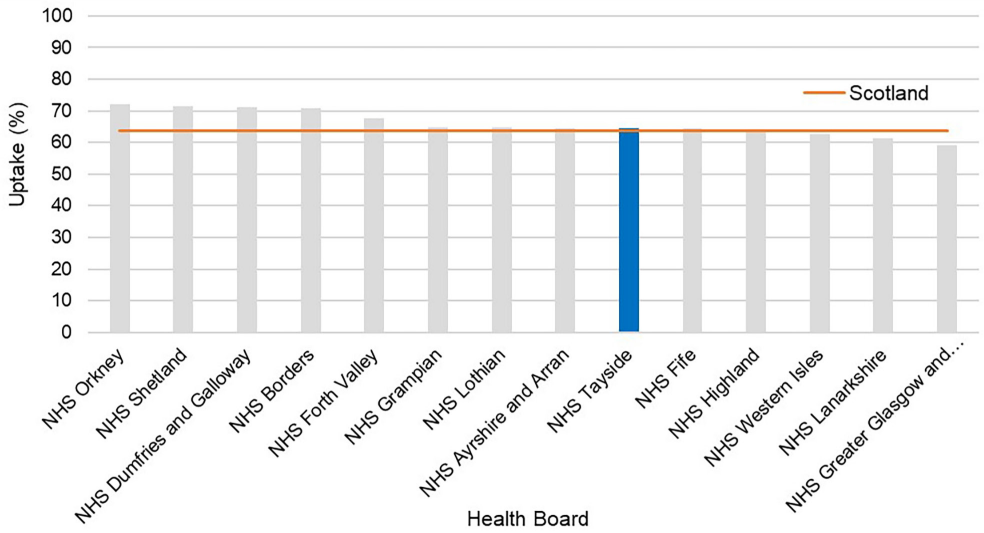


Source: Public Health Scotland (https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-28-september-2022/flu-and-covid-19-vaccination-uptake-in-scotland-dashboard/)

In 2022/23, the cohorts eligible for flu vaccination were: all adults aged 50 or older, people aged under 50 in clinical risk groups, care home residents, and health and social care workers. PHS dashboards show that a total of 147,960 vaccinations were carried out in Tayside this year, equating to an uptake of 64.6%; Scotland's overall uptake was 63.7% (figure 64).

Over 90% of individuals who were eligible for both flu and COVID-19 booster vaccinations received them at the same visit (co-administration).

Figure 64: Seasonal flu vaccination uptake in eligible population by Health Board, winter programme 2022/23



Source: Public Health Scotland (https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-28-september-2022/flu-and-covid-19-vaccination-uptake-in-scotland-dashboard/)

All adults over the age of 70 are eligible for vaccination against shingles. Also those who are not yet vaccinated should be offered opportunities to catch up until they reach 80 years old. General practices in Tayside continued to provide shingles vaccinations until April 2022, when responsibility transferred to the central vaccination service operated by Public Health, which

carried out delivery primarily in July and August 2022. Arrangements are in place for the next delivery cycle to be carried out during summer 2023.

Uptake statistics are published by PHS annually, based on a reporting year running from September to August. Therefore, the most recent reported uptake data represents a combination of activity in both general practice care and the NHS Tayside Central Vaccination Service. The data (table 5) show Tayside maintaining a record of achieving uptake substantially higher than the overall levels for Scotland.

Table 5: Shingles vaccination coverage amongst eligible cohorts, September 2021 to August 2022

	NHS Tayside			All Scotland		
	Cohort	Vaccinated	Coverage	Cohort	Vaccinated	Coverage
Routine cohort (70-year-olds)	4,515	2,974	66%	55,529	25,054	45%
Catch-up cohort (71 to 79-year-olds)	35,393	26,539	75%	418,409	263,939	63%

Source: Immunisation and vaccine-preventable diseases quarterly report - January to March 2023 (Q1) - Immunisation and vaccine-preventable diseases quarterly report - Publications - Public Health Scotland

Other immunisations delivered by the NHS Tayside Central Vaccination Service include: the pneumococcal polysaccharide vaccine (PPV) for adults aged 65 and older; vaccinations such as tetanus, rabies and hepatitis B which must be offered urgently following potential exposure; catch-up doses of vaccinations missed in childhood including diphtheria, tetanus and polio, MMR, and MenACWY; and vaccines such as pneumococcal, meningococcal and hepatitis B for people with medical conditions or treatment which make them especially vulnerable. There are no up-to-date uptake statistics published nationally for these vaccinations, however internal service management data indicates that activity in Tayside is in line with overall levels for Scotland.

The Public Health managed service also offers travel vaccinations as part of a hybrid delivery model, in which patients have a choice of attending community clinics offering the core NHS travel immunisations or one of a number of independent service providers (community pharmacies) which offer vaccinations both via the NHS and privately. This model aims to optimise the flexibility and accessibility of services for patients.

6.2.2 Childhood immunisation

In Tayside, a single dedicated childhood vaccination service was established in 2016. This new team took over responsibility from general practice, health visiting and school nursing for the delivery of all routine infant, pre-school, secondary school and childhood flu programmes, as well as the majority of selective/unscheduled and catch-up vaccinations for children. The Health Protection Team within Public Health works closely with the childhood vaccination team to support and facilitate provision of high-quality services.

The European Region of the World Health Organisation (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation. These infections include diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), measles, mumps and rubella.

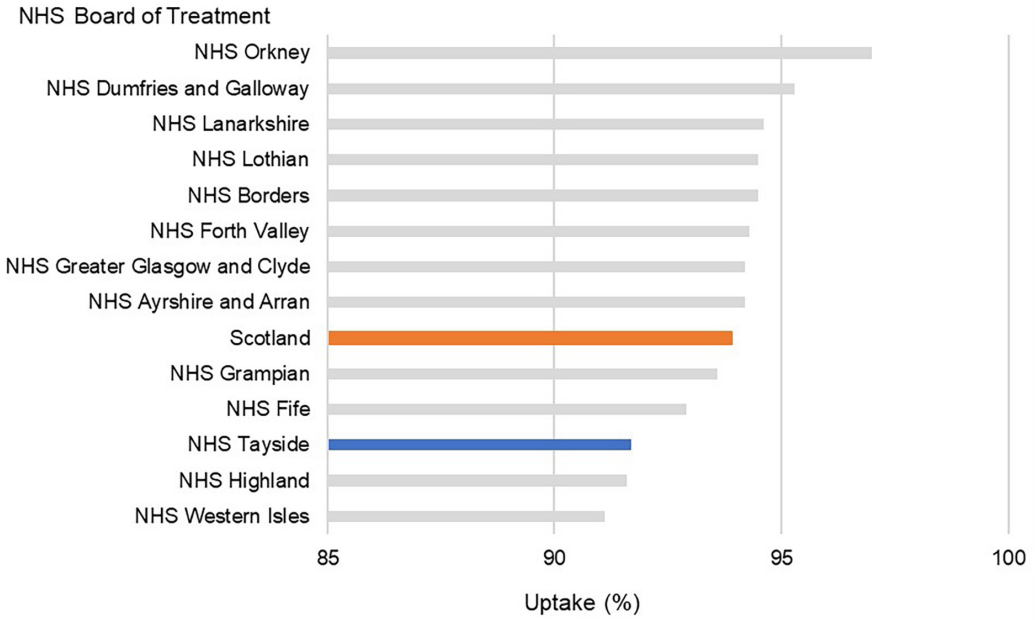
Quarterly uptake rates for routine childhood immunisations have shown gradual declines in Scotland over the past 10 years across all programmes. Throughout this period uptake has still remained high and for the latest quarter, around 95% of children across Scotland received each routine immunisation by the time they were 12 months old, except for rotavirus vaccine, which had 92.8% uptake.

Among the very first vaccinations offered in the routine schedule is the 6-in-1 vaccine, which protects against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib). Children should receive 3 doses of the 6-in-1 vaccine before 12 months of age.

The latest annual statistical report released by PHS identifies NHS Tayside as one of four Health Boards in which uptake of the 6-in-1 vaccine was below 95% in the calendar year 2022: NHS Shetland (94.9%), NHS Fife (94.6%), NHS Tayside (94.0%) and NHS Highland (93.7%).

NHS Tayside was also reported to have a lower level of uptake of the MMR vaccine (by 24 months of age) than the average for Scottish Health Boards in 2022 (figure 65).

Figure 65: Uptake of first dose of MMR by 24 months of age by NHS Board, 2022



Source: Public Health Scotland (https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-and-year-ending-31-december-2022/)

In view of these challenges, a key priority for the Health Protection Team is to further strengthen links and collaborative working with the NHS Tayside children's immunisation service, as well as wider NHS and HSCP teams, to develop and implement partnership strategies, using a quality improvement approach, to address the observed trends of gradually declining uptake of routine childhood vaccination programmes.

Particular emphasis will be placed on the 6-in-1 and MMR programmes for which uptake in Tayside is lower than the Scottish averages.

Summary

This report outlines the key public health challenges facing Tayside currently and action being taken by the Directorate of Public Health across a range of workstreams. As highlighted throughout the report, the socioeconomic conditions in which people live is the single greatest driver of health and wellbeing outcomes. With the current cost of living crisis, widening health inequalities, an ageing population and the sustainability of future health and social care services in question, it is absolutely essential that prevention and early intervention, targeted to people and areas of greatest need is achieved at pace. This includes maintaining a focus on highly effective national population health promoting measures, such as minimum unit pricing, in addition to collective and collaborative local activity.

As always, we welcome feedback on this report for future iterations and, lastly, my huge thanks go to the Health Intelligence Team in Public Health for preparing and assimilating the contents of this report – in particular Caroline Snowdon, Stephen Halcrow, Ally Stewart and Dr Fatim Lakha.

Tables and Figures

DRAFT

At a MEETING of the PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD held remotely on 27th September 2023.

Present:-

Members	Role
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Linda GRAHAM	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Lynne MORMAN	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Dr James COTTON	Registered Practitioner not providing primary medical care services
Vicky IRONS	Chief Officer

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 24th May, 2023 was submitted and approved.

Following questions and answers the Committee further agreed:-

(i) to note that the style of minute had changed to incorporate further actions agreed during the meeting.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC36-2023, for meetings of the Performance and Audit Committee for noting and updating accordingly.

The Committee agreed to note the content of the Action Tracker.

Following questions and answers the Committee further agreed:-

(i) to note that in relation to action 1 (public information on website) a meeting had taken place yesterday and a plan was being worked on;

(ii) to note that in relation to action 2 (further analysis of the position in relation to the figures for the North East area) the timeframe had slipped to March 2024 as resources were now directed to the Adult Support and Protection inspection.

IV MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE

Reference was made to Article III of the minute of meeting of the Dundee Integration Joint Board of 23rd August, 2023 wherein it was agreed that Donald McPherson be appointed as a Voting Member on the Committee.

The Committee noted the position.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 4

There was submitted Report No PAC24-2023 by the Chief Finance Officer updating the Performance and Audit Committee on 2022/2023 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

(i) to note the content of the summary report;

(ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3) of the report;

(iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report; and

(iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:-

(v) that, at the request of the Chair, a report from the Falls Strategy Group would be presented to a future Integration Joint Board meeting;

(vi) to note, in relation to a question from Donald McPherson, that although there was no nationally available information in relation to the indicator - % staff who say they would recommend their workplace as a good place to work – it would be useful to have some local information about how staff feel and Jenny Hill would contact the iMatter team;

(vii) to note, that in relation to a question from Raymond Marshall about the baseline year, that there was a statutory duty to report five proceeding financial years and that due to Covid a decision had been made to wait until the start of next financial year to change the baseline year;

(viii) that, at the request of Councillor McHugh, consideration would be given to changing the scale on the chart on page 28 (Number of People Waiting for a Social Care Assessment); and

(ix) to note, in relation to a question from Raymond Marshall around assurances on performance, that a suite of information was being worked on which would give assurances.

VI MENTAL HEALTH SERVICES INDICATORS 2023/2024 QUARTER 1

There was submitted Report No PAC25-2023 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

(i) to note the content of the report, including current performance against the suite of mental health service indicators (section 6 and appendix 1 of the report);

(ii) to comment on any further areas for development in the content and presentation of the report; and

(iii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7 of the report).

Following questions and answers the Committee further agreed:-

(iv) to note, that in relation to a question from Councillor McHugh about whether an up to date Engage Dundee survey on mental wellbeing could be carried out, that the Chief Financial Officer would check whether this was possible through the Dundee Partnership; and

(v) to note the additional information provided by Linda Graham during the meeting.

VII DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS

There was submitted Report No PAC26-2023 by the Chief Finance Officer providing an update to the Performance and Audit Committee on Discharge Management performance in Dundee.

The Committee agreed:-

(i) to note the current position in relation to complex delays as outlined in section 5 of the report, standard delays as outlined in section 6 of the report, and discharge without delay as outlined in section 10 of the report; and

(ii) to note the improvement actions planned to respond to areas of pressure as outlined in sections 8 and 10 of the report.

Following questions and answers the Committee further agreed:-

(iii) that consideration would be given to building in information from the weekly local oversight report into future reports to the PAC;

(iv) to note that consideration was being given to developing a proxy suite of indicators on delayed discharge that would be more accessible to the public than the national indicators.

VIII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023

There was submitted Report No PAC27-2023 by the Chief Finance Officer summarising for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April 2022 to 31st March 2023.

The Committee agreed:-

(i) to note the changes to the scale and scope of Care Inspectorate led inspections carried out in 2022/2023 during the reporting year (section 4.1 of the report);

(ii) to note the contents of the report and the gradings awarded as detailed in the attached performance report (Appendix 1 of the report) and highlighted in section 4.2 of the report; and

(iii) to note the range of continuous improvement activities progressed during 2022/2023 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

(iv) that consideration would be given to arranging a presentation from the Care Inspectorate to a future Integration Joint Board meeting.

IX REVIEW OF EMERGENCY ADMISSION RATES

There was submitted Report No PAC28-2023 by the Chief Finance Officer providing an update regarding focused analytical work to interrogate and enhance understanding of National Indicator 14 (rate of readmissions to hospital within 28 days of discharge per 1,000 admissions) and associated performance data.

The Committee agreed:-

(i) to note the data presented in the report;

(ii) to discuss the steps taken to review performance; and

(iii) that a summary report would be brought to the next meeting explaining why the issue mattered to the PAC, what the data tells us and what needs to be done in response.

X DRUG AND ALCOHOL SERVICES INDICATORS 2022/2023 QUARTER 4

There was submitted Report No PAC29-2023 by the Chief Finance Officer updating the Performance and Audit Committee on the performance of Drug and Alcohol Services.

The Committee agreed:-

(i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2022/2023 (section 6 and appendix 1 of the report); and

(ii) to note the range of ongoing improvement activity, including within Dundee Drug and Alcohol Recovery Service, Primary Care and Partnership Mental Health Services focused on implementation of Medication Assisted Treatment Standards and wider

priorities agreed via the Alcohol and Drug Partnership Strategic Framework and Delivery Plan (section 7 of the report).

Following questions and answers the Committee further agreed:-

(iii) that there may have been an error in the report at paragraph 6.9 and that this would be checked and amended if necessary.

XI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC30-2023 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance was a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within the report was to 31st May 2023.

The Committee agreed:-

(i) to note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed from Section 4 of the report; and

(ii) that the level of assurance was reasonable due to the factors as indicated.

Following questions and answers the Committee further agreed:-

(iii) to note that all risks were to be reviewed.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC37-2023 by the Chief Finance Officer providing the Performance and Audit Committee with an update on progress against previous internal audit plans as well as work relating to 2023/2024. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee Integration Joint Board.

The Committee agreed to note the progress of outstanding internal audit reviews and progress against the 2023/2024 internal audit plan.

XIII INTERNAL AUDIT ANNUAL PLAN 2023/2024

There was submitted Report No PAC31-2023 by the Chief Finance Officer seeking approval of the Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) for 2023/2024, to present the Internal Audit Charter, and to agree the appointment of the Chief Internal Auditor.

The Committee agreed:-

(i) to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor;

(ii) to approve the 2023/2024 Internal Audit Annual Plan as set out in Appendix 1 to the report; and

(iii) to note there were no changes to the Internal Audit Charter as set out in section 4.2 of the report.

XIV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – VIABILITY OF EXTERNAL PROVIDERS

There was submitted Report No PAC32-2023 by the Chief Finance Officer presenting the findings of the Internal Audit Review of arrangements in place to monitor the financial viability and operational sustainability of external care providers.

The Committee agreed:-

(i) to note the content and recommendations of the Internal Audit Report on Viability of External Providers as set out in Appendix 1 to the report; and

(ii) to instruct the Chief Finance Officer to implement the recommendations of the report and provide an update on progress to the next meeting of the PAC.

XV QUARTERLY COMPLAINTS PERFORMANCE – QUARTER 1

There was submitted Report No PAC34-2023 by the Chief Finance Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2023/2024. The complaints 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 Committee agreed:-

(i) to note the complaints handling performance for health and social work complaints set out within the report; and

(ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Following questions and answers the Committee further agreed:-

(iii) to note that the possibility of including information from Care Opinion would continue to be explored.

XVI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP RISK REGISTER – UPDATE

There was submitted Report No PAC35-2023 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

(i) to note the content of the Strategic Risk Register Update report;

(ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report; and

(iii) to note the recent work and future work on Risk Appetite as set out in Section 7 of the report.

XVII GOVERNANCE ACTION PLAN – UPDATE

There was submitted Agenda Note PAC33-2023 reporting that at the meeting of the Performance and Audit Committee held on 24th May 2023, the Internal Audit Review of the Governance Action Plan was considered with the report recommendations agreed to. One of those recommendations was to carry out an exercise, facilitated by Internal Audit to reprioritise outstanding recommendations to ensure completeness of actions with a view to developing separate reporting for Internal Audit Report recommendations, External Audit recommendations, external review recommendations, governance statement improvement actions in addition to actions from agenda item discussions reported within the standard PAC agenda (action tracker).

This work was progressing with a first stage mapping of Internal Audit recommendations almost complete. This work was ongoing and it was proposed that revised reporting in line with the Internal Audit Review be presented to the November PAC meeting. Given the focus of this work, there was no update provided to the existing Governance Action Plan on the current PAC Agenda.

The Committee noted the position.

XVIII ATTENDANCE LIST

There was submitted Agenda Note PAC38-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XIX DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held remotely on Wednesday 22nd November, 2023 at 10.00 am.

Ken LYNN, Chairperson.

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 25 OCTOBER 2023**

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

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

REPORT NO: **DIJB61-2023**

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 27th September 2023.

Instructions Issued and approvals made by the Committee

- The Committee instructed that a summary report be brought back to the November meeting of the PAC regarding the data presented at the September meeting around emergency admission rates, specifically relating to the implications and what needs to be done to respond to the findings

- The Committee approved the continuation of the appointment of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors with the role of Chief Internal Auditor being Jocelyn Lyall from FTF.

- The Chief Finance Officer was instructed to implement the recommendations of the Internal Audit review of the Viability of External Care Providers and update on progress to the November PAC meeting.

Issues to highlight to the Board

- I welcomed Jocelyn Lyall from FTF who has replaced Tony Gaskin as the Chief Internal Auditor and Donald McPherson following his re-appointment to the PAC.

- It was noted by Donald McPherson that having been away from the Committee for a period that on his return the minutes of the meeting did not appear to be as full as they had been done previously to capture some of the flavour of the discussion. Following discussion, it was confirmed that the minutes would continue to be expanded to include any additional actions agreed during the meeting.

- The Health and Social Care Partnership's quarter 4 (2022/23) Performance Report was presented and scrutinised by the Committee with a wide range of questions on aspects of the data and reflections on areas where performance continued to be poor. The Committee sought assurances on what was being done to improve these areas and were advised that this was reflected through the priorities and actions set out in the IJB's Strategic and Commissioning Plan and developing delivery plan. A number of further actions have been identified and reflected in the minute of the meeting.

- One area of performance that the Committee has continued to focus on is around Emergency Admission Rates. An in-depth report was presented which provided a number of reasons why Dundee (alongside Angus and Perth) appears to perform poorly in this regard, some of which relate to the way services are configured in Tayside and subsequent impact on data recording. Further work will require the assistance of clinicians and operational services to better understand the impact of service provision on the indicators.

- Further performance information was presented in relation to quarter 4 of 2022/23 for Drug and Alcohol Services. This report was the 2nd such report the PAC had received and provided some focussed indicators around one of the biggest challenging areas the IJB has oversight for. The Committee welcomed the information presented.

- In addition, the Committee was presented with the Quarter 1 2023/24 Mental Health Service Indicators. The Committee was advised that the reporting of these was still developing and views were sought and provided on the content and future presentation of the report.

- A further area of focus for the Committee is around Discharge Management performance. The Committee was informed that conditions remain challenging with the backdrop of increasing demand from an increasingly frail older population however progress has been made to enable people to be discharged when they are ready.

- The quality of care for care homes and other adult and older people services in Dundee was set out in a report on Care Inspectorate Gradings. This covered the period 1st April 2022 to 31st March 2023 and the Committee noted the improvements made by services across all sectors in the quality of care provided albeit the previous inspection regime was undertaken during the Covid19 pandemic period.

- The Clinical Care and Professional Governance Assurance report was presented to the Committee which as ever provided many questions and discussion given the comprehensive overview of services including risks associated with service delivery. The report provided a reasonable level of assurance of clinical and care governance arrangements in place.

- The Committee approved the 2023/24 Internal Audit Plan, the continuation of FTF as the lead internal auditors and the appointment of Jocelyn Lyall as the IJB's Chief Internal Auditor. The Committee was advised that the outputs of this plan will continue to help the IJB strengthen its governance arrangements.

- One of the outstanding substantial Internal Audit reviews from the previous Internal Audit Plan, Review of Viability of External Providers, was presented to the Committee. This review found that reasonable assurance can be placed on the arrangements in place to contractually monitor care providers with a small number of recommendations which have been agreed to.

- The 2023/24 Quarter 1 Complaints Performance Report was submitted to the PAC which showed steady performance in responding to complaints which are relatively low given the scale of services provided.

- The regular Strategic Risk Register update was provided to the Committee. This noted a relatively steady position in relation to risk levels with no change to the previous reported position.

- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting.

Ken Lynn
Chair **12 October 2023**

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

REPORT ON: **CHANGES TO DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ADAPTATIONS POLICY**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB54-2023**

1.0 PURPOSE OF REPORT

1.1 This report sets out proposals to update the adaptations policy to reflect Scottish Government guidance, greater personalisation and best use of resources.

2.0 RECOMMENDATIONS

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

2.1 Agree the proposed amendments contained in the Report.

2.2 Approve the 'Joint Policy for the Provision of Adaptations in the Homes of People with Disabilities who live in Dundee' which forms Appendix 1 to the report.

2.3 Notes that relying on scarce social care as an alternative to adaptations whilst waiting for rehousing, generally costs more than the adaptation and social care can take up to 6 months to secure.

2.4 Notes that given the pressures on available housing stock and the increasingly complex needs we are now managing in community settings, we have recognised the need to manage all of our available resources as efficiently as possible and as part of this we now need to consider the balance between adaptation and rehousing.

2.5 Notes that as a result of 2.3 and 2.4 above, a further review of the adaptations policy will be required during the 2024/25 financial year to explore and recommend cost effective alternatives.

2.6 Refers the Joint Policy for the Provision of Adaptations in the Homes of People with Disabilities who live in Dundee to Dundee City Council and NHS Tayside to approve, for their interest.

3.0 FINANCIAL IMPLICATIONS

3.1 Financial implications are expected to be negligible. The three-month data analysis in section 4.8 of this report identified minimal cost impact with an additional 3 ramps, 1 level access shower and 10 potential stairlifts. The proposed change from adaptations to equipment for ramps and stairlifts may slightly increase the number recommended but the cost savings of the recycling of equipment is expected to be greater than the cost of additional supply. The minimal increase in level access showers will increase independence and reduce demand on scarce social care resources.

4.0 MAIN TEXT

4.1 This report relates to a previous report submitted to the meeting of the IJB on 25th June 2019 (Article XV of the minute of meeting refers), which details information about the then Dundee and Angus Community Equipment Loan Service and the proposal to further develop the service to a Dundee & Angus Community & Schools Equipment Loan Service, Dundee & Angus Independent Living Community Equipment Centre (DAILCEC).

4.2 Prior to that, in 2016 there was a Dundee document for joint equipment & adaptations criteria called; Joint Criteria for the Provision of Equipment and Adaptations in the Homes of People with Disabilities who live in Dundee. The Community Independent Living service led a review and revision of the Equipment policy in collaboration with Angus HSCP. The Operational Guidance on the Provision of Equipment for Children and Adults with Disabilities Living in Dundee and Angus subsequently developed, enabled a shared consistent approach to the prescription of equipment across Dundee and Angus. Children's Education later withdrew from the proposal as they did not wish to transfer funding, choosing instead to retain their previous processes. This did not include adaptations which is a single Partnership policy.

4.3 All potential adaptations are first assessed by qualified trained & experienced staff.

4.4 The criteria for Adaptations had been included in the original document, and required to be reviewed. The criteria for adaptations had been revised separately by Angus HSCP in 2019. This meant that Dundee HSCP needed to review and revise the policy locally. This process was initiated in June 2019 but consultation could not proceed due to the pandemic resulting in further review and consultation being required in 2022.

4.5 The Adaptations Review Governance group was set up with membership across Housing, Community Occupational therapy, Procurement, Medical Advisor (Housing) and the Housing Grants Section.

The purpose of this group was;

- To review the adaptations criteria for Dundee;
- To consider the housing shortages for suitable housing re needs, modification of properties;
- Consider palliative care clients living longer;
- To make best use of resources.

The scope of the review (regarding adaptations only, not relating to equipment) –

***Adaptations include minor, moderate, major and complex*;** Over bath showers; Level access showers; Toilet adaptations; Internal stairlifts; Ramps; Stair-gates; Hand rails; Step access; Fences; Dropped kerbs; Door entry systems; Automatic door- opening; Re-hanging doors; Repositioning of electric sockets; Step lifts; Through floor lifts; Building extensions.

Key Changes in Appendix 1;

- Simplified the wording for over bath showers
- Stairlifts and modular ramps to be procured as equipment in order that they can be removed and reused. (previously adaptations and not recyclable).
- Level access showers – Extending existing criteria for level access showers in ground floor properties where property is not wholly adaptable. (Not indicated if person can use bathing/showering equipment).
- Significant medical evidence required for a change of shower back to providing a bath (previously not considered).
- Toilets – provided on assessment of individual need e.g. Closomat, Commode use. (Clearer description)
- Through floor lift now included.
- Steps access reworded to include extending steps for those with walking frames.

No Change;

- Fences / Paths
- Kitchen adaptation
- Internal stair-gate

4.6 An initial consultation of proposed changes was undertaken in Feb 2022 with housing associations, The Frailty Strategic Planning Group for discussion with their stakeholder groups and with Community Occupational Therapists. The power point slides are attached separately. There were no objections noted.

4.7 In 2022 the Scottish Government undertook a review to update the Guidance of Equipment & Adaptations in light of the development of HSCPs. The draft was issued in March 2022, a national consultation was undertaken which DHSCP Community Occupational Therapy Service contributed to. The DHSCP Adaptations Review has taken cognisance of the Scottish Government Guidance which was confirmed as a final version on 17 01 2023.

4.8 Potential implications of the changes in criteria for adaptations have been considered through a recent review of refused adaptations between 01/10/2022 and 31/12/2022 checked against the proposed criteria to identify potential cost implications. Most adaptations declined would not be impacted by the updated policy as they relate to either inappropriate referrals or environmental / maintenance factors preventing adaptations. Those identified below would result in minimal cost implications but significant benefit to the individuals.

Refused Adaptations feedback extract – items with no impact not included (between 01/10/22 - 31/12/22).

	TYPE	
1	Ramps	15 refused due to; *Not technically possible *Person able to negotiate the access or not a wheelchair user *Property otherwise not meeting needs *On rehousing list **Only 3 would make the new criteria.**
2	Stairlifts	13 refused • Person too able • Contraindications with cognition, condition, prognosis (Safety concerns) • Property not meeting criteria due to external steps • One was not suitable due to being communal stairs. This person was also not a good candidate **Under proposed new criteria all stairlifts would be provided as loaned equipment items i.e. to be returned when no longer needed, not fixed adaptations.**
3	Level Access Showers	28 refused level access showers, Property not meeting criteria e.g. not level or rampable, not suitable for long term needs • Not technically possible e.g. one bathroom did not meet the needs. • On rehousing list • Person/ability i.e. able to use equipment, poor prognosis • Refused to engage in assessment **Only 1 would have been completed under the proposed new criteria.**

5.0 POLICY IMPLICATIONS

This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

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.

Risk 1 Description	Further complaints regarding equity of access. The policy submitted only increases access to level access showers for those living in ground floor properties or 2 story properties with an internal private stairway where a stairlift can be installed. It does not include upper floor flats where stairlifts cannot be installed in public access stairs. Any recommended changes to this element / pooling of budgets considering the lack of available suitable housing stock / unmet social care need would lead to significant cost implications and will be considered at the next review of the policy.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	As this policy update is now 3 years overdue it is important the currently recommended / consulted on changes are implemented to benefit the citizens of Dundee. The next review will commence later this year and early discussions took place in September to begin planning for this process. People who have an assessed need for a level access shower, but their property does not currently meet the criteria for level access showers in upper floor properties, can be assessed for an option 1 payment but this remains a complex process which is only now being tested.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (4) = Risk Scoring (4)
Approval recommendation	The IJB is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

Details of this proposal were shared with the following stakeholders.
- Members of the Frailty Strategic Planning Group
- Housing Associations and Dundee City Council Housing Department, Housing Asset Management Team and Special Needs Unit
- Community Occupational Therapists

Dundee Citizens were not directly consulted but feedback in recent years has informed this work.

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

Angela Smith, Associate Locality Manager
Claire Tester, Integrated Manager

DATE: 19/09/2023

Joint

POLICY FOR THE PROVISION of ADAPTATIONS in THE HOMES of PEOPLE WITH DISABILITIES WHO LIVE IN DUNDEE

Version Number	Issue Date	Review Date
1.10	September 2023	September 2024
Approved by: Dundee HSCP IJB		
Approval Date:		
Policy Owner: Angela Smith, Associate Locality Manager Responsible Officer: Claire Tester, Integrated Manager Community Independent Living Service & Professional Lead for Occupational Therapy.		

CONTENTS

FOREWORD

The Dundee Health and Social Care Partnership has undertaken a review and revision of the criteria used in reference regarding necessary adaptations to homes in Dundee. The criteria are used by the specialist staff who undertake individual assessment of need, after referral for such an assessment. The criteria were reviewed and developed with key departments and services and informed through wide consultation.

INTRODUCTION AND PURPOSE OF THE POLICY

The Dundee Health and Social Care Partnership, together with Private and Public Sector Housing have established this Joint Adaptations Policy for people with disabilities of all ages who live in Dundee on a permanent basis.

It was produced to ensure that in providing adaptations:

- You have a positive experience of the service provided;
- You are supported to live independently
- You and your family members or unpaid carers feel that your views are taken into consideration;
- Following assessment of need you will receive required adaptations according to criteria.
- Adaptations are safe for use by you and/or carers.
- All our practitioners are appropriately trained and competent to assess for and prescribe adaptations.

Contact details of services are located in Appendix 2.

WHAT ARE ELIGIBILITY CRITERIA?

Eligibility criteria are statements identifying conditions and circumstances which, when met, allow access to Dundee Health and Social Care Partnership and Housing Services to consider an adaptation.

Whether or not adaptations are provided will depend on your assessed need including the risk of providing (or not providing) the adaptation to you.

Eligibility criteria assist Dundee Health and Social Care Partnership, Dundee City Council and Housing Associations to demonstrate equity, consistency and transparency in how decisions are made about how we use scarce resources and public funds.

PRINCIPLES

In line with Scottish Government Guidance on the Provision of Equipment and Adaptations we use the following principles to apply our eligibility criteria:

- Access to assessment and provision of adaptations will always be fair and consistent;
- You will always be encouraged and supported to live as independently as possible by maximising your own abilities and achieving your outcomes;
- Your views are important to us and we will listen to you as part of the assessment;
- You will be treated with dignity and respect
- You will be provided with advice and information to enable you to make informed decisions about the outcomes you wish to achieve which includes information about what adaptations may be available to you as well as any costs involved;
- You will face no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief;
- You will receive information on decisions made about adaptations.
- We will prioritise referrals based on urgency of your need and this will allow us to determine how quickly your assessment will take place.

Where the criteria for services is not met, we will provide you with advice and information, or you will be directed to alternative sources of assistance.

Practice will be centered on you and your carers at all times. Practitioners will be aware of and sensitive to how the above factors affect people's cultural and lifestyle choices. These will be incorporated into any service planning, individual assessment and/or intervention where possible.

Prescribers of equipment and adaptations are required to work within their professional codes of practice and within the law when completing an assessment and when making decisions about whether to provide equipment and/or adaptations. Appendix 1 provides a list and an overview of our legislative requirements, good practice guidance and a list of professional bodies.

OUR ELIGIBILITY CRITERIA FOR ADAPTATIONS

In order to qualify for adaptations in your accommodation you must:

- Live in Dundee;

  And

- Have a disability which limits your ability to live independently;

  And

- Live in accommodation which can provide suitable, safe and an accessible environment for you, your family, paid and unpaid carers once the adaptation is installed. By suitable and accessible we mean that your home must be adaptable for use to suit your current and predicted future needs. By safe we mean that you, your family, paid and unpaid carers will not be injured as a result of the adaptation;

  And

- Where a child lives between two households' adaptations will be recommended in the primary household unless there is shared care with a 50/50 split as determined by a court order. Similar consideration will be given to adults with incapacity where care is shared.

  And

- Have a housing tenure and/or permission from your landlord which allows us to install adaptations. Please see Appendix 4 which provides more information about tenure;

  And

- Meet the individual criteria for the type of adaptation you have requested.

Please note:

People at the end of life who are in receipt of a DS1500/or BASRA will be provided with equipment to maintain their independence or to enable care. Major adaptations will not be provided in these circumstances due to the significant work and stress involved, at a time when a calm environment is required. If a person wishes to privately pursue adaptations then information and advice will be provided. Advice may include living on one floor (ground or 1st floor), where adaptations would not be considered to be safe.

People with a palliative diagnosis but a prognosis of over 6 months, will be considered and assessed on a case by case basis according to their functional ability, needs and situation.

(i) Access to the roadside will be considered i.e. this includes the incline and ease of a ramp, as part of the adaptations' assessment, to ensure that the person can participate in their community. This may mean safe access to the roadside, a car park or bus route.
(ii) Alternative sources of heating, replacement of windows or insulation of houses are not provided as these are not specific to the needs of people with disabilities.
(iii) There is a separate Policy for the provision of equipment. This is a joint criteria document with Angus Council.
(iv) There is a separate CoSLA policy for people who live within a care setting to meet national guidance. National Protocol for the Provision of Equipment in Care Homes.

Onward referral to other services such as Care & Repair as appropriate will be considered.

INTERNAL ADAPTATIONS

BATHROOM EQUIPMENT AND ADAPTATIONS

Dundee and Angus Independent Living Centre provides information about what types of bathroom equipment and adaptations are available in Dundee and links to helpful information and advice (see http://www.ilda.scot)

Over Bath Showers

Over bath showers will be provided, following assessment, when the person cannot independently transfer in/out of the bath but can transfer to an over bath shower either independently or with showering equipment.

Issues with continence or epilepsy will also be considered as part of the assessment for an over bath shower.

Level Access Showers

An assessment of ability will be completed. A level access shower will not be provided when a person has the ability to safely use bathing or showering equipment independently.

If a level access shower is provided, then additional medical points for rehousing will not be considered in the immediate future.

Ground floor flats, bungalows, houses – Level access showers will be provided, following assessment of ability, in properties where the bathroom is on the ground floor.

The bathroom layout must allow sufficient circulation space to allow assistance from a carer.

In flats with lift access / level access & internal private stairs suitable for a stairlift– as above. Where there are structural issues, e.g. concrete floors, a low-level tray may be considered providing that the adaptation would meet the person's long-term functional needs.

Other flats e.g. upper floor in a block/1st floor or above tenement / maisonettes with public stair access– Level access showers will not be considered.

Semi-detached properties (cottage) – Where the bathroom is upstairs a level access shower will be considered, following assessment, where the property is level or rampable and it would be technically possible to install a stairlift which would meet the persons assessed needs. Consideration will be given to the person's medical condition and how it will impact their future ability.

Level access showers will not be provided in semi-detached properties if the access cannot be ramped and give clear access to the roadside.

Additional Information

(i) A level access shower will not be replaced with a bath unless there is significant medical evidence that this is essential for a severe and enduring medical condition. Each case will be assessed on its unique merits.
(ii) Spa Baths and Hydrotherapy Baths. Treatment baths e.g. spa baths, hydrotherapy baths are not provided.
(iii) Body dryers can be considered alongside other bathroom works.

Specialist Toilet / WC

Provision of a Geberit, Closomat or similar system will be provided depending on the person's assessed needs.

Downstairs Toilets

A downstairs plumbed WC will only be recommended when it would allow all on level living where a stairlift is not suitable e.g. where the person has significant cognitive impairment. The area for adaptation must have activity space for a wheeled shower chair and/or carer assistance to meet future need.

Commodes are widely available from the equipment store.

Additional WCs

Funding will not be considered for an additional WC in relation to medical needs e.g. Crohn's Disease, Diverticulitis or similar. A commode can be provided in these circumstances. The person may wish to consider purchase of a chemical toilet.

HOUSEHOLD ADAPTATIONS

Kitchen Adaptations

Kitchen adaptations will be recommended following assessment where you are the person who prepares the main meals for the household.

Rehanging Doors

Re-hanging doors, converting to sliding or bi-folding, replacing door handles and fitting kick plates will be recommended where you cannot access an existing room due to your mobility difficulties.

Internal Stair Gate (Adaptation)

Internal stair gates will be provided where a person is at risk of injury if a stairgate is not installed. Stairgates will not be provided for young children.

Heightening of electrical sockets

Heightening of sockets will be recommended where a person is at significant risk of falling to take out or insert the plug of an essential appliance;

Ceiling Tracking Hoists

Tracking hoists will be recommended following assessment to facilitate safe transfers where it would not be safe transferring the person with a mobile hoist.

Stairlifts

Stairlifts can be provided, following assessment, when someone has significant difficulties mobilising on the internal stairs. It is expected that the person will be able to maintain a safe and independent transfer on and off the stairlift. NB Assisted transfers are not considered to be safe nor independent.

The assessment will consider the person's cognition, diagnosis, prognosis and other factors which may present risk e.g. where there is a child in the household, or your condition is progressive and would impact on the safety of use.

Additional Information.

(i) The person may be requested to visit DAILCEC to trial a stairlift as part of the assessment process.
(ii) The property must be level or rampable to ensure that the person's future needs can be met.
(iii) Stairlifts will not be provided when a person has access to all facilities on the ground floor i.e. sleeping area, bathroom etc.
(iv) Independent transfer means without help of a person or mechanical lifting aid.

External Stairlifts

Dundee Health and Social Care Partnership do not recommend or provide external stair-lifts in accordance with Report No 210 -2001, titled: Best Value Review of Housing and Related Services for People with Physical Disabilities: Continuous Improvement Proposals.

Through floor lifts

Through floor lifts will only be considered in exceptional circumstances where a person's long terms needs will be fully met with installation. This will include consideration of activity space throughout the property.

Following assessment, a technical appraisal of the property will take place to ensure that installation of a through floor lift is possible. The request for provision will be discussed by Complex Case panel comprising of Occupational Therapy Team Manager, Independent Living Officer and an appropriate representative from Private or public sector housing.

Bariatric Structural Surveys/Remedial Works

Where bariatric equipment is required (e.g. bed or chair) a structural survey must first be completed to determine if the property is suitable. The report will recommend required works. These works can be simple from a layer of plywood to complex expensive work e.g. steel supports to strengthen floor joists. The owner of the property is responsible for the cost of this survey and subsequent remedial works. Where the person is an owner, or a tenant of a private landlord, the works may be eligible for grant funding. Grant funding could include the cost of the initial structural survey should the works be completed.

Extensions

Where assessed adaptations to the bathroom could have been carried out in the original property then the Home Improvement Grant will be based on the probable cost of adapting the original property.

Where the adaptation is not possible within the existing footprint of the property other grant funded options can be discussed.

Garage Conversions

Grant funding will be considered where there will be sufficient activity space for all required activities of daily living.

External Adaptations

Ramps Access (Adaptation)

Semi-permanent ramps will be recommended, following assessment,

- where due to your disability you have been assessed as unable to enter or exit your property independently or safely with assistance of a person and/or your mobility equipment.
- Have a property that can be ramped or be accessed by an external step lift, in accordance with building regulations and within the current economic cost of £8000 (this figure may be reviewed)

Additional Information

(i) Ramps will not be provided for self-purchased wheelchairs or scooters where the person has the ability to safely ascend/descend external steps. Storage will not be provided for self-purchased wheelchairs or scooters.
(ii) Ramps will only be considered within the curtilage of the property.
(iii) All necessary facilities in the property will be accessible i.e. sleeping area, kitchen, toilet and personal washing facilities.

Handrails

Handrails at access steps will be recommended following assessment where the handrails will promote a person's safety.

Steps Access

Alteration to a maximum of three steps at the entrance to a property will be recommended, following assessment, where alterations to the steps will promote your safety and independence. The alteration will include widening of the narrow top step to standard width and alterations of subsequent steps as necessary.

Paths

Widening of a path will be recommended following assessment where you;

- Require the path leading to your main house door from your garden entrance to be widened to facilitate use of walking aids or wheelchair if your existing path is too narrow to afford safe and easy access;
- Have a path that is in good repair.

Additional Information

If your path is in poor repair, it is the responsibility of your landlord or propertyowner to make it good.

Fences

Installation of a fence will be recommended, following assessment, where there is significant information to support that a child requires the garden area to be blocked off to create a safe play area and:

- Is aged over 3 years but under 10 years and has been diagnosed and assessed by a consultant pediatrician with a condition that means the child will place themselves at risk should they not have fencing to create a safe play area;

  And/ Or

- The child aged under 5 years of age and has a parent who has a sensory impairment or who is physically disabled to the extent of being unable to reach the child quickly;

Door Entry Systems

Door entry systems will be recommended following assessment where your mobility is significantly impaired and access to the door is either impossible or puts you at severe risk of falling;

Additional Information

It must be noted that a door entry system may affect domestic insurance and are not compatible with most PVC door systems. Therefore, they cannot be provided in all situations. When a door entry system is in place, further provision of a key safe will not be considered unless there is a change in the persons functional abilities.

Automatic Door Openers

An automatic door opening system on the main entrance to the property willbe recommended following assessment where you:

- Have been prescribed a self-propelling or electric wheelchair for indoor and outdoor use on a full-time basis by NHS Tayside;

  Or

- Your mobility is significantly impaired and you would otherwise be confined to the house;

Additional Information

It must be noted that an automatic door opening system may affect domestic house insurance. Therefore, they cannot be provided in all situations.

Tenants of Dundee City Council Self Assessment

The Housing Department will provide the following items to its tenants on a self-determined basis:

External metal handrails, additional rails on close stairwells, lever taps, changes to thresholds (wooden, metal or rubber), door furniture, cistern handles, loosening or tightening of door closers, removal of floor to ceiling poles provision of corner protectors adaptations to isolation switches, shower hose, or shower head.

APPENDIX 1 – LEGISLATION, POLICY and CODES OF PRACTICE

Our outcomes, Eligibility Criteria and provision and maintenance of equipment are based on a number of legislative duties and powers which Local Authorities and NHS Boards must adhere to.

Provision of Equipment and adaptations: Public Bodies (Joint Working) (Scotland) Act 2014; Chronically Sick and Disabled Person's Act 1970, as amended by Chronically Sick and Disabled Person's Act (Scotland) 1972; Social Care (Self Directed Support) (Scotland) Act 2013; Housing Scotland Act 2001, section 92 (In so far as it relates to an aid or adaptation), Housing (Scotland) Act 2006 section 71(1)(b) (In so far as it relates to an aid or adaptation), Social Work (Scotland) Act 1968 section 12.

Employee Safety: Health & Safety at Work Act 1974; Manual HandlingOperations Regulations 1992 (as amended).

Equipment Safety: The Provision and Use of Equipment Regulations, 1998 (PUWER); Electricity at Work Regulations 1989 (Portable Appliance Testing (PAT)) and statutory examinations of lifting equipment under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER); Managing Medical Devices: Guidance for Healthcare and Social Services Organisations,2014.

Housing (Scotland) Act 2006: Scheme of Assistance (replacing Improvements and Repairs Grants) from the 1st April 2010, the Improvement and Repairs grants scheme has been replaced with a 'Scheme of Assistance' under the Housing (Scotland) Act 2006.

Scottish Government Guidance's: Aids, Adaptations and Equipment (2015); Guidance on the Provision of Equipment and Adaptations; Good Practice Guide and Self Evaluation Tool for the Provision of Community Equipment; Good Practice Guide and Self Evaluation for the Provision of Major Adaptations; Guidance and Good Practice Guide for the Provision of Children's Equipment; Protocol for the Provision of Equipment to Care Homes.

Codes of Practice: Occupational Therapists (Health Care Professionals Council); Nurses (Nursing and Midwifery Council); Social Services (Scottish Social Services Council); Physiotherapy (Chartered Society of Physiotherapists).

APPENDIX 2 – USEFUL CONTACTS

Access to Equipment and Adaptations Advice	
Social Work Occupational Therapy	Charles Bowman Avenue, Dundee 01382 307645/ 307646
Dundee Equipment Store	Charles Bowman Avenue, Dundee 01382 307631
Community Care and Response Service (Community Alarm)	01382 432260
Tayside Orthopaedic Rehabilitation Technology Centre	Ninewells Hospital. 01382 660111

Housing Advice and Support	
Special Needs Unit Housing	Dundee House 01382 434135
Dundee City Council East District Housing Office	169 Pitkerro Road, Dundee DD4 8ES 01382 307401
Dundee City Council West District Housing Office	3 Sinclair Street, Lochee Dundee DD4 8ES Tel: 01382 307301

Independent Advocacy Advice and Support	
Dundee Independent Advocacy Support (DIAS)	West Hendersons Wynd Dundee DD1 5BY Tel: 01382 205515 http://www.diasdundee.org/
Scottish Independent Advocacy Alliance promotes supports and defends the principles and practice of Independent Advocacy across Scotland.	http://www.siaa.org.uk 0131 260 5380

Support for Carers	
Dundee Carers Centre	Seagate House, 132-134 Seagate, Dundee DD1 2HB 01382 200422 centre@dundeecarerscentre.org.uk
Carers UK Provides information, advice and support to carers	0808 808 7777 (Advice Line) http://www.carersuk.org

Support in a Crisis	
NHS 24	08454 242424 www.nhs24.com
Social Work Out of Hours	01382 307964
Police Scotland	In an emergency you should always dial 999 if: • There is a risk of personal injury or loss of life; • A crime is in progress; • Someone suspected of a crime is nearby Deaf, deafened, hard of hearing or speech impaired callers using a Textphone (minicom) should dial 18000 in an emergency. For all non-emergencies and general enquiries call 101 if you need to contact your local police. You can call 101 to report a crime that has already happened, seek crime prevention advice or make Police Scotland aware of any policing issues in your local area.

APPENDIX 3 – NATIONAL HEALTH AND WELLBEING OUTCOMES

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 - People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5 - Health and social care services contribute to reducing health inequalities.

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7 - People using health and social care services are safe from harm.

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve theinformation, support, care and treatment they provide.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

An associated Core Suite of Integration Indicators has been developed in partnership with NHS Scotland, COSLA and the third and independent sectors, drawing together measures that are appropriate for the whole system under integration.

APPENDIX 4 – COSTS OF ADAPTATIONS AND EQUIPMENT

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	**Owner Occupier**	**Housing Association**	**Private Rent**
Over-bath Showers	*No Cost to you.* Funded by Dundee CityHousing Department	80% Mandatory Grant and 20% financially Assessed	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed Your landlord would be required to give written permission
Level Access Showers	*No Cost to you.* Funded by Dundee CityHousing Department	80% Mandatory Grant and 20% financially Assessed	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed Your landlord would be required to give written permission
Downstairs Toilets	*No Cost to you.* Funded by Dundee CityHousing Department	80% Mandatory Grant and 20% financially Assessed	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed Your landlord would be required to give written permission
Ceiling Track Hoists	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only the tracking hoist is required then this will be funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only the tracking hoist is required then this will be funded by Dundee City Social Work Occupational Therapy Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	**Owner Occupier**	**Housing Association**	**Private Rent**
Internal Stairlifts	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	80% Mandatory Grant and 20% financially Assessed	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially Assessed Your landlord would be required to give written permission
Ramps Access	*No Cost to you.* Funded by Dundee CityHousing Department	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only a ramp is required this will be funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only a ramp is required this will be funded by Dundee City Social Work Occupational Therapy Your landlord would be required to give written permission
Handrails	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy using this criteria Your landlord would be required to give written permission
Steps Access	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you*. Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	**Owner Occupier**	**Housing Association**	**Private Rent**
Paths Access	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you*. Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission
Fences	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you*. Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission
Hard Standings/ Dropped Kerbs	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you*. Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	**Owner Occupier**	**Housing Association**	**Private Rent**
Door Entry Systems	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you*. Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission
Automatic Door Openers	*No Cost to you.* Funded by Dundee CityHousing Department	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	This can be funded by your landlord or private purchase Where required, Occupational Therapists will support private tenants to access funding for this adaptation Your landlord would be required to give written permission
Keysafes	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy using the criteria If your requirement for a keysafe is not covered by the criteria then the provision of a keysafe would be private purchase	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy using this criteria	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criterion If you live in a Bield Property this would be a private purchase.	*No Cost to you.* Funded by Dundee City Social Work Occupational Therapy using this criteria If your requirement for a keysafe is not covered by the criteria then the provision of a keysafe would be private purchase Your landlord would be required to give written permission

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	**Owner Occupier**	**Housing Association**	**Private Rent**
Specialist Toilet (Clos-o-mat)	*No Cost to you.* Funded by Dundee CityHousing Department	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only a specialist toilet is required this will be funded by Dundee City Social Work Occupational Therapy	*No Cost to you.* Funding through Housing Association Agreement and based on recommendation from Social Work Occupational Therapy using this criteria	80% Mandatory Grant and 20% financially assessed if other works are being completed your house If only a specialist toilet is required this will be funded by Dundee City Social Work Occupational Therapy Your landlord would be required to give written permission

Adaptations Guidance

Further information about funding of adaptations can be found at:

http://www.gov.scot/Topics/Built-Environment/Housing/access/adaptations

Initial consultation February 2022

Adaptations Review

Key proposed changes to criteria

Who is reviewing? Governance Group

- Head of Health & Care – Jenny Hill (chair)
- Assoc Locality manager – Angie Smith
- Grants – Colin McCrae
- Housing – *until recently* Louise Butchart
- Housing – Iain Paton/Brian Shaw/Roger Seaman
- Housing Strategy – Derek Farrell
- Procurement – Donna Johnston (was Karen Lawson)
- Independent Living Officer – Tracy Oram
- OT Manager – Leigh-Ann Knowles
- Integrated Manager Community Independent Living service – Claire Tester

Why review? Who is reviewing this?

Purpose of this group is;

- To review the adaptations criteria for Dundee;
- To consider the housing shortages for suitable housing re needs, modification of properties;
- To make best use of resources.

In 2016 there was a Dundee document for joint equipment & adaptations criteria. The criteria for equipment was reviewed in 2020 for the equipment section together with Angus H&SCP. The adaptations section remained to be reviewed.

NB All requests for adaptations are first assessed on an individual basis by qualified trained & experienced staff

Process steps

- Review of all criteria *Group formed Mar 2021*
- Initial consultation to gather responses *Feb/Mar 2022*
- Further consultation on draft Adaptations criteria *May 2022*
- Seek agreement on final version &
- Approval by DH&SCP IJB *Summer 2022*

What is being considered? What counts as an adaptation?

What is within the scope of the Review –

i. *Adaptations include minor, moderate, major and complex*; Overbath showers; Level access showers; Toilet adaptations; Internal stairlifts; Ramps; Stair gates; Hand rails; Step access; Fences; Dropped kerbs; Door entry systems; Automatic door- opening; Re-hanging doors; Repositioning of electric sockets; Step lifts; Through floor lifts;

Key proposed changes

- Adaptations only, this does not include equipment
- Simplified wording for overbath shower
- Level access showers – Extending criteria to level access showers in ground floor properties. Not if client can use bathing/showering equipt.
- Significant medical evidence required for change of shower to bath

Key proposed changes

- **Internal stairlifts** – provided when significant difficulties on the internal stairs with assessment of risk. Must be independent in transfer ie not supported by carer/ equipt.

- **Through floor lift** – previously not incl. Max weight up to 39st/ heavy duty 51st.

- **Ramps** – consideration re access at road; rampable up to £6k; must be within curtilage of property; types of ramps being considered as permanent/semi-permanent.

No change

- **Steps access** – reworded to support e.g. extending steps.
- **Paths / Fences** – no change
- **Kitchen adaptation** – no change
- **Internal stairgate** – no change

Your feedback

Please share your thoughts and responses with your manager to reach the Governance Group before mid March 2022

Part 1 - Pre-Integrated Impact Assessment Screening.
NB For Dundee City Council Committees the Citrix Firm Step Process must be used.
This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	CHANGES TO DUNDEE HSCP ADAPTATIONS POLICY
Lead Officer for Report/Project/Strategy (Name and Job Title)	Angie Smith, Associate Locality Manager / Claire Tester Integrated Manager
Name and email of Officer Completing the Screening Tool	Angie Smith, angela.smith@dundeecity.gov.uk
List of colleagues contributing information for Screening and IIA	Leigh-Ann Knowles Team Manager Community OTs, Tracy Oram Housing Medical Advisor, Iain Paton Project Officer Special Needs Unit
Screening Completion Date	19/09/2023
Name and Email of Senior Officer to be Notified when Screening complete	

Is there a clear indication that an IIA is needed? Mark one box only		
x	**YES**	Proceed to IIA
	NO	*Continue with Screening Process*

Is the purpose of the Committee document the approval of any of the following Mark one box either **Yes** or **No**
NB When yes to any of the following proceed to IIA document.

	Yes		**No**	
A major Strategy/Plan, Policy or Action Plan		*Proceed directly to IIA*		*Continue with Screening Process*
An area or partnership-wide Plan		*Proceed directly to IIA*		*Continue with Screening Process*
A Plan, programme or Strategy that sets the framework for future development consents		*Proceed directly to IIA*		*Continue with Screening Process*
The setting up of a body such as a Commission or Working Group		*Proceed directly to IIA*		*Continue with Screening Process*
An update to a Plan		*Proceed directly to IIA*		*Continue with Screening Process*

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan **/** A service redesign **/** A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Only complete the checklist on the following page whenever your report does not <u>automatically</u> require an Integrated Impact Assessme*n*t otherwise delete the page prior to proceeding to IIA.

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? *Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation*.			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on People's Human Rights? *For more information on Human Rights visit: https://www.scottishhumanrights.com*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? *Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on anyone in more vulnerable types of households? *Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on anyone experiencing the following issues? *Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on anyone in the following more vulnerable groups? *Offenders and ex-offenders; looked after children and care leavers; carers.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on any of the following? *Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report on Climate Change or Resource Use? *Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on Transport? *Accessible transport provision; sustainable modes of transport.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on the Natural Environment? *Air, land or water quality; biodiversity; open and green spaces.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**
Will the recommendations in the report impact on the Built Environment? *Built heritage; housing.*			
	No Continue Screening Process		**Yes. Proceed to IIA.**

When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report.
Otherwise proceed to IIA.

* Transfer information into the Firm Step Process when report is progressing to Council Committee.

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found here.

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Angie Smith
Author Title	Associate Locality Manager
Dundee Health and Social Care Partnership	
Author Email	angela.smith@dundeecity.gov.uk
Author Telephone	07824 528276
Author Address	Claverhouse East, 1 Jack Martin Way, Dundee, DD4 9FF

IJB Chief Executive	Vicky Irons
Email	Vicky.irons@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	CHANGES TO DUNDEE HSCP ADAPTATIONS POLICY
IJB Report Number	
Document Type	Request approval to update the adaptations criteria.
New or Existing Document?	Relates to Report No DIJB26-2019
Document Description	The purpose of this report is to update the Integration Joint Board and seek approval regarding proposed changes in line with Scottish Government updated guidance on adaptations. Equipment is now within a shared Dundee & Angus policy document.
Intended Outcome	Clear criteria for staff to apply, best use of resources changing two adaptations to recyclable equipment via procurement enabling more timely responses and widening access whilst reducing overall cost.
Planned Implementation Date	Process to commence on approval of this report.
Planned End Date	On completion of the next stage review and further IJB approval.
How the proposal will be monitored and how frequently	Via the Adaptations Review Governance Group, quarterly.
Planned IIA review dates	18/09/2024
IIA Completion Date	19/09/2023
Anticipated date of IJB	25/10/2023

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Officer	People/groups	Activity/Activities	Date
Claire Tester	Housing Associations, Dundee City Council Housing Department, Housing Asset Management Team and	Power point presentation of key proposed changes presented at a Teams meeting and shared via email to gain feedback / views / concerns.	Feb -March 2022

	Special Needs Unit, Community Occupational Therapists		
Angie Smith	Members of the Frailty Strategic Planning Group	Updated criteria policy document and power point shared with group members to gain feedback / views / concerns.	Aug 2022
		Dundee Citizens were not directly consulted but feedback in recent years has informed this work.	

Equality and Fairness Impact Assessment Conclusion
(complete after considering impacts through completing questions on next pages)

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	**Y/N**	**Explanation, assessment and any potential mitigations**
Positive		The changes do not impact people due to age and apply equally across both adults and children.
No Impact	Y	
Negative		
Not Known		
Disability	**Y/N**	**Explanation, assessment and potential mitigations**
Positive	Y	It is recognised that our policy currently does not fully meet the needs of people with disabilities due to limited housing options, reliance on scarce social care as an alternative to adaptations and service led finance decisions. The minor changes to a few areas improve access to adaptations but further analysis and scoping for pooled budgets and more flexible policy decisions is required to make further recommendations at the next review.
No Impact	Y	
Negative		
Not Known		
Gender Reassignment	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		
Not Known		
Marriage & Civil Partnership	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		

Not Known		
Race & Ethnicity	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		
Not Known		
Religion & Belief	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		
Not Known		
Sex	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		
Not Known		
Sexual Orientation	**Y/N**	**Explanation, assessment and potential mitigations**
Positive		No known impacts but this will be monitored.
No Impact	Y	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		

PART 2- Assessment (continued)

Fairness & Poverty Geography – *Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.*

Mark either Yes or no (Y or N) in each box

Y or N	**Area**	**Fairness Explain Impact / Mitigations / Unknowns**
Y/N	**Strathmartine (Ardler, St. Mary's & Kirkton)**	***(****Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)*
Y	Positive	All areas are impacted equally by the policy but the aggregated impact may be more prominent in areas of deprivation or middle-income house owners. Currently the policy recommends rehousing for anyone where the property is not fully adaptable relating to stairs and potential for installing a ramp. This has significant cost implications once an alternative home is available. Recent feedback and complaints indicated that many people cannot afford to redecorate, move home or purchase a more expensive adaptable property. The changes proposed will reduce this for a small number of people. Further review is required to scope out the wider options available with the pooling of budgets to maximise the benefit to Dundee citizens.
	No Impact	
	Negative	
	Not Known	
Y/N	**Lochee (Lochee Beechwood, Charleston & Menzieshill)**	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	**Coldside (*Hilltown, Fairmuir & Coldside)***	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	**Maryfield (*Stobswell & City Centre)***	
Y	Positive	
	No Impact	

	Negative	
	Not Known	
Y/N	**North East *(Whitfield, Fintry & Mill O'Mains)***	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	**East End *(Mid Craigie, Linlathen & Douglas)***	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	**The Ferry**	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	**West End**	
Y	Positive	
	No Impact	
	Negative	
	Not Known	

Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Carers**	**Explanation, assessment and potential mitigations**
Y	Positive	Expected reduction in support required by carers if independence is improved and reduced stress related to awaiting scarce rehousing options.
	No Impact	
	Negative	
	Not Known	
Y/N	**Lone Parent Families**	**Explanation, assessment and potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Single Female with Children**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Young Children and/or Greater Number of Children**	**Explanation, assessment and potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Retirement Pensioner (s)**	**Explanation, assessment and potential mitigations**
Y	Positive	The majority of people impacted are pensioners with frailty or a physical disability or caring role. Maximising independence and reducing the need for self-funding of adaptations, costly house moves will both meet their preferred outcomes, maintain social contacts and reduce the impact on pensions.
	No Impact	
	Negative	
	Not Known	
Y/N	**Unskilled Workers and Unemployed**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Serious & Enduring Mental Health**	**Explanation, assessment and potential mitigations**
	Positive	Adaptations are generally required for physical difficulties in the environment but very occasionally may be required for people with this support need. This will be monitored for impact but expected to be positive.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Homeless**	**Explanation, assessment and potential mitigations**
	Positive	The impact on homelessness is unclear as the reduced need for people to move could have either a positive or negative impact depending on circumstances and size of home required. This will be monitored.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Drug and/or Alcohol**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Offenders and Ex-Offenders**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	

Socio-Economic Disadvantage- *consider if the following circumstances may be impacted*		
Y/N	**Employment Status**	**Explanation, assessment and any potential mitigations**
	Positive	Potential impact is likely to be minimal with these changes but there could be a positive impact if caring responsibilities are reduced supporting a return to work or remaining in work. This will be monitored
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Education & Skills**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Income**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Fuel Poverty**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Caring Responsibilities** (including Childcare)	**Explanation, assessment and any potential mitigations**
Y	Positive	Potential impact is likely to be minimal with these changes but there could be a positive impact if caring responsibilities are reduced supporting a return to work or remaining in work. This will be monitored.
	No Impact	
	Negative	
	Not Known	
Y/N	**Affordability& Accessibility of Services**	**Explanation, assessment and any potential mitigations**
Y	Positive	Some people who do not meet the current criteria choose to proceed with a self-funded adaptation rather than rely on paid / unpaid carers. The changes will minimally increase accessibility to support.
	No Impact	
	Negative	
	Not Known	

Inequalities of Outcome- *consider if the following may be impacted*		
Y/N	**Connectivity / Internet Access**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Income / Benefit Advice / Income Maximisation**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Employment Opportunities**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Health**	**Explanation, assessment and any potential mitigations**
	Positive	The impact on health is not known but likely to be positive as maximising independence generally improves quality of life, wellbeing and encourages movement otherwise not possible.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Life Expectancy**	**Explanation, assessment and any potential mitigations**
	Positive	The impact on life expectancy is not known but likely to be positive as maximising independence generally improves quality of life, wellbeing and encourages movement otherwise not possible.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Mental Health**	**Explanation, assessment and any potential mitigations**
	Positive	The impact on health is not known but likely to be positive as maximising independence generally improves quality of life, wellbeing and encourages movement otherwise not possible.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Overweight / Obesity**	**Explanation, assessment and any potential mitigations**
	Positive	The impact on weight / obesity is not known but likely to be positive as maximising independence generally improves quality of life, wellbeing and encourages movement otherwise not possible.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Child Health**	**Explanation, assessment and any potential mitigations**
	Positive	The impact on general child health is likely to be no impact but for children with disabilities likely to be positive as maximising independence generally improves quality of life, wellbeing and encourages movement otherwise not possible.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Neighbourhood Satisfaction**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Transport**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	**Mitigating Greenhouse Gases**	**Explanation, assessment and any potential mitigations**
Y	Positive	Reducing the use of social care will have an indirect impact on travel between homes.
	No Impact	
	Negative	
	Not Known	
Y/N	**Adapting to the Effects of Climate Change**	**Explanation, assessment and any potential mitigations**
Y	Positive	Maximising peoples' ability to self-care reduces reliance on others and increases their resilience to adapt if supports are unavailable due to climate related emergencies such as floods or snow.
	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Resource Use		
Y/N	**Energy Efficiency and Consumption**	**Explanation, assessment and any potential mitigations**
	Positive	Showers use less water and electricity than baths but it is not currently known the difference is resources used to produce modular ramps rather than static permanent ones.
	No Impact	
	Negative	
Y	Not Known	
Y/N	**Prevention, Reduction, Re-use, Recovery, or Recycling of Waste**	**Explanation, assessment and any potential mitigations**
Y	Positive	Transferring to procurement contracts for ramps and stairlifts allows for recovery, recycling and reuse.
	No Impact	
	Negative	
	Not Known	
Y/N	**Sustainable Procurement**	**Explanation, assessment and any potential mitigations**
	Positive	This is currently being explored.
	No Impact	
	Negative	
Y	Not Known	

Transport		
Y/N	**Accessible Transport Provision**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Sustainable Modes of Transport**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	**Air, Land and Water Quality**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Biodiversity**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Open and Green Spaces**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	**Built Heritage**	**Explanation, assessment and any potential mitigations**
	Positive	No known impacts but this will be monitored.
Y	No Impact	
	Negative	
	Not Known	
Y/N	**Housing**	**Explanation, assessment and any potential mitigations**
	Positive	The proposals are to adapt current housing stock to improve social and environmental factors. Further information is required to understand this elements impacts.
	No Impact	
	Negative	
Y	Not Known	

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

Use the SEA flowchart to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	*(No further response needed)*
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	*SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:*
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundeecity.gov.uk/cplanning/sea	*Insert the 'Summary of Environmental Effects' from your SEA screening report*
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	*Insert the 'Summary of Environmental Effects' from your SEA screening report*
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundeecity.gov.uk/cplanning/sea	*Environmental Implications: Describe the implications of the proposal on the characteristics identified:* *Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:*

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundeecity.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

Administrative Use	*Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.*

ITEM No …9…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 OCTOBER 2023**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT AUGUST 2023**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB55-2023**

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 year-end financial position for delegated health and social care services for 2023/24.

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 for the 2023/24 financial year end as at 31st August 2023 as outlined in Appendices 1, 2, and 3 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The projected financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2024 shows a net operational overspend of £6,024k.

3.2 This projected overspend now exceeds the parameters of the IJB's approved 2023/24 financial plan, whereby up to £3m of IJB reserves have been identified to support the IJB's financial position at the year end. The projected position also recognises anticipated winter demand pressures, which should result in the ability to access up to £1m of reserves identified to support winter pressures.

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 29th March 2023 (Article IV of the minute of the meeting of 29 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 2023/24 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

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 (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.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial position for services delegated from NHS Tayside to the IJB details a projected overspend of £479k for the financial year.

4.3.2 Community-based health services managed directly by Dundee Health and Social Care Partnership are projected to overspend by £180k along with the additional cost of risk sharing adjustments for Lead Partner Service (formerly referred to as Hosted Services) of £312k. Prescribing is showing a projected overspend of £69k with other Primary Care services projected to be overspent by £57k.

4.3.3 Key drivers of underspends across various services continued to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs) and other staffing groups and across various bands and skills-mix.

4.3.4 Key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff (this is particularly noted in in-patient service areas, i.e. Psychiatry of Old Age, Medicine for the Elderly and Palliative Care), plus the increased cost of prescribed drug costs in substance use services.

4.3.5 Supplementary spend during the first 5 months of 2023/24 totals £2.78m. This includes £317k on additional part-time hours and overtime, £345k on medical locums, £221k on agency nursing, £1,735k on bank nursing and £161k other. Sickness absence rates for NHS employed staff within HSCP have averaged at 6.5% during the first 5 months of 23/24.

4.3.6 In recent years, GP and Other Family Health Services Prescribing had contributed an underspend to the overall financial position. However as previously forecast, the projected position for 2023/24 is now showing an overspend of £1,476k. At this early stage, the figures are marginally better than expected in the 2023/24 Financial Plan (as reported in the Budget Setting report of 29 March 2023 where a cost pressure of £1,545k is anticipated and acknowledged in the Plan). Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, it is recognised that prices have also been impacted by short supply for certain items with price premiums required to meet wholesale cost increases, and this continues to cause some fluctuations and uncertainty. The IJB should note that due to issues with the transition to a new pharmacy payment system nationally from which the local prescribing expenditure information is drawn, there is only 2 months of actual verified prescribing spend for 2023/24 available therefore there is a high level of estimation in the projections. There is currently no clarity regarding when more recent information will become available.

4.3.7 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

4.3.8 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led 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 Lead 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 these adjustments to Dundee being an increased cost implication of £312k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic. Work in ongoing within the service to develop a financial recovery plan and future sustainable service delivery model.

4.3.9 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Discussions continue between the 3 Integration Joint Boards Chief Officers and Chief Finance Officers and NHS Tayside Chief Executive and Director of Finance with respect to the longer-term financial planning and risk sharing arrangements.

4.4 Services Delegated from Dundee City Council

4.4.1 The projected financial outturn for services delegated from Dundee City Council to the IJB shows an overspend of £2,544k for the financial year.

4.4.2 A key driver of underspending areas continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades.

4.4.3 Key drivers of overspend include ongoing lower chargeable income levels and premium cost of sessional and agency staff to fill vacant posts where necessary. During the first 5 months of 23/24, sessional staffing costs of £441k have been incurred along with agency staffing costs of £404k

4.4.4 Following ongoing discussions between COSLA and Trade Unions, which have so far failed to reach an agreed on 23/24 Pay Award for Council-employed staff (and resulted in recent industrial action), it is recognised that the provision of 4% pay award is no longer realistic. The financial projection now includes provision of an average 6% pay award. It is also currently assumed this additional 2% is unfunded and will require to be managed within existing IJB funding streams. As a result, an increased cost pressure of further £774k is now included in the projected position. Should any additional Scottish Government funding be received to partly offset this pressure this will be reflected in future financial monitoring reports.

4.4.5 An additional cost pressure is also noted within external Care at Home spend, partially due to managing the significant increased demand levels being experienced this year. Furthermore, the agreed contract change to paying providers for planned shifts under Fairer Working Conditions in Home Care arrangements agreed at the IJB meeting of 21st June, 2023 (Article XIII of the minute of meeting refers) has resulted in varying efficiencies in the utilisation of downtime and operational managers continue to work with providers to improve this. This position will be closely monitored to ensure funding is utilised as efficiently and effectively as possible. However as a result of managing this increased demand, there are benefits for patients and service users as well as the wider health and social care system and pathways through reduced hospital delayed discharges and reduced social care unmet need.

4.5 Reserves funding to manage recognised gap

4.5.1 The 2023/24 Financial Plans and Budget setting report also includes utilisation of up to £3m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position was planned as an overspend of £3m for 2023/24. The current projected operational overspend is therefore higher than originally anticipated.

4.5.2 In addition, further £1m was set aside to support winter planning and pressures. The current projected position includes some additional costs to support winter preparations as well as assumptions that spend will be proportionately higher during the second half of the year, therefore it is likely that this Reserves funding will be utilised and drawn down to partially offset the projected overspend position.

4.5.3 The remaining projected overspend (£2.024m) is currently not earmarked against any identified Reserve and this shortfall would likely be covered from General Reserves at year end should further financial management interventions not successfully reduce the projected deficit.

4.6 Financial Impact of the COVID-19 Response

4.6.1 While significant additional funding was made available in previous years to support the additional expenditure incurred by Dundee Health and Social Care Partnership as a result of the Covid19 pandemic, it has previously been recognised and reported that no additional funding will be made available for this purpose after the end of 2022/23 and any legacy expenditure must be managed within existing resources.

4.7 Reserves Position

4.7.1 The IJB's reserves position significantly improved at the year ended 31st March 2023 as a result of the IJB generating an operational surplus of £7,531k during 2022/23. This resulted in the IJB having total committed reserves of £13,179k and uncommitted reserves of £10,789k at the start of 2023/24 financial year. This provided 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	Closing Reserves @ 31/3/23
	£k
Mental Health	635
Primary Care	1,535
Community Living Fund	613
NHST - Shifting Balance of Care	1,600
Drug & Alcohol	925
Strategic Developments	2,500
Revenue Budget Support	3,000
Service Specific	1,995
Other Staffing	377
Total committed	**13,179**
General	10,789
TOTAL RESERVES	**23,968**

4.7.2 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 have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	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 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, 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: 27th September 2023

Christine Jones
Partnership Finance Manager

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24 **Aug-23**

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)	Net Budget	Projected Overspend / (Underspend)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services	52,100	1,746	19,515	440	71,615	2,186
Mental Health	7,591	375	4,729	(95)	12,319	280
Learning Disability	31,993	908	1,618	(100)	33,611	808
Physical Disabilities	7,949	(263)	0	0	7,949	(263)
Drug and Alcohol Recovery Service	1,800	(293)	4,446	550	6,245	257
Community Nurse Services/AHP/Other Adult	-138	(105)	17,610	185	17,471	80
Lead Partner Services			24,865	133	24,865	133
Other Dundee Services / Support / Mgmt	4,142	176	31,321	(115)	35,463	62
Centrally Managed Budgets			-914	(818)	(914)	(818)
Total Health and Community Care Services	**105,437**	**2,544**	**103,189**	**180**	**208,626**	**2,724**
Prescribing (FHS)			33,819	1,606	33,819	1,606
FHS Drugs Prescribing Cost Pressure Investment			1,545	(1,545)	1,545	(1,545)
Other FHS Prescribing			-856	(130)	(856)	(130)
General Medical Services			29,241	65	29,241	65
FHS - Cash Limited & Non Cash Limited			23,802	(8)	23,802	(8)
Large Hospital Set Aside			20,776	0	20,776	0
Total	**105,437**	**2,544**	**211,516**	**168**	**316,953**	**2,712**
Net Effect of Lead Partner Services*			(5,324)	312	(5,324)	312
Financial Plan Gap (integrated budget)					(3,000)	3,000
Grand Total	**105,437**	**2,544**	**206,193**	**479**	**308,630**	**6,024**

*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment

Appendix 2

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24 Aug-23

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000	Annual Budget £,000	Projected Overspend / (Underspend) £,000
1							
	Psych Of Old Age (In Pat)			5,523	150	5,523	150
	Older People Serv. - Ecs			284	-30	284	-30
	Older Peoples Serv. -Community			1,078	-100	1,078	-100
	Ijb Medicine for Elderly			6,743	240	6,743	240
	Medical (P.O.A)			775	250	775	250
	Psy Of Old Age - Community			2,826	-100	2,826	-100
	Medical (MFE)			2,287	30	2,287	30
	Care at Home	24,349	2,805			24,349	2,805
	Care Homes	29,531	-264			29,531	-264
	Day Services	1,205	75			1,205	75
	Respite	751	-163			751	-163
	Accommodation with Support	1,102	13			1,102	13
	Other	-4,838	-720			-4,838	-720
	Older Peoples Services	52,100	1,746	19,515	440	71,615	2,186
2							
	Community Mental Health Team			4,729	-95	4,729	-95
	Care at Home	832	42			832	42
	Care Homes	587	318			587	318
	Day Services	65	-12			65	-12
	Respite	-3	64			-3	64
	Accommodation with Support	5,340	209			5,340	209
	Other	770	-246			770	-246
	Mental Health	7,591	375	4,729	-95	12,319	280
3							
	Learning Disability (Dundee)			1,618	-100	1,618	-100
	Care at Home	-387	374			-387	374
	Care Homes	3,074	-116			3,074	-116
	Day Services	8,044	682			8,044	682
	Respite	1,996	-42			1,996	-42
	Accommodation with Support	22,216	-534			22,216	-534
	Other	-2,949	544			-2,949	544
	Learning Disability	31,993	908	1,618	-100	33,611	808
4							
	Care at Home	1,199	-154			1,199	-154
	Care Homes	2,119	-315			2,119	-315
	Day Services	1,416	-126			1,416	-126
	Respite	-30	34			-30	34
	Accommodation with Support	767	119			767	119
	Other	2,478	180			2,478	180
	Physical Disabilities	7,949	-263	0	0	7,949	-263
5							
	Dundee Drug Alcohol Recovery			4,446	550	4,446	550
	Care at Home	0	0			0	0
	Care Homes	277	200			277	200
	Day Services	64	-1			64	-1
	Respite	0	0			0	0
	Accommodation with Support	401	-108			401	-108
	Other	1,058	-384			1,058	-384
	Drug and Alcohol Recovery Service	1,800	-293	4,446	550	6,245	257

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Overspend / (Underspend)	Annual Budget	Projected Overspend / (Underspend)	Annual Budget	Projected Overspend / (Underspend)
		£,000	£,000	£,000	£,000	£,000	£,000
6							
	A.H.P.S Admin			518	10	518	10
	Physio + Occupational Therapy			7,467	20	7,467	20
	Nursing Services (Adult)			8,798	100	8,798	100
	Community Supplies - Adult			344	40	344	40
	Anticoagulation			483	15	483	15
	Other Adult Services	-138	-105			-138	-105
	Adult Services	-138	-105	17,610	185	17,471	80
7							
	Palliative Care - Dundee			3,637	230	3,637	230
	Palliative Care - Medical			1,536	133	1,536	133
	Palliative Care - Angus			444	18	444	18
	Palliative Care - Perth			2,070	80	2,070	80
	Brain Injury			2,042	215	2,042	215
	Dietetics (Tayside)			3,773	140	3,773	140
	Sexual & Reproductive Health			2,504	-100	2,504	-100
	Medical Advisory Service			80	-10	80	-10
	Homeopathy			31	13	31	13
	Tayside Health Arts Trust			82	0	82	0
	Psychological Therapies			6,297	-125	6,297	-125
	Psychotherapy (Tayside)			1,139	-225	1,139	-225
	Perinatal Infant Mental Health			298	0	298	0
	Learning Disability (Tay Ahp)			933	-235	933	-235
	Lead Partner Services	0	0	24,865	133	24,865	133
8							
	Working Health Services			1	40	1	40
	The Corner			644	-33	644	-33
	Dundee 2c (gms) Services			482	273	482	273
	Ijb Management			802	-80	802	-80
	Partnership Funding			25,402	0	25,402	0
	Urgent Care			1,771	-38	1,771	-38
	Community Health Team			169	-5	169	-5
	Health Inclusion			1,190	-175	1,190	-175
	Primary Care			860	-98	860	-98
	Support Services / Management Costs	4,142	176			4,142	176
	Other Dundee Services / Support / Mgmt	4,142	176	31,321	-115	35,463	62
	Centrally Managed Budget			-914	-818	-914	-818
	Total Health and Community Care Services	**105,437**	**2,544**	**103,189**	**180**	**208,626**	**2,724**
	Other Contractors						
	FHS Drugs Prescribing			33,819	1,606	33,819	1,606
	FHS Drugs Prescribing Cost Pressure Investment			1,545	-1,545	1,545	-1,545
	Other FHS Prescribing			-856	-130	-856	-130
	General Medical Services			29,241	65	29,241	65
	FHS - Cash Limited & Non Cash Limited			23,802	-8	23,802	-8
	Large Hospital Set Aside			20,776	0	20,776	0
	Grand H&SCP	**105,437**	**2,544**	**211,516**	**168**	**316,953**	**2,712**
	Lead Partner Services Recharges Out			-15,240	31	-15,240	31
	Lead Partner Services Recharges In			9,817	381	9,817	381
	Hosted Recharge Cost Pressure Investment			100	-100	100	-100
	Adjustment			**-5,324**	**312**	**-5,324**	**312**
	Financial Plan Gap (integrated budget)					-3,000	3,000
	Grand Total	**105,437**	**2,544**	**206,193**	**479**	**308,630**	**6,024**

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - August 2023			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,130	177	70
Out of Hours	8,846	1,424	561
Locality Pharmacy	1,523	64	25
Tayside Continence Service	2,561	0	0
Speech Therapy (Tayside)	1,433	1	0
Sub-total	**15,492**	**1,666**	**656**
Apprenticeship Levy & Balance of Savings Target	(513)	(47)	(18)
Total Lead Partner Services - Angus	**14,979**	**1,619**	**638**
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,452	(146)	(58)
Public Dental Service	1,742	(144)	(57)
Podiatry (Tayside)	3,695	(362)	(142)
Sub-total	**9,889**	**(652)**	**(257)**
Apprenticeship Levy & Balance of Savings Target	48	(1)	(1)
Total Lead Partner Services - Perth&Kinross	**9,937**	**(653)**	**(257)**
Total Lead Partner Services from Angus and P&K	**9,817**		**381**

	Dundee IJB - Budget Savings List 2023-24		Appendix 4
	Agreed Savings Programme		
	Savings / Initiative	**2023/24 Value £000**	**Risk of non-delivery**
	Recurring Proposals		
1)	Dundee City Council Review of Charges – Additional Income	287	Medium
2)	Remove 2022/23 Budget Contingency	300	Low
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300	Low
4)	Impact of National Insurance Increase Policy Change	550	Low
	Total Recurring Savings / Initiatives	1,437	
	Non-Recurring Proposals		
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500	Low
6)	Proposed Further Utilisation of Reserves	500	Low
7)	Management of natural staff turnover	700	Low
	Total Non Recurring Savings / Initiatives	3,700	
	Total Savings / Initiatives	**5,137**	

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

Organisation	Member	Meeting Dates January 2023 to December 2023						
		22/02	29/03	19/4	21/6	23/8	25/10	13/12
NHS Tayside (Non Executive Member (Chair)	Pat Kilpatrick	✓	✓	A	A	A		
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	A/S	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	✓			
NHS Tayside (Non Executive Member)	Donald McPherson					✓		
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓	✓	✓		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A	✓	✓		
Chief Officer	Vicky Irons	✓	✓	A	✓	✓		
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)	Sarah Dickie	✓	✓	A				
NHS Tayside (Registered Nurse)	Suzie Flower				✓	✓		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	A	✓	A	A		
Trade Union Representative	Jim McFarlane	✓	✓	A	✓	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A	✓		
Voluntary Sector	Christina Cooper	✓	A/S	A/S	✓	✓		
Service User Representative	Liz Goss			A	✓	✓		
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓	✓		
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	A	A/S	✓		
Clinical Director	Dr David Shaw	✓	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