

Dundee City Council

Dundee Joint Community Care Plan

2005 - 2008

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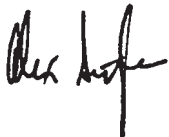
FOREWORD

This is the third Dundee Joint Community Care Plan prepared by Dundee City Council and NHS Tayside, in conjunction with our planning partners.

The plan sets out the priorities for the development of community care services, highlighting the key issues for people living in Dundee and describes the actions to be taken over the next three years.

Community care planning sets a challenge to partner agencies that requires a commitment to partnership working. In Dundee we are committed to working together to achieve better outcomes for the people who use our services.

The plan reflects the contributions of service users and carers to our planning processes and their involvement as partners is one of our key priorities.



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INTRODUCTION

Structure of the plan

The plan begins by describing Dundee's population profile, our agreed vision and values and our joint strategic planning arrangements. Local planning is influenced by national legislation, policies and priorities and some of the most significant of these are described in the policy context.

Our planning arrangements for services that are applicable to all service users and their carers, such as advocacy services and short break provision (including respite care), are described first, followed by individual care group sections. Each section identifies specific developments since the last review and describes the main priorities and objectives for the future.

We have achieved a great deal of progress since the last full plan but there is still work to be done to ensure better, more integrated service provision that leads to better outcomes for the people who use our services. This plan sets out how we will achieve this over the next three years.

Key challenges

In Dundee the overall population is declining at a faster rate than the national average, but the population is also ageing, with the biggest percentage increase predicted in people aged 85 and over. The number of younger adults is decreasing, which means there are fewer carers. We continue to have a higher than average number of older people and people with a long-term illness. These factors, along with high levels of deprivation and health inequalities, present a challenge for community care services.

Life expectancy for males and females in Dundee is lower than their counterparts in neighbouring Angus and Perth and Kinross. Some of the main health challenges include tackling substance misuse, obesity and domestic abuse, whilst improving physical activity, diet and nutrition and mental well-being.

This has significant implications for planning community care services, which must take account of the overall configuration of health and local authority services, patterns of investment and workforce planning and development.

In summary, the key challenges are to:

- deal with the implications of a declining, but ageing population, with fewer carers;
- maintain an adequate community care infrastructure through a redesign of services; and
- promote good joint working to ensure efficient and effective service provision.

Links to Other Plans

The Dundee Joint Community Care Plan is part of a wider planning framework detailing health, housing social work and child care developments. This plan is a summary of the developments and actions planned for the next three years. Further details are available in other relevant plans and strategies. These include:

- Dundee City Council The Council Plan 2003 - 2007
- The Tayside Health Plan 2004 - 2009
- Dundee Joint Health Improvement Plan 2005 - 2008
- Tayside Advocacy Plan 2004 - 2007
- Dundee's Homelessness Strategy 2003 - 2006
- Local Housing Strategy 2004 - 2009
- Supporting People Plan 2003 - 2008
- NHS Tayside Health and Homelessness Implementation Plan 2003 - 2007
- Dundee Drug and Alcohol Team Corporate Action Plan 2006 - 2007
- A Framework for Services in Dundee for People with Learning Disabilities 2005
- Partnership in Practice Agreement 2004 - 2007
- Extended Local Partnership Agreement 2004
- Balance of Care Report 2006

Valuing diversity

In Dundee we are committed to service provision that recognises and addresses needs in terms of gender, religion, ethnic origin, language, culture, disability and sexuality. In particular we will endeavour to:

- promote and value self esteem;
- respect and preserve ethnic, religious cultural and linguistic backgrounds;
- deal with all forms of discrimination;
- maximise the potential of people with all forms of disability;
- promote social inclusion through the development of, and equal access to, employment and leisure opportunities; and
- enable full participation in decision-making, providing advocacy and support where necessary.

DUNDEE'S POPULATION PROFILE

The population of the Dundee City Council area is 141,870 (GRO (Scotland) 2004 Mid-year Population Estimates). Over half (52.7%) of the population are female; this is mainly due to the lower death rates for women aged over 45. The overall number of people aged over 65 in Dundee accounts for 18.4% of the population, compared to 16.28% for Scotland as a whole.

Table 1 sets out the population of Dundee for each of the six age groups, along with a comparison of the percentages in each of the groups to Scotland as a whole.

Table 1. Dundee's Population

Age group	Males		Females		TOTAL		Scotland
	Number	%	Number	%	Number	%	%
0-4	3,592	5.3%	3,371	4.5%	6,963	4.9%	5.2%
5-15	8,813	13.1%	8,380	11.2%	17,193	12.1%	13.2%
16-24	10,352	15.4%	10,727	14.4%	21,079	14.9%	11.6%
25-44	17,537	26.1%	19,580	26.2%	37,117	26.2%	28.2%
45-64	16,476	24.5%	17,306	23.2%	33,782	23.8%	25.5%
65+	10,404	15.5%	15,332	20.5%	25,736	18.1%	16.3%
TOTAL	67,174	100.0%	74,696	100.0%	141,870	100.0%	100.0%

Source: General Register Office (Scotland) 2004 Mid-year Population Estimates

Population projections

The population of Dundee is projected to fall from 141,870 in 2004 to 120,676 by 2024. This projected fall of 14.9% would represent a decrease in population of 21,194 people and would mostly be accounted for by those aged between 30 and 49 years. This is offset by an increase in the numbers of people aged 75 years or over; within this group, the net change is an increase of over 2000 and they will comprise a much larger proportion of the total population due to a contrasting drop in the numbers of people in the younger age groups. The majority of this increase will take place between 2014 and 2024. The table on page 8 sets out the details of population change in Dundee up to 2024.

Table 2. Projected population for Dundee

Age group	Dundee								Scotland
	2004		2010		2014		2024		2024
	Number	%	Number	%	Number	%	Number	%	%
0-15	24,156	17.0%	21,497	15.9%	20,428	15.6%	18,942	14.5%	16.0%
16-29	29,802	21.0%	29,879	22.1%	28,578	21.8%	23,363	17.8%	15.8%
30-49	37,754	26.6%	33,154	24.5%	30,205	23.1%	27,287	20.8%	24.7%
50-64	24,422	17.2%	25,363	18.8%	25,528	19.5%	23,273	17.8%	21.0%
65-74	13,693	9.7%	12,881	9.5%	13,549	10.3%	13,642	10.4%	11.4%
75+	12,043	8.5%	12,329	9.1%	12,690	9.7%	14,169	10.8%	11.1%
TOTAL	141,870	100.0%	135,103	100.0%	130,978	100.0%	120,676	92.1%	100.0%

Source: General Register Office (Scotland) 2004-based population projections

Households with pensioners

Just under a third of Dundee's households have one or more pensioners resident. There are over 11,500 pensioners living on their own in Dundee, and over three quarters of these are female pensioners. Dundee also has a higher proportion of both male and female lone pensioners, than the Scottish average. The percentage of lone pensioners in Dundee is 17.3% of all households, whereas, for Scotland as a whole, the percentage is 14.9%.

Table 3. Households with pensioners

Household type	Number	%
Lone male pensioners	2,732	4.1%
Lone female pensioners	8,842	13.2%
2 or more people, all pensioners	5,766	8.6%
Other households with pensioners	4,658	7.0%
TOTAL households with pensioners	21,998	32.9%
Households with no pensioners	44,910	67.1%
TOTAL households in Dundee	66,908	100.0%

Source: 2001 Census, data supplied by the General Register Office for Scotland. Crown copyright.

Long Term Illness

Dundee has a higher than average number of people who have a long-term illness, as Table 4 below shows:

Table 4 Long Term Illness

Long Term Illness	Dundee %	Scotland %
In households	38.54	36.6

Source: 2001 Census, data supplied by the General Register Office for Scotland. Crown copyright.

Ethnic Origin

The table below shows the age profile of people in White and Other Ethnic Groups. This shows that there is a much higher percentage of people in Other Ethnic Groups in the younger age groups, and a much lower percentage of people in the older age groups.

Table 5. Ethnic origin

Age group	White		Other Ethnic Groups	
	Number	%	Number	%
0-4	6,934	4.9%	393	7.4%
5-15	17,529	12.5%	943	17.7%
16-24	19,567	13.9%	1,437	26.9%
25-44	38,037	27.1%	1,696	31.8%
45-64	32,720	23.3%	651	12.2%
65+	25,543	18.2%	213	4.0%
TOTAL	140,330	100.0%	5,333	100.0%

Source: 2001 Census, data supplied by the General Register Office for Scotland. Crown copyright.

The Council wards containing the largest ethnic minority populations are Tay Bridges, Hilltown and Law; in each of these wards over 8% of the population are in ethnic minority groups.

OUR VISION

The vision for the City of Dundee has been agreed by the agencies working towards improving the well being of Dundee City and its people. This vision is detailed within The Council Plan for Dundee (2003 - 2007).

The Council Plan (2003-2007) determines that Dundee:

- will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit;
- will offer real choice and opportunity in a city that has tackled the root causes of social and economical exclusion, creating a community which is healthy, safe, confident, educated and empowered; and
- will have a strong and sustainable city economy that will provide jobs for the people of Dundee, retain more of the universities' graduates and make the city a magnet for new talent.

The delivery of community care services must contribute to the vision set out and identify the areas where change can be achieved. Health, Social Work and Housing services should enable Dundee people to participate in the development of the city, by developing equality of access to services and ensuring that those services are delivered to individuals at the right time and in the right way.

Our vision for people with community care needs is that:

“through the partnership, we will achieve a fair and realistic balance in the provision of care, addressing the need to redesign and develop services, which will help people to stay as healthy, safe and independent as possible, and to provide sensitive and individually tailored support to enable individuals to remain in, or return

to, their own homes. For people who are unable to remain in their own homes, to provide a range of alternative provision which will be of a high standard, and which will address the needs of people on an individual basis.” (Extended Local Partnership Agreement 2004)

The Dundee Joint Community Care Plan (2005-2008) endorses this vision and the actions within the plan aim to deliver this. We will aim to:

- achieve comprehensive, joint and inclusive assessments;
- identify and challenge disadvantage and discrimination;
- continuously improve the quality, efficiency and effectiveness of the services we provide; and
- make the best use of our resources by providing flexible, responsive and safe services.

Joint working continues to be a major priority and the aims for staff working together in providing those services include that:

- there should be openness and honesty, including about funding and resources, underpinning every aspect of agreed joint arrangements;
- staff should seek to be flexible in the way they provide services to meet individual needs and bring about improvements in care for people; and
- partner agencies should have an individual and collective responsibility to ensure that joint services are provided in the most effective way in terms of quality and cost.

OUR VALUES

Our values for the planning and delivery of community care services are those agreed between the Local Authority and NHS Tayside in developing the Local Partnership Agreement:

Achieving Individual Potential

The importance of maximising opportunities for individuals to achieve their full potential will be acknowledged. The rights of individuals to live without stigma as valued and equal members of their own community regardless of their disability will be endorsed.

Choice

The autonomy and optimum independence of the individual will be maintained. This will be achieved by creating choices through the provision of flexible support to meet assessed need. Positive action should be taken to create choices, recognising that one of the greatest constraints on choice is poverty. The potential for choice will be maximised by the provision of accessible information.

Consumer Voice

People should be given the fullest opportunity to have a voice in the planning and delivery of services that are responsive to assessed needs. Planning partners will inform, consult with and involve users of services in what they are doing and how they are performing.

Empowerment

Local communities and individuals will be empowered to take greater control over services and resources so that they can influence decisions.

Equality

Everyone should be treated with fairness, respect and dignity, and inequalities will be addressed wherever possible. All individuals will be entitled to receive consideration, attention and appropriate services matched to their assessed needs whatever their race, colour, ethnic or national origin, gender, marital status, sexual identity, age, class, ethical or religious beliefs, medical condition or personal capacity.

Equity

Resources will be allocated justly and fairly in accordance with the needs of a specific geographical area, a particular care group, or on an individual basis to counter the effects of poverty and deprivation.

Partnership

Work will be undertaken with users, carers and local communities. Partnerships will be formed with any group or body that can make a positive contribution, with leadership and support being provided as required. Planning partners will work as a team to offer co-ordinated, efficient and effective services.

Public Accountability

Individuals will be given clear information about the responsibilities of public and publicly funded organisations. This will include how to pursue redress if they think their rights have been infringed or that they are not receiving a service of an adequate quality.

Respect

People will be accepted as valued individuals in society. Care and courtesy will be used when dealing with the public.

Rights

Services should be delivered in ways which enhance the dignity, self-esteem and personal growth of individuals and which maximise individual potential. People should be assisted to have their views represented and have a right to receive an independent hearing through an effective complaints procedure. Intervention by agencies should always be limited to the minimum required.

Quality

Resources should be used efficiently and effectively to provide the standard of services expected by the public and at an acceptable cost.

STRATEGIC PLANNING IN DUNDEE

Joint management arrangements

Joint planning and decision-making arrangements in community care were described in the Extended Local Partnership Agreement (2004). Since then, Community Health Partnerships (CHPs) have been established to replace and build on the Local Health Care Co-operatives. The Dundee CHP is a partnership between NHS Tayside and Dundee City Council and the remit of the CHP is described in the Scheme of Establishment.

Joint strategic planning groups

The involvement of service users and partner agencies in community care strategic planning and service development was a key principle in the production of this plan. This was achieved by ensuring that all relevant partners had the opportunity to participate and contribute to the Joint Strategic Planning Groups. The joint strategic planning groups are:

- Older People Strategic Planning Group
- Learning Disability Strategic Planning Group
- Physical Disability Strategic Planning Group (includes people with sensory impairment and people with an acquired brain injury)
- Mental Health Strategic Planning Group
- Drug and Alcohol Action Team
- HIV Strategic Planning Group (this planning group has a Tayside wide remit)
- Dundee Health and Homelessness Strategic Planning Group
- Dundee Homelessness Strategic Planning Group

The Joint Strategic Planning Groups have a multi-disciplinary membership including service users and their representatives, carers, advocates, health, social work, housing, the voluntary sector, further education and employment agencies. The groups base their planning around a distinct client care group looking at strategic priorities, current service provision and gaps and the action to be taken to meet identified needs.

Service user and carer involvement has developed in various ways through direct individual or group participation, representative or advocacy participation, the development of service user or voluntary sector representative forums, focus groups and feedback activities.

There are overlaps between strategic planning groups, particularly around the transitional stages that occur through the progression from children's services to adult services and from adult services to services for older people. Every effort is made to ensure planning groups take this into account.

POLICY CONTEXT

Community care services within Dundee are planned for, and developed in accordance with, identified local needs. The locally developed strategy is also influenced by national legislation, policies and priorities that drive both the direction and pace of change.

Certain over-arching policy themes have shaped the approach of the Scottish Executive to health and social care in recent years and these continue to influence the way health and social care services are planned and developed in future years. These themes include:

Modernisation – The Scottish Executive is seeking to drive change through the establishment of NHS modernisation boards and the introduction of Local Delivery Plans. The recent report of the 21st Century Review: ‘Changing Lives’ will strengthen social work and social care. Both local government and the NHS in Scotland have statutory duties of Best Value and are therefore required to have regard to both quality and cost effectiveness in service delivery.

Partnership – the implementation of the Joint Future report’s recommendations for joint resourcing and joint management of services has emphasised the importance of partnership approaches and integrated working. Developments are not only about organisation and management of staff and resources, but also about direct work with people through Single Shared Assessment, information sharing, and work to reduce delayed discharge. Further development of partnership working will be expected over the next few years with the establishment of Community Health Partnerships (CHPs), with an enhanced role in service planning

and delivery, and changes which reflect the terms of the Kerr Report’s tiers of service and emphasis on Managed Clinical and Care Networks.

Health Improvement - a national strategic framework has been established to drive forward work on the objectives outlined in ‘Improving Scotland’s Health: The Challenge’ for improving health and tackling health inequalities. Health inequalities are recognised as the differences in health between diverse groups of people. In particular there is a commitment to reduce health inequalities in deprived areas, linking with anti-poverty and community regeneration strategies.

Workforce Planning - there has been an increasing realisation that effective workforce planning is a critical issue for health and social care, particularly because of the demographic changes in the short, medium and long terms. National and local consideration has been given to the complex range of workforce issues including recruitment and retention, maximizing attendance, training and staff development, pay and conditions, professional authority and autonomy, supervision and support.

Balance of Care - the balance between institutional and non-institutional / community services continues to be a major issue for both social care and health. ‘Modernising Social Work – An Action Plan’ called for more flexible and better quality home care services, including a shift in the balance of care towards these services; and the Scottish Executive has properly recognised the need to maintain improved domestic care services in supporting people in their own homes. Government policy for health care has emphasised the need for health promotion

over a number of years and the Kerr report has reinforced the importance of primary health care services working across barriers between primary and secondary care and engaging with partners in social care to shift the balance of care, with targeted action in deprived areas to reach out with anticipatory care to prevent future ill-health and help reduce health inequality.

Outcomes – whilst there has been major attention to structures and organisation over the last ten years in relation to local government and the health services in Scotland, in recent years increasing attention has been paid to the need to focus on outcomes for service users. There is an importance not only to what services people receive and the level of service available but also to when and how people receive services, to the standard of those services and to the difference they make to the quality of people's lives. As part of the focus on improving outcomes, four national outcomes have been introduced:

- supporting more people at home as an alternative to residential and nursing home care;
- assisting people to lead independent lives through reducing inappropriate admissions to hospital, reducing time spent inappropriately in hospital and enabling supported and faster discharge from hospital;
- ensuring people receive an improved quality of life through faster access to services and better quality services; and
- better involvement and support of carers.

To achieve these outcomes the Scottish Executive has set national targets and local partnerships are required to set local improvement targets.

Performance Management - the need to demonstrate efficient and effective service provision, which achieves better outcomes,

requires a robust performance management framework. Joint performance is measured through the Joint Performance Information and Assessment Framework (JPIAF). The JPIAF measures various aspects of partnership working:

- JPIAF 4: resource management
- JPIAF 6: single shared assessment; waiting times for services; carers' assessments
- JPIAF 8: access to services
- JPIAF 10: whole systems working
- JPIAF 11: local improvement targets

Some of the most significant legislation and policies to impact on community care include:

The Community Care and Health (Scotland) Act 2002

This Act laid down the foundations for the legislative changes to support the Joint Future agenda (Scottish Executive 2000), in particular, joint resourcing and joint management. It enabled the introduction of free personal and nursing care.

In addition it provided for the right to access direct payments by a wider number of people and the expansion of the right to assessment for informal carers.

Joint Future Agenda

'Community Care: A Joint Future', the Report of the Joint Future Group (2000) set out a vision for the delivery of community care services built on good practice and joint working. The report identifies key areas for improvement, namely:

- the enhancement of intensive home care and augmented care schemes, the development of the range of short break provision and the introduction of practical support services to assist older people to remain in the community;

- introduction of single shared assessment and the promotion of information sharing between agencies;
- a review of the provision of equipment, adaptation services and occupational therapy services moving towards greater integration and joint working; and
- the development of joint resourcing and joint service management for community care services, commencing with older people services.

Free Personal and Nursing Care

The Report of the Royal Commission on Long Term Care (2000) and the report of the Care Development Group 'Fair Care for Older People' (2001) established the principle of free personal and nursing care for older people. This was legislated for with the introduction of the Community Care and Health (Scotland) Act 2002 and was introduced in Scotland from July 2002. Free nursing care is also available to people aged under 65.

The National Health Service Reform (Scotland) Act 2004

This Act provided for the establishment of Community Health Partnerships (CHPs) by NHS Boards, reflecting the strong policy emphasis on partnership, integration and service redesign. CHPs were a major development to emerge from the Scotland's Health White Paper 'Partnership for Care', (2003) which outlined the direction of travel for the health service in Scotland and highlighted the need for modernisation through planning, partnership, prioritisation and public health.

The Regulation of Care (Scotland) Act 2001

The Regulation of Care (Scotland) Act 2001 provided a full statutory framework for regulating care services and the social care workforce, with formal national standards of

care for the first time, the establishment of the Care Commission to regulate care services, and with employees required to register with the Scottish Social Services Council. National standards will continue to have an impact on services provided, commissioned and purchased by the Council and NHS, and the demands of registration will increase the requirement to have a trained and qualified workforce.

Prior to the Regulation of Care (Scotland) Act 2001, the responsibility for the registration and inspection of independent nursing homes and residential homes was carried out by health and social work respectively. Local authority residential care services were not registered, but were inspected by Social Work registration and inspection teams. Other social care services were neither registered nor inspected by statutory agencies.

The Regulation of Care (Scotland) Act 2001 set out a new regulatory framework for care in Scotland and sought to ensure that the safeguarding of vulnerable adults and children was a priority.

To achieve this, the Act established two independent regulatory bodies:

- The Scottish Commission for the Regulation of Care:
The Commission will register services and inspect these against the National Care Standards. The range of services eligible for registration has increased and will include respite care, residential care, nursing care, care at home, housing support services, nurse agencies and support services (day care provision). In addition services for children, offenders and independent health care services will also be regulated. The Commission has additional enforcement powers where services fail to meet required standards.

- The Scottish Social Services Council
Unlike health professionals, social work and social care staff are not currently registered. The Scottish Social Services Council will register the social service workforce and introduce codes of conduct and practice. A national register of social service staff will be developed. The Council will also regulate the education and training of social service staff.

The Adults with Incapacity (Scotland) Act 2000

This Act was introduced by the Scottish Parliament in order to modernise and improve the law to safeguard the interests of adults who are not able to take some or all decisions for themselves. The Act provides for the regulation and supervision of Powers of Attorney and creates an entirely new range of techniques, which can allow for decisions to be made by an authorised person in relation to the full range of both personal welfare and property or financial matters. The Act replaces curator bonis and tutor dative as well as Mental Health Act guardianship with an entirely new scheme of Intervention Orders and Guardianship. There are new provisions covering consent to medical treatment and research, as well as new arrangements for the management of the finances of people who live in care establishments.

The Act also creates the new Office of the Public Guardian; a statutory body with regulatory and investigative functions in relation to people operating the new provision.

Mental Health (Care and Treatment) Act 2003

This Act follows an extensive review of mental health legislation undertaken by the Millan Committee. It incorporates some of the Millan principles and has significant implications for the provision of services for people with mental disorder.

The Act places new duties on local authorities and health boards to provide care and support services, which support the broader policy direction of caring for people in the community. The national priorities for mental health services are set out in the Framework for Mental Health Services in Scotland (1997).

Homelessness etc (Scotland) Act 2003

The Homelessness etc. (Scotland) Act 2003, combined with the Housing (Scotland) Act 2001, is one of the most progressive pieces of legislation in Europe. It updates existing legislation to ensure that local authorities respond effectively to homelessness in the 21st century. The Act will abolish 'priority need' test by 31 December 2012, so that the right to permanent accommodation is extended to all people who find themselves homeless.

Supporting People

'Supporting People' is a new integrated policy and funding framework for housing support services introduced in April 2003, following the introduction of the Housing (Scotland) Act 2001. The aim is to provide good quality services, focused on the needs of users, to enable vulnerable people to live independently in the community, in all types of accommodation and tenure.

ADVOCACY

Scope of Service Proposals

Independent advocacy is needed because some people are unable to speak up or feel that others may not be listening to their views and opinions, or they may be unable to communicate their views or opinions due to disability or illness. Independent advocacy projects in Dundee support people to have their voice heard and their rights and interests protected. These projects are independent of all statutory service provision.

At present, independent advocacy is provided for adults with mental disorder, physical disabilities, learning disabilities and dementia. Advocacy is also provided for looked after children and young people and children with a learning disability.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • Advocacy – A Guide to Good Practice (1997) Scottish Office • Independent Advocacy – A Guide for Commissioners (2001) Scottish Executive • Spreading the Word - Joint review of independent advocacy services in Tayside (2001) • Our National Health – A Plan for Action, A Plan for Change - The Scottish Health Plan (2000) • Independent Advocacy Tayside Plan (2004-2007) • Modernising Community Care: An Action Plan (1998) Scottish Office • Modernising Social Work Services in Scotland (1999) Scottish Office

Legislative changes and impact on statutory provision of care

The Mental Health (Care and Treatment) (Scotland) Act 2003 imposes a duty on local authorities and Health Boards to secure the provision of independent advocacy services for people with a mental disorder.

The Adults with Incapacity (Scotland) Act 2000 specifies that advocacy should be provided to ensure that those carrying out

functions under the Act take into account the wishes and feelings of adults with incapacity.

Direct Payments Regulations 2003 impose a duty on local authorities to make Direct Payments available for individuals to purchase services for themselves. Advocacy services may be required to support individuals to access Direct Payments.

Scottish Executive policies

Independent advocacy is a crucial element in achieving social justice and social inclusion. Recent legislation and policy guidance emphasise the importance of independent advocacy, for example:

- Modernising Community Care: An Action Plan (1998)
- Modernising Social Work Services in Scotland (1999)
- With respect to old age: a report by the Royal Commission on Long Term Care (1999)

Local Demographic Information

Of Dundee's 141,870 population, approximately 25,000 people are aged 65 or over, 29,500 may experience mental health problems, 1,200 people have a learning disability and 38% of people have a long-term illness.

It is recognised that further work requires to be undertaken to determine the need for independent advocacy in Dundee. A review of advocacy services will be undertaken during 2006.

Review of Previous Planning

- Proposals regarding provision of advocacy for people with learning disabilities were implemented using funds allocated from the Change Fund.
- Service users were involved in a snapshot needs assessment exercise in respect of independent advocacy for people with mental health problems in Dundee during 2003-04.
- A needs assessment of homeless people was undertaken in Tayside, which included specific questions in relation to advocacy.

- An independent evaluation of the Dundee Independent Advocacy Support was completed in 2005.
- Monitoring and reviewing of the service level agreements with advocacy providers have been carried out regularly.

Service Provision

Current service provision

- Dundee Independent Advocacy Support provides independent advocacy to people with mental disorder, learning disabilities, frail elderly, dementia and physical disabilities; it also provides professional advocacy to people with mental disorder in the context of resettlement.
- Partners in Advocacy provides independent advocacy to adults and children with learning disabilities and those with profound and multiple handicap.
- Advocating Together provides independent self-advocacy to people with learning disabilities.
- Age Concern (Scotland's Dundee Advocacy Project) provides advocacy support to older people.

Tayside Advocacy Development Group carried out pilots involving advocacy providers to raise awareness of advocacy within NHS.

Unmet needs and gaps

The Tayside Advocacy Development Group continues to review gaps and notes that although the joint review "Spreading the Word" identified that independent advocacy was available for the under noted client groups, the provision was limited in terms of meeting the needs of all who may require it:

- adults and children with learning disabilities; adults with mental disorder;

adults with dementia; frail older people; people with acquired brain injury; people with physical disabilities;

- children and young people with physical disabilities; children and young people with Special Educational Needs; carers, including young carers; people from minority ethnic communities, homeless people, people with drug and alcohol problems who do not fit into the category of a mental disorder; Gypsy/Travellers.

Involving service users and carers

- Through the joint review process small needs assessment exercises were undertaken within a home for older people.
- Service users were involved in a snapshot needs assessment exercise in respect of independent advocacy for people with mental health problems.
- Questionnaires were sent to voluntary organisations requesting information on what they provided.
- There are consultation mechanisms within local joint planning processes.

Proposals for Future Services

Dundee priorities and objectives

The priorities for development will be discussed jointly between the NHS and local authority, including through the joint planning processes, in order to identify how and when they will be taken forward once resources become available. Requirements for mental health advocacy are being finalised by a sub-group of the Dundee Strategic Planning Group for Mental Health. The priorities are to:

- review advocacy provision in Dundee;

- increase independent advocacy support for people with mental disorders;

- increase independent advocacy support for adults and children with learning disabilities;

- increase independent advocacy support for older people, particularly those in nursing and residential homes;

- increase independent advocacy support for people with physical disabilities;

- consider the need for independent advocacy provision for homeless people;

- develop and implement an awareness-raising programme for statutory staff;

- consider the need for independent advocacy support for children and young people;

- develop a more systematic approach to regular consultation with users;

- consider how existing independent advocacy agencies or others might provide culturally sensitive advocacy services to people from ethnic minority communities;

- develop independent advocacy within an acute hospital setting; and

- consider the development of independent advocacy for carers.

PEOPLE WHO CARE FOR OTHERS

Scope of Service Proposals

A Carer is a person who provides "... a substantial amount of care on a regular basis" either for a person over 18 years of age, or for a child with a disability, or affected by a disability, where it appears to the local authority that the cared for person is someone for whom the authority must or may have to provide community care or children's services. Carers may or may not be living with the person for whom they are caring. Carers may be adults or children.

We aim to ensure that carers of people from all client groups are recognised and treated as key partners in the provision of care and at a strategic level in terms of service planning and design.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • <i>The future of Unpaid Care in Scotland - Care 21 Report, (2005) Office of Public Management</i> • <i>Strategy for Carers in Scotland (1999) Scottish Executive</i> • <i>Dundee Joint Health Improvement Plan (2005 - 08)</i> • <i>Fair Care for Older People (2001) Care Development Group Report</i> • <i>Caring at home and your plans for the future – A research study of how older carers of people with learning disabilities can be better supported in Dundee (2002) Professor James Hogg, University of Dundee & Mary Laird, Dundee City Council Social Work Department</i> • <i>A Plan for Dundee's Children 2005 - 2008</i>

Legislative changes and impact on statutory provision of care

The Community Care and Health (Scotland) Act 2002 and the Carers Recognition Act 1995 place statutory duties on local authorities and NHS Boards to provide carer assessments and carer information strategies which

ensure that carers' needs are addressed. The Children (Scotland) Act 1995 - Regulations and Guidance Volume 2 - places a duty to identify, recognise and assess the needs of young carers. Many young carers look after parents who receive, or may be in need of, community care services.

Scottish Executive policies

Supporting carers is a key priority for the Scottish Executive under its Strategy for Carers in Scotland, first published in November 1999, and more recently reinforced with the introduction of new provisions under the Community Care and Health (Scotland) Act 2002. These provisions fulfil a commitment by the Executive to involve carers in the development and review of local services and support them in their caring roles.

The Scottish Executive has introduced four national outcomes to improve performance

in community care services and one of these is specifically to ensure better involvement and support of carers.

Local Demographic Information

The Census in 2001 found that the total number of carers in Dundee was 13,942. The majority of these carers are providing less than 20 hours per week care (64.5%) but there is a significant number of carers (2,720 people) providing over 50 hours of care per week.

Table 6. Provision of unpaid care in Dundee by age group

Age group	Number providing 1-19 hours of care per week	Number providing 20-49 hours of care per week	Number providing 50 hours or more of care per week	TOTAL Number providing care per week
0-16	257	27	17	301
16-24	756	136	133	1,025
25-44	2,854	606	986	4,446
45-64	3,600	760	1,487	5,847
65-74	737	233	31	1,001
75-84	136	70	14	220
85+	656	394	52	1,102
TOTAL	8,996	2,226	2,720	13,942

Source: 2001 Census, data supplied by the General Register Office for Scotland. Crown copyright.

Table 7. Provision of unpaid care/Carers - Dundee and Scotland

Provision of unpaid care	Dundee	Scotland
% providing 1-19 hours of care per week	5.81%	6.04%
% providing 20-49 hours of care per week	1.20%	1.19%
% providing 50 hours or more of care per week	2.56%	2.29%
% not providing care	90.43%	90.49%

Carers	Dundee	Scotland
Total number of carers	13,942	481,579
% Carers who are female	59.15%	60.15%
% Carers who are employed	47.50%	52.31%
% Carers aged under 16	2.16%	2.34%
% Carers above pensionable age	21.67%	19.54%

Source: 2001 Census, data supplied by the General Register Office for Scotland. Crown copyright.

Table 7 shows that, in general, the figures for the provision of unpaid care and the number of carers in Dundee and in Scotland are, as a whole, similar. There is a slightly higher percentage of the population providing over 50 hours or more care in a week in Dundee than in Scotland, 2.56% compared to 2.29%.

A lower percentage of carers in Dundee are employed than in Scotland as a whole, 47.5% compared to 52.3%; and a higher percentage of Dundee's carers are above pensionable age, 21.7% compared to 19.5%.

Review of Previous Planning

Achievements since previous plan

- Inter-agency training sessions on carer assessments were held in November 2004 for social work staff and NHS staff who might, in the course of their work, be called upon to carry out carers' assessments. The training, which was attended by approximately 150 assessors, was designed to provide an overview of the legislation relevant to carers' assessments, including single shared assessments, and to give an understanding of good practice in carrying out assessments.
- An information leaflet entitled 'Your right to a carer's assessment' was distributed widely amongst staff.

- Assistance has recently been given to the HIV Carers Support group and the Drug and Alcohol Carers Support group to produce and distribute posters, leaflets and pocket sized cards to raise awareness locally of their existence.
- On Carers Rights Day, 3rd December 2004, in conjunction with the Princess Royal Trust Dundee Carers Centre, information displays were set up in the reception area of Tayside House and at the Social Work offices in Balmerino Road. Carer information leaflets and advice were available for staff and visitors alike. (This was intended to raise awareness of carers' issues generally and to assist in the identification of hidden carers amongst the Council's workforce.)
- The Health and Local Authority Management Group has agreed a Carers' Consultation Strategy and a carers' consultation plan is being drawn up.
- A local audit of carers' assessments was carried out in October 2005 to determine the reliability of the assessment tool and process, review the outcomes of assessment and identify carers' main support needs.

Service Provision

Current service provision

There are various services that support carers, including respite and short breaks and these are described in the relevant client care group sections of the plan.

Unmet needs and gaps in services

The local audit identified gaps or areas for development in several key areas:

- staff training, which involves carers;
- provision of short breaks, respite and sitter services;
- information for carers; and
- carers' involvement in the strategic planning process.

Involving service users and carers

- A survey of Carers attending the local Annual Carers Conference was carried out in 2004 to find out their views on Carer Assessments. Their comments influenced the design of a new carers' assessment form that was introduced on 1st February 2005. Their comments also influenced the format of inter-agency training and the development of a joint framework for carers' assessments.
- A local audit which involved 33 carers was carried out in October 2005 to determine the reliability of the assessment tool and process, review the outcomes of assessment and identify carers' main support needs.
- The Carers' Consultation Strategy was presented for discussion to carers at the Annual Carers' Conference in June 2005.

Proposals for Future Services

Dundee priorities & objectives

Locally we are committed to the national strategy and to the delivery of improved outcomes for carers and those they care for in Dundee. We work very closely with the Princess Royal Trust Dundee Carers Centre and other voluntary agencies in the city with an interest in carers' issues. A Social Work Committee Report prepared in November 2004 detailed the local priorities:

- The involvement of carers in the strategic planning of services
- To increase awareness of carers' issues and the impact of caring
- To improve support to 'hidden carers' who traditionally have been out-with mainstream carer activity
- To improve carer consultation
- The improved availability of information to carers

Local improvement targets 2005 - 2008

Each care group section includes targets for carers. In addition, the targets show how the planning partners intend to make further improvements in the outcomes for carers locally:

- prepare and implement a Carer Information Strategy in accordance with the Scottish Executive Guidance;
- increase the uptake of carers' assessments;
- ensure all potential assessors of adult and young carers are given adequate carer assessment training; and
- improve support to carers from minority ethnic communities and make increased use of minority ethnic publications to publicise carer information.

OLDER PEOPLE

Scope of the Service Proposals

These services are for people aged 65 and over and the proposals reflect the vision of service redesign and development to meet the needs of older people, articulated in the Local Partnership Agreement. The key outcome sought by the vision is that older people should be supported to stay in their own homes, or in homely environments.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • Fair Care for Older People (2001), Report of the Care Development Group • Dundee Balance of Care Report (2005) • Community Care: A Joint Future (2000) Scottish Executive • Needs Assessment Report Dementia and Older People (2003) NHS Scotland • Dementia Planning Signposts for Dementia Care Services (2000) • Partnership for Care (2003) Scottish Executive

Legislative changes and impact on statutory provision of care

The Community Care and Health (Scotland) Act 2002 enhanced the scope for joint working between health and social work by clearing legislative barriers to integrated funding and management. The Act also introduced free personal care, and gave people statutory rights to direct payments and carers' assessments. All three aspects of this legislation potentially have major implications for services for older people.

Scottish Executive policies

The main policies impacting on services for older people include:

- free personal and nursing care;
- the Joint Future agenda; and
- shifting the balance of care.

Local Demographic Information

The General Register Office (Scotland) mid-year population estimates in 2004 showed that Dundee's population of people aged 65 and over was 25,736, that is 18.14% of the total population compared to 16.28% for Scotland as a whole.

In Dundee, the overall population is declining at a faster rate than the national average, but the population is ageing, with the biggest percentage increase predicted in people aged 85 and over. The number of adults is decreasing, which means there are fewer carers. Although the number of older people generally is falling, the increase in people aged over 85 means there will be an increase in the number of older people with disabilities and dementia along with increased morbidity.

This has significant implications that need to be taken into account – the overall configuration of health and local authority services, patterns of investment, the diminishing availability of family carers and workforce planning and development.

More difficult to quantify at this stage is the potential impact of health improvement programmes, particularly those promoting exercise, good nutrition and smoking cessation, on the health and well being of people in the City.

Review of Previous Planning

In 2003, the partners in Dundee commissioned a review into the balance of care, which evaluated the existing spectrum of health, housing and social care services for older people against current and projected needs over a fifteen-year timescale. The report identified a range of factors, including service gaps, the scale of shift required within and across services, the requirement for investment in new services, and the financial framework needed to underpin planned change. The report also identified potential risks associated with implementation of the proposed strategy, the most significant of which for both partners is the requirement to divert resources released to meet savings targets.

The Balance of Care was reviewed and a revised report was provided in January 2006. The recommendations will form the basis of the commissioning framework for the Strategic Planning Group for Older People, reporting to the Health and Local Authority Management Group.

Achievements since previous plan

We have:

- established the First Contact Team and reduced the time for completion of assessment to 2.3 days per assessment;

- developed and implemented a new Single Shared Assessment tool for older people;
- developed and implemented a carers' assessment tool in conjunction with carers;
- developed a clear policy for food handling in service users' homes;
- redesigned day hospital provision within the Psychiatry of Old Age service and improved the level of attendance by 14.4%;
- redesigned and expanded local authority day care provision, opened Oakland Day Care Centre and introduced direct referrals routes from day hospital to day care;
- increased the funding of the Open Project to provide a range of health and well-being improvement activities for older people living in the community;
- increased the number of housing with care accommodation placements to 20;
- developed a multi-disciplinary group to determine and agree priorities for accessing vacancies in residential and nursing homes;
- refurbished two local authority homes to increase the quality of care and meet Care Commission standards;
- reduced the number of geriatric long stay beds from 175 in 1999, to 94 in 2005;
- met the locally agreed targets for delayed discharges, reducing the number of bed days by 50%;

- extended the Early Supported Discharge scheme to encompass people discharged from the Care of the Elderly service, thereby freeing up capacity for individuals waiting for slower stream rehabilitation in acute beds;
 - established the Joint Community Mental Health Teams for Older People;
 - established a Liaison Nurse post for older people based in Ninewells Hospital to facilitate smooth transitions to community support services;
 - established the Community Health Partnership;
 - established the joint appointment to a chaplaincy post to provide a service across both Roxburgh House and the Cancer Centre;
 - introduced customer satisfaction sampling within Home Care and Meals services; and
 - established the Tayside Unscheduled Care Project to analyse the causes and impact of emergency and multiple admissions, to set targets for reduction in numbers and to identify mechanisms to support reduction where there is a more appropriate response to individual need.
- Sheltered Housing / Very Sheltered Housing / Housing with Care
 - Occupational Therapy
- Unmet needs and gaps in service**
There is a specific issue for the population of Dundee in the absence of community hospitals and/or Minor Injuries Units, with Accident and Emergency at Ninewells being seen by many as the first port of call when GP practices are closed.
- Involving service users and carers**
The public, and more specifically people who use services and their carers, will be consulted and involved in decision making through a number of mechanisms:
- public partnership forums;
 - community and neighbourhood networks;
 - representation on Strategic Planning Groups;
 - other forums for service users and carers; and
 - research, surveys and questionnaires.
- Any proposals for the development or redesign of services will be required to include evidence of the contribution of service users and carers before they can be accepted or agreed.

Service Provision

Current service provision

- Assessment and Care Management
- Social Care
- Practical Support
- Day Care
- Day Hospital
- Residential and Nursing Home Care
- Short Breaks and Respite
- District Nursing
- Community Alarm
- Accommodation with Support

Proposals for Future Services

Dundee priorities & objectives

Policy change, and the shift towards the delivery of health and social care in individuals' homes and within local communities, necessitate a fundamental redesign of the way services are configured and provided, with the need for specific emphasis on integration at all stages from planning through to delivery at the individual level.

Public expectations are also changing. People want to remain in their own homes with appropriate levels of support, they want to influence and to have choices about the way services are provided, and they want to be seen as partners in the delivery of their treatment and care.

The key objectives involve an intention to:

- achieve a fair and realistic balance in the provision of care, addressing the need to redesign and develop services which will help people to stay as healthy, safe and independent as possible, and to provide sensitive and individually tailored support to enable people to remain in, or to return to, their own homes;
- provide a range of alternative provision which will be of a high standard, and which will address the needs of people on an individual basis;
- identify and develop opportunities for joint working where to do so would bring about improvements in the delivery of services and enhance their experience of the care they receive; and
- at a broader level the partners will be working to forge closer links with the wider community planning and health improvement agendas to provide a firm basis for the development of the Community Health Partnership.

Service provision and expenditure is shown in Table 8. Our planned actions for the coming year are to:

- complete the review of the Balance of Care to measure performance against the planned scale of shift in the balance of care;
- further develop prevention of admission services under the umbrella of the management of long-term conditions;
- commission additional 600 social care hours per week;
- complete development of 22 housing with care places at Rockwell Works;
- close one geriatric long stay ward;
- support more people at home as an alternative to residential and nursing home care;
- commission a joint equipment service;
- complete performance review of the home care service, addressing outcomes for service users and capacity planning, both in-house and in partnership with private and voluntary sector home care providers;
- develop a Handyman Service;
- develop opportunities for joint training for health and social care professionals and staff under the umbrella of the Unscheduled Care Project;
- pilot a locally tailored approach to the management of long-term illness within one or more GP practices;
- complete the Best Value review of Sheltered Warden Service;

- complete the Best Value review of the community occupational therapy service;
- complete the option appraisal for replacement of a local authority residential home; and
- invest in joint organisational development of middle and senior managers specifically in relation to performance management and leadership.
- increase the hours available for deployment for rapid response by 60% by 2007/08;
- maintain existing levels in throughput and number of attendances at Psychiatry of Old Age Day Hospital provision in 2005/06;
- maintain zero patients delayed in hospital beyond 6 months;
- reduce average bed days lost by 20% in 2006;

Local improvement targets 2005 - 08

The local improvement targets agreed are to:

- shift the balance of expenditure in home and community based services to 51%, and long-term residential/nursing home care to 49% by April 2006;
- reduce the number of care home places by 25% by 2008;
- increase the number of housing with care places by 25% by April 2006;
- reduce long stay beds for frail older people to 50 beds by 2008;
- reduce long stay Psychiatry of Old Age beds to 40 by 2008;
- increase by 5% annually the number of single shared assessments; and
- increase by 200% annually the number of carers assessments.

Table 8 Older People's Services

Service Type	Volume of Service 2004 - 05	Volume of Service 2005- 06	Current Provider(s)	Budgeted gross expenditure 2000- 06 (£000)
Home Care and Social Care (over 65's)	6,418 hours per week	10,210 hours per week	Local Authority Voluntary Sector	10,503
Laundry service	447 hours per week	450 hours per week	Local Authority	
Shopping service	272 hours per week	280 hours per week	Local Authority	
Meals service	5,972 hours per week	6,000 meals per week	Local Authority Tayside Cuisine	1,366
Lunch Clubs	883 meals per week	885 meals per week	Various	
Community Alarm	2,326 installations	2,350 installations	Local Authority	765
Respite Care - Nights	5,326 nights per year	5,350 nights per year	Local Authority Independent sector care homes	189
Respite Short Breaks	11,406	17,940	Local Authority Independent sector	
Funded Care Home places (including Free Personal care)	967	930	Local Authority Independent sector	17,316
Psychiatry of old age Continuing care beds Assessment beds	36 54	36 53	NHS Tayside	1,099 2,312
Department of Medicine for the Elderly Continuing care beds Assessment beds	94 68	93 68	NHS Tayside	3,095 2,017
Housing with Care	20	20	Local Authority	279
Sheltered Housing/Very Sheltered Housing	2,490	2,403 tenancies	Local Authority Independent sector	2,434
Day Care				977
Care & Assessment				1,588

PEOPLE WITH A LEARNING DISABILITY

Scope of the Service Proposals

This section refers to people who have a learning disability. People with learning disabilities have

“a significant, lifelong condition that started before adulthood, that affected their development and which means they need help to:

- understand information;
- learn skills, and;
- cope independently” (from *The Same as You? 2000*).

The Dundee Partnership in Practice (PiP) Agreement will continue to lead the changes necessary to ensure that people with learning disabilities in Dundee have improved services, support and quality of life.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • The Same as You? - a review of services for people with learning disabilities (2000) • Home at Last- Report of the Short Life Working Group on Hospital Closure (2004) • Progress with the Learning Disability Hospital Closure in Scotland (2005) • Working for a Change-Report of the Short Life Working Group on Employment (2005) • Finding Practical Solutions to Complex Needs (2005) • Report of the Inspection of Scottish Borders Council Social Work Services for People affected by Learning Disabilities (2004) • Investigations into Scottish Borders Council and NHS Borders Services for People with Learning Disabilities: Joint Statement from the Mental Welfare Commission and the Social Work Services Inspectorate (2004) • NHS Tayside Strategic Framework (2005) • Dundee Partnership in Practice Agreement (2004 - 2007) • A Framework for Services in Dundee for People with Learning Disabilities (2005) • Go For It- Supporting People with Learning Disabilities and/or Autistic Spectrum Disorder (2005)

Legislative changes and impact on statutory provision of care

The Adults with Incapacity (Scotland) Act 2000 requires that any interventions must be of benefit to the person and that the person's wishes are taken into account through consultation with relevant parties.

The Mental Health (Care and Treatment) Act 2003 places a duty on Dundee City Council and NHS Tayside to ensure the provision of independent advocacy services for people with 'mental disorder' which includes people with a learning disability.

Scottish Executive policies

'The Same as You?' Report provided a strategic agenda for change in Scotland to move services away from specialist, segregated provision for people regarded as impaired, towards supporting ordinary living, social inclusion and citizenship for a marginalized sector of society. The report has continued to provide the main impetus for change across Scotland for people with learning disabilities.

There has been a range of subsequent reports (mentioned on previous page) issued which have brought forward research and recommendations affecting the lives of people with learning disabilities, in the areas of hospital closures, employment opportunities, education, the needs of people with Autistic Spectrum Disorders, health needs, mental health and quality indicators.

Two reports regarding abuse of vulnerable individuals have required a specific local response:

- the Social Work Services Inspectorate (2004) Report of the Inspection of Scottish Borders Council Social Work Services for People Affected by Learning Disabilities. Edinburgh: Scottish Executive; and
- the Mental Welfare Commission and Social Work Services Inspectorate (2004)

Investigations into Scottish Borders Council and NHS Borders Services for People with Learning Disabilities: Joint Statement from the Mental Welfare Commission and the Social Work Services Inspectorate. Edinburgh: Scottish Executive.

The following Tayside and Dundee reports detail the local response to these national agendas:

- Partnership in Practice Agreement 2004-2007;
- NHS Tayside Strategic Framework, 2005; and
- Framework for Services in Dundee for People with Learning Disabilities 2005.

NHS Tayside has developed Abuse Procedural Guidelines for identifying and responding to allegations of abuse in both hospital and NHS community settings.

A Tayside working group, comprising the three local authorities, NHS Tayside and Tayside Police has prepared a Vulnerable Adults Protocol 'Protecting Vulnerable Adults in Tayside'. The Social Work Department in Dundee is currently developing operating procedures to support the Protocol. Joint training events will be undertaken from early 2006.

Internal and external multi-agency audits of practice have been completed in Dundee. These audits will inform the development of improved future practice.

Local Demographic Information

Table 9 Estimated number of people with Learning Disabilities in Dundee

Scottish Executive Lowest Estimate of Prevalence of Learning Disability			
Mild (5 per 1,000)	Moderate (3 per 1,000)	PMLD (1 per 2,000)	Total
721	432	73	1,226

**Applying Scottish Executive estimates of people with learning disability in Scotland (SAY report) and Census population figures 2002*

In November 2003, Dundee Social Work Department identified 1272 adults with learning disabilities. It is believed that this figure does not accurately incorporate the true number of local people with mild learning disabilities.

The number of people with learning disabilities in Dundee is increasing as a result of the following factors:

- advances in medical science mean those born with complex health problems are living longer. Dundee has a range of specialised health services for neonates, children and adults, which have contributed to increased survival, for those born with complex disabilities; and
- more individuals survive into retirement and this has resulted in increased numbers of people with learning disabilities experiencing dementia and problems associated with old age. The Social Work Department recently commissioned research, which evidenced significant numbers of young and middle aged adults with learning disabilities continuing to live with elderly and frail parents, as their primary carers.

Review of Previous Planning

Achievements from previous plan

Changes already achieved in service provision have evidenced considerable benefit to individuals who use re-designed services across the spectrum of individual need. These include:

- a more individualised approach to supporting people with learning disabilities as a result of the implementation of person centred planning. All people using day services are being assisted to develop their own plan;
- structural changes in the way services are developed, reflecting the demand for person centred provision such as Out & About service, Local Area Co-ordinators;
- services, which aim to enable people with learning disabilities to be included in their local communities and achieve better life outcomes, such as re-structured day opportunities, tenancies with support, resettlement from hospital;
- a commitment to joint reviews and re-designs of existing resources. A Tayside strategy has been developed to re-design health resources for people with complex and challenging needs;

- specific provision developed for people on the autistic spectrum such as the implementation of the Policy Statement on Provision for Young People with an Autistic Spectrum Disorder (Dundee City Council Education Department), enhanced support in schools, the provision of Care at Home and Enabling Services and the development of an adult day opportunities service. Accommodation with support was opened in 2005;
- local press and media have been used to highlight the success of the 'Same as You?' approach in challenging stereotypes, discrimination and social exclusion. This was reinforced by a storyboard exhibition 'A Week in the Life of Out & About' and a video recording the first year of the project has been produced. The 'Your Say', Dundee's newsletter for people with learning disabilities, has been produced by people who use services;
- Advocating Together has supported service users to represent the views of their peers in planning meetings. These individuals are trained, supported and paid for their involvement. Service user views are sought via focus discussions, conferences and via the newsletter 'Your Say';
- PAMIS is working with carers of those with profound and multiple learning disabilities to improve existing day care and respite provision and to plan for future accommodation;
- a pilot to develop the use of existing very sheltered housing for older people with learning disabilities has been carried out;
- a Community Learning Disability Forensic Nursing Team is in place, which is affiliated with the in-patient and day hospital facility at Craigowl;
- Dundee City Council Social Work Department has developed a quality monitoring system for use with housing support and care at home services; and
- a multi agency transition review group has been established to consider existing learning disability services, organisational boundaries and to promote joint working, best practice and better outcomes for young people and adults.

Service Provision

Current service provision

Our services for people with a learning disability include the following:

- Assessment and Care Management;
- Social Care;
- Local Area Co-ordinators;
- Day Hospital Services;
- Community Learning Disability Nurses;
- Day Opportunities;
- Accommodation with Support;
- Supported Employment;
- Employment Training;
- Further Education;
- Enabler Services;
- Residential and Nursing Care;
- Short breaks and respite; and
- Advocacy.

Unmet needs and gaps in service

These are detailed in the Partnership in Practice Agreement 2004-2007 and the Framework of Services in Dundee for People with Learning Disabilities but there is a need for more accommodation with support, day opportunities and supported employment.

Involving service users and carers

- Involvement in the Learning Disability Strategic Planning Group (LDSPG). This is made up of service users, family carers, and representatives of social work, health, higher education and the voluntary sector.
- A wide range of task groups, set up by the LDSPG, involving service users and carers, deal with specific areas of concern or development and report back to group.
- The specific views of service users are clearly flagged up at the start of each section of the Partnership in Practice Agreement 2004-2007, with the detailed thinking behind these points presented in Appendix 1 of the report.
- Joint Health Improvement Plans will be developed which address the means by which people with learning disabilities will be included in health improvement initiatives.
- Carers of people with learning disabilities have been surveyed to determine their views on Carers' Assessments. In the light of this survey the Carers' Assessment documentation has been revised.
- People who use services continue to be supported through self-advocacy awareness programmes. Self-advocacy groups are involved in planning and contribute to the 'Your Say' newsletter and chair a task group which will ensure

increased meaningful involvement in the review of the Partnership in Practice Agreement in 2006.

Proposals for Future Services

Dundee priorities & objectives

Resources developed in the future will be modelled on the aims contained within the 'Same as You?' report. We have identified a number of groups as priorities for service development and future investment:

- young people and children with profound and multiple learning disabilities including looked after children;
- adults with learning disabilities who live with ageing carers;
- people who use traditional day services including those with specialist needs;
- people who live in large congregate Social Work Department establishments;
- people who live in hospital;
- people who are inappropriately placed and/or have specialist needs; and
- people who are delayed in hospital (delayed discharge).

The Dundee PiP is committed to forward planning of financial resources to produce services that will deliver economies of scale in terms of staff costs, and person centred solutions. The aims for service provision are to:

- continue to change day opportunities from congregate to dispersed models;
- develop a respite house;

- continue to develop accommodation with support, for people with learning disabilities to enable them to move away from congregate living settings;
- resettle in the community the 13 remaining Dundee residents who are in Strathmartine Hospital, and reconfigure in-patient services;
- increase employment opportunities for people with learning disabilities;
- include people with learning disabilities in initiatives to promote health and well-being and produce leaflets in an accessible format;
- progress planning to re-design services as a result of the outcomes of the Tayside Challenging Behaviour Review;
- undertake a Best Value review of transport;
- develop a strategy to reconfigure existing day centre provision to conform to the Out and About model for 130 service users;
- implement day opportunities for people with challenging behaviours including those with Autistic Spectrum Disorders; and
- implement accommodation with support provision for people with complex needs including Autistic Spectrum Disorders.

Local improvement targets 2005 - 08

The local improvement targets agreed are to:

- increase the number of supported living accommodation places and support services to 128 by 2007/08;
- complete resettlement of individuals from long-stay hospital by 2008;
- pilot use of sheltered housing and Housing with Care for 10 people with learning disabilities by 2006/07;
- provide 30 additional flats with Smart warden call systems by end of 2007;
- extend dispersed day opportunities to 130 people by 2006/07;
- further develop supported employment and employment opportunities by 10% year on year;
- establish a single shared assessment system;
- increase the number of people with personal life plans by 50 per year; and
- increase the number of carers' assessments year on year.

Table 10 Investment in Learning Disability Services

Resource	Volume of Service	Funding Source	Investment 2004/05 (000s)	Investment 2005/06 (000s)	Investment 2006/07 (000s)	Investment 2007/08 (000s)
Care Management	10	SWD	313	301	325	325
Local Area Co-ordinators	2	SWD	55	55	55	55
Training for Person Centred Planning Plans in place	193	SWD	4	4	4	4
PAMIS	N/A	SWD	11	15	15	15
Consultancy	N/A	SWD	41	10	10	10
Social Care Officers Team	N/A	SWD	208	208	208	208
Support in the Community	N/A	SWD	207	207	207	207
Direct Payments	33	SWD	102	80	80	80
Day Opportunities. (Hawkhill Day Hospital)	16	NHS	416	416	416	416
Day Opportunities (Craigmill +Craigowl)	32	NHS	184	184	184	184
Day Opportunities (Stepping Forward)	6	SWD + NHS	128	128	287	287
Day Opportunities (White Top)	17	SWD + NHS	472	372	372	372
Day Opportunity Resource Centre (Douglas)	42	SWD	478	490	490	490
Day Opportunity Resource Centre (Kemback)	60	SWD	327	370	370	370
Day Opportunity Resource Centre (Ogilvie)	20	SWD	132	238	238	238
Day Opportunity Resource Centre (Jean Drummond)	25	SWD	90	91	91	91

Resource	Volume of Service	Funding Source	Investment 2004/05 (000s)	Investment 2005/06 (000s)	Investment 2006/07 (000s)	Investment 2007/08 (000s)
Enabler Service (Out & About) + Service User Groups	20	SWD	249	277	277	277
Enabler Service (Capability)	26	NHS *(RT)	182	182	182	182
Enabler Service (Community Links + others)		SWD	34	34	34	34
Short Breaks (White Top)	3	SWD	295	304	304	304
Short Breaks (Maryfield)	2	SWD	61	61	244	244
Short Breaks (Douglas House/Fleuchar St)	3	SWD	114	114	114	114
Short Breaks (Mackinnon)	12	SWD	29	29	29	29
Short Breaks (Care Homes)		SWD	37	37	37	37
Short Breaks (miscellaneous)	739 Total number across all resources	SWD	14	14	14	14
Maryfield Hostel (Residential)	22	SWD	525	525	Service Users to Accom + Support	Service Users to Accom + Support
Elmgrove House (Residential)	9	SWD + NHS	623	623	623	623
Accommodation with Support	96	SWD + NHS	2,793	2,793	4,004	4,004
Independent Sector Care Homes	111	SWD	2,558	2,558	2,558	2,558
Advocacy		SWD + NHS	93	93	93	93
Supported Employment		SWD	Included in Kemback budget	Included in Kemback budget	Included in Kemback budget	Included in Kemback budget

* RT = Resource Transfer

Resource	Volume of Service	Funding Source	Investment 2004/05 (000s)	Investment 2005/06 (000s)	Investment 2006/07 (000s)	Investment 2007/08 (000s)
Employment Training (HELM)*	60	NHS	1 (+health contribution included in services from other providers)	1 (+ health contribution included in services from other providers)	1 (+ health contribution included in services from other providers)	1 (+ health contribution included in services from other providers)
Voluntary Organisations (Link Club)		SWD	1	1	1	1
Voluntary Organisations (National Autistic Society)		SWD	1	1	1	1
Voluntary Organisations (Inclusion Group)		SWD	1	1	1	1
Children's Services (Assessment + Care Management)		SWD	460			
Children's Services (Short Breaks)		SWD	400			
Children's Services (Residential Schools)		DCC	762			
Children's Services (Play schemes)		SWD	100			
Children's Services (Domiciliary care + Enabling)		SWD	569			
Occupational Therapy adaptations	Not known	SWD	16	16	16	16
Occupational Therapy equipment	Not known	SWD	16	16	16	16
OT equipment via Health		NHS	289	289	289	289
Strathmartine (in-patients)	34	NHS	2,018	2,018	Patients to Accom + Support	Patients to Accom + Support
Carseview (in-patients)	14	NHS	569	569	569	569

Resource	Volume of Service	Funding Source	Investment 2004/05 (000s)	Investment 2005/06 (000s)	Investment 2006/07 (000s)	Investment 2007/08 (000s)
CLDN + Allied Health Professionals (+ support staff)	51	NHS	751	751	751	751
Services from other providers (health funded)		NHS	41	41	41	41
DCC Education Dept. (Kingspark School)		DCC	2,302	2,302	2,302	2,302
DCC Education Dept. (Frances Wright Centre)		DCC	553	553	553	553
Further Education (Dundee College S.E.N.)	643	Central Funding	125	125	125	125
TOTAL			19,750			

* HELM employment training ceased to be operational from June 2005

PEOPLE WITH PHYSICAL DISABILITIES

Scope of the Service Proposals

This care group includes people whose disability is congenital or has been acquired through illness or accident and includes people with sensory impairments. Large proportions of these disabilities are acquired disabilities. Invariably, disabled people will have needs that are unrelated to their specific disability, but are common with those of the other care groups, for example older people. This section should therefore be read in conjunction with the other relevant sections of this Plan.

Although this section refers to people over the age of 16, young people may well experience similar needs. The interface of provision for children with disabilities will guide the integration of services. This is described in the Plan for Dundee's Children 2005-2008.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none">• Equipped for Inclusion: Report of the Strategy Forum "Equipment and Adaptations" (2003) Scottish Executive• Adapting to the Future: A Study of the Management of Community Equipment and Adaptations (2004) Audit Commission• Joint Future Report (2000) Scottish Executive• Sensing Progress (1998) Scottish Executive

Legislative changes and impact on statutory provision of care

The Community Care and Health (Scotland) Act 2002 introduced a number of measures that make direct payments more widely available. From June 2003, local authorities have had a duty to offer all eligible disabled people aged 16 and over, direct payments. This will be extended beyond disabled people to all community care and children's services groups (with some exceptions of certain groups excluded by regulations).

The Disability Discrimination Act - Part 3 - Access to Goods and Services has challenged all service providers to ensure that they are accessible to disabled people. The Social Work Department has introduced a policy which will ensure that people have access to interpreter services whenever they require them. Training on sensory impairment is available to staff along with disability awareness training. Property improvement programmes are taking into account the building requirements that came into force in October 2004.

Work is also continuing in the health sector in relation to the Disability Discrimination Act. Tayside University Hospitals Trust has appointed a working party to develop 'Good Practice Guidance' in relation to this Act. Several groups are looking at various aspects of the requirements under the Act.

The Housing (Scotland) Act 2001 will impact on the availability of grants for adaptations. It will extend the range for which grants are available and also introduce means testing consistently across all grant applications.

Scottish Executive policies

The integration of health and social care provision is a very high priority of the Scottish Executive. The 'Joint Future' Report has taken forward this agenda. It has required joint planning in a number of areas. This has particular impact on occupational therapy services with regard to hospital discharge and the provision of equipment. The local agreements established as a consequence will produce improvements in support for disabled people particularly with regard to the provision of equipment and adaptations. Dundee City Council and the Health sector have reached agreement in principle to review equipment provision and rehabilitation services.

The Scottish Executive initiative "Sensing Progress" has required the Council and its partners to ensure that there are satisfactory arrangements for the planning and delivery of services for people with sensory impairment. These recommendations have been addressed.

A study "Equipped for Inclusion" is a national strategy review of equipment and adaptation services, as well as Audit Scotland's review "Adapting to the Future".

Local demographic information

The Dundee Housing Demand and Needs

Study found that 8% of dwellings in the city have features that cause difficulties for the resident. The most common problem is that of using stairs. The survey also found that more people who have a difficulty would prefer an adaptation to their property than to move. (41% and 36% respectively), with owner-occupiers expressing less preference to move compared to Council tenants.

Review of Previous Planning

Achievements from previous plan

- The Occupational Therapy service has undertaken a Best Value Review, which has shown that it compares favourably with other local authorities. Although it is dealing with high numbers of referrals it is still responding promptly to cases of urgent need.
- The Social Work Department has developed an Equality Scheme Action Plan as part of the Council's Equality Policy, which is being taken forward under the auspices of the Dundee Disability Action Task Group.
- A Direct Payments panel has been established.
- The Dundee Blind and Partially Sighted Society (DBPSS) has produced a pack for all their clients with information about services, equipment, clubs. DBPSS has the complaints policy on tape.
- The DBPSS has a good database, which they use to send out newsletters to all clients.
- Tayside Association for the Deaf (TAD) is constantly increasing its own database.
- There is marked improvement in waiting times at the low vision clinic at Ninewells Hospital.

- Advances have been made in raising awareness through the DPBSS and TAD's representation on the Dundee Mobility and Access Partnership, to benefit deaf, blind, and deafblind people.

Service Provision

Current service provision

Physical disability services have a sound operational base. The services that are in place include the following: -

- the Social Work Occupational Therapy Service provides support to maintain people's independence in their own homes. Further work, which has been carried out by the Social Work and Health Occupational Therapy Team, has improved hospital discharge arrangements to prevent delays for patients who require equipment or other immediate assistance;
- hospital social work services provide advice and support to people who, for a variety of reasons, require assistance due to either temporary or permanent changes in their circumstances;
- a Care Management Team works specifically with people who have a physical disability or illness. Their role is to assess what support and services people require and arrange care and assistance, taking into account the individual's views and aspirations. They also co-ordinate the planning arrangements for those who are unable to continue living at home and who require a residential or nursing home;
- the Mackinnon Centre provides skills training on a day basis as well as residential respite care. The Centre continues to have a high level of demand for its services. Service users and staff have been heavily involved in a rolling programme of disability training for the city's taxi drivers. The Centre has also maintained its links with the University of Dundee on a variety of research issues;
- work is also underway at the Ability Centre (Disabled Living Centre) to introduce a website and access to advice and information for disabled people through internet and e-mail;
- services for people with a sensory impairment are provided by voluntary organisations under service agreements with the Social Work Department. Service agreements with the two main providers, Tayside Association for the Deaf and Dundee Blind and Partially Sighted Society have been fully reviewed over the last two years;
- Tayside Association for the Deaf provides a social work service to deaf, deafened and hearing-impaired people across all client groups. There are well-developed links with departmental social work staff in all service areas. The Centre is also the social focus for many deaf people with a number of groups operating formally and informally. The Association provides an interpreter service and a limited amount of lip reading training. Both are over-subscribed. The Social Work Department carries out an equipment assessment and provision clinic at the Association. This provides a valuable link between the Association and the department's occupational therapy staff.
- Dundee Blind and Partially Sighted Society have consolidated their services since their move to new premises at Ward Road. The improved facilities have meant that they have attracted significantly more users. This is reflected in their statutory, as well as voluntary, work. The Society has received funding to purchase a range of computer equipment that will improve access to information and technology

- for visually impaired people. This is one example of the increased expectations, which is generating greater demand for the rehabilitation workers. The Society also provides awareness training;
- Tayside Association for the Deaf (TAD) holds two classes in Dundee with appropriately qualified lip reading teachers through funding from Trust sources;
 - both TAD and DBPSS continue to provide awareness training to outside bodies and agencies, including health and other public organisations;
 - there are currently 29 adults in Dundee who are in receipt of Direct Payments, as at November 2005; and
 - Housing – see table 11 below:

Table 11 Disabled Adapted Housing in Dundee - March 2004

Type of Adaptation	Dundee City Council	Housing Association	Private	Total
Wheelchair	66	50	N/A	116*
Wheelchair (<i>Sheltered</i>)	87	96	N/A	183*
Ambulant Disabled	92	42	N/A	134*
TOTAL	245	188	–	433

* *Estimate*

Unmet needs and gaps in service

These include:

- a requirement for 30 physically adapted houses to meet wheelchair needs;
- increased demand for adaptations to people's existing homes;
- a requirement for barrier free housing;
- a need to re-provision small adapted houses in the Housing Association and Local Authority sectors; and

- there are still physical access problems with the existing out patient clinics for ophthalmology and for audiology services.

Involving service users and carers

Consultations with the Dundee Disability Network, and with clients and carers at a special consultation event, have highlighted a need to address the general design and location of housing developments with the needs of these clients in mind.

Proposals for Future Services

Dundee priorities & objectives

Work will continue to expand the range of options for respite and short breaks. Whilst the Mackinnon Centre provides an excellent service, it does not meet everyone's needs. Carers Strategy monies will be used to develop alternative short break provision. There is also a gap with regard to nursing home respite. Resources are being sought to develop a service for a small number of people for whom this provides crucial support.

Day Care Services are currently under review with the aim to improve their availability and target them to those in greatest need.

The shortage of lip reading training must be addressed and prioritised within older people strategies.

Policies regarding interpreter services must be developed to provide a consistent response. There are wide variations, particularly with Health. Consequently, deaf people are denied interpreter services when they are required. Funding must be identified within Health and the Local Authority to improve this provision.

Access and transport to services and social support groups, particularly for older people who have acquired a sensory impairment, is a major issue. It prevents people accessing

facilities and militates against social inclusion. Options for the improvement of transport must be addressed. For many people they are unable to use buses, even with the improvements in this area. Alternatives and funding must be identified. These issues will form part of the agenda of the recently formed Dundee Mobility and Access Partnership.

Key objectives in working with, and providing services to, people with physical disabilities are to:

- plan and develop services on the basis of need in partnership with them;
- plan to take account of the nature of specific disability issues whilst addressing common needs that affect a wide range of people;
- promote a flexible, co-ordinated and comprehensive approach to meet the needs of service users and carers;
- enable people with disabilities to live as independently as possible within the community;
- encourage direct service user involvement in the delivery of training initiatives; and
- improve choice and access to services.

Table 12 - Physical Disability Services 2004/05

Service Type	Number of Users	Volume of Service	Current Provider	Expenditure	Source of Funding
Occupational Therapy	2,981 received equipment 1,701 received adaptations	3,989 referrals	DCC ¹	£294,854	DCC
Direct Payments	20	352 hours - Social Care 85 hours - Practical Support per week	Personal employees	£188,607	DCC
Care Management	294 open cases	86 referrals	DCC	£230,951	DCC
Mackinnon Respite	170	3,721 nights	DCC	£396,020	DCC, Fife, Angus, P&K, Personal contribution
Mackinnon Skills	163	9,649 sessions	DCC	£256,952	DCC, P&K, Angus, Personal contribution
Care management	94		TAD ²	£91,550	DCC
Centre visits		8,000	DBPSS ³	£197,250	DCC
Home visits		3,000	As above	As above	As above

¹ DCC - Dundee City Council

² TAD - Tayside Association for the Deaf

³ DBPSS - Dundee Blind and Partially Sighted Society

Table 13 Projected Figures 2005/06

Service Type	Number of Users	Volume of Service	Current Provider	Expenditure	Source of Funding
Occupational Therapy	3,240 (equipment) 1,702 (adaptations)	4,012 referrals	DCC	£425,054	DCC
Direct Payments	29 @ Nov 2005	646 hrs Social Care, 53.5 hrs Practical care per week	Personal employees	Full year commitment @Nov 2005 = £425.087	DCC
Care Management	310 open cases (as at 6/10/05)	68 referrals (as at 6/10/05)	DCC	£282,220	DCC
Mackinnon Respite	170+	3,996 nights	DCC	£464,677	DCC, P&K, Other LA, Personal contribution
Mackinnon Skills	163+	7,608 sessions	DCC	£272,062	DCC, P&K, Other LA, Personal contribution

PEOPLE WITH ACQUIRED BRAIN INJURY

Scope of the Service Proposals

Acquired Brain Injury (ABI) can result from physical trauma such as road accidents, diseases of blood vessels that cause strokes, or other sudden disorders such as complications of major intracranial surgery. People with ABI often have a complex mixture of physical, cognitive, emotional, behavioural and psychosocial problems. A wide range of people and services in the NHS, local authority, and voluntary and independent sectors is required to meet their needs and those of their families.

The brain injury agenda aims to engage issues such as equality of access and social inclusion that have a resonance far beyond the responsibilities of the NHS and the Social Work Department.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none">• <i>SIGN guideline 46 on the early management of patients with a head injury (2000)</i>• <i>SNAP report on acquired brain injury (2000) and a follow-up report (2003)</i>• <i>Third report of the House of Commons Health Select Committee on head injury rehabilitation (2001)</i>• <i>Physical disability assessment framework of the Scottish Health Advisory Service (2002)</i>• <i>Scottish Head Injury Forum standards for rehabilitation of adults with acquired brain injury (2002)</i>• <i>British Society of Rehabilitation Medicine guidelines on rehabilitation after traumatic brain injury (1998, 2004) and on vocational assessment and rehabilitation after acquired brain injury (2004)</i>

Scottish Executive Policies

In recent years several important reports have influenced thinking on how services need to develop, e.g. Acute Services Review Report (Scottish Executive 1998).

Local demographic information

The term Acquired Brain Injury implies damage to the brain that was sudden in onset and occurred after birth. The estimated prevalence in Scotland is 300 per 100,000 population. Detailed information on the number of people in need of care locally and on the level of their needs and access to services is not available, hindering effective planning and provision.

There are many disabled survivors of ABI in the community, partly because ABI is quite common and partly because survivors (especially of trauma) tend to be young adults (average age 30) with a normal life expectancy. At least 500 people under age 65 with severe ABI-related disability live in Dundee, as well as a much larger – but unknown – number of others with less severe and less obvious disability.

Each year around 60 people under 65 from Dundee are admitted to the neurosurgical unit at Ninewells Hospital following trauma or brain haemorrhage. About half will experience only short-term disability, but they too need specialist advice and support during their recovery.

Review of Previous Planning

Achievements from previous plan

For people with a stroke, a Managed Clinical Network (MCN) was established in Tayside in April 2004 with central funding, and is now developing links across organisational and professional boundaries to ensure that people who have a stroke can access appropriate services throughout their journey of care. The MCN will also provide a focus for the improvement of services to help people with

a stroke and their families. A similar Tayside network for ABI as a whole was set up in October 2004.

Plans for development of a Transitional Living Unit (TLU) as a smart home assessment facility has been completed, with funding approved and committed. This includes £25k of funding from Tayside Primary Care Trust (TPCT), plus £11k Dundee City Council. Dundee City Council funds included purchase of a demonstrator facility for education and mobile assessment. The configuration of the TLU system was completed in June 2005.

The Mackinnon Centre and NHS speech and language therapists were instrumental in assisting to set up Speakeasy and Hot Gossip Groups for those with Communication Impairment.

The Mackinnon Centre organised and hosted an Art Exhibition of Expressions project work to further raise awareness of Aphasia and provided a range of Disability and Communication Impairment awareness training to a wide range of external organisations e.g. Tayside Police, Inland Revenue, and Community Care Staff.

The Mackinnon Centre was also instrumental in setting up and maintaining the Disability Issues Group “The 5 Digits” which will address disability issues including those relevant to persons with acquired brain injury.

Service Provision

Current Service provision

People from Dundee who have a stroke are admitted to the medical wards at Ninewells for acute care, especially the new Acute Stroke Unit. Some are transferred to the Centre for Brain Injury Rehabilitation (CBIR), but most are discharged home to continue their rehabilitation in the community.

Current services available for Dundee patients with ABI include:

- the Neurosciences Unit at Ninewells Hospital
- the Centre for Brain Injury Rehabilitation at the Royal Victoria Hospital
- Community Therapy Services, e.g. the Community Rehabilitation Team
- the Brain Injury Clinic at the Royal Victoria Hospital
- Social Work assessment and care management
- the Employment Disability Unit
- support group meetings of Headway Tayside
- Occupational Therapy
- Community Nursing Service

Table 14 Acquired Brain Injury Services 2004-05

Service Type	Number of Users	Current Provider	Expenditure	Source of Funding
Care Management	41 ¹	DCC ²	£35,205	DCC

¹ Care Manager's open cases

² Dundee City Council

Unmet needs and gaps in service

- There are major gaps in service provision, reflecting the lack of a national strategy or new funding initiative to drive developments in ABI. The new Tayside Brain Injury Network may provide better data on numbers, improve co-ordination between services, and raise awareness of the long-term problems that ABI can bring to the patient, the family, and the community as a whole.
- There is a serious shortfall in the number of appropriately trained staff to support people with ABI, especially in clinical neuropsychology.
- There is also a need to develop vocational rehabilitation services with appropriate capacity and expertise.
- There is a limited bank of assessment equipment and access technology, within the Centre for Brain Injury Rehabilitation, and no formal source for funding prescribed systems.

The main needs that have emerged from consultations in the past include:

- better communication and information-sharing among health and social work professionals;
- greater access to appropriate rehabilitation services in the community;
- easier access to Clinical Neuropsychology;
- supported living facilities to reduce the need for nursing home care;
- identification and resourcing of appropriate respite facilities;
- emotional and psychological support for brain injured people, their families and carers;
- help in returning to employment;
- resources to support development of TLU in its developing role;

- a requirement for barrier free housing; and
- the need to quantify the housing requirements of people with Sensory Impairment and Acquired Brain Injury.
- the Disability Issues Group is developing a training programme concerning Disability Equality issues, which may become part of Dundee City Council's induction training programme for all staff.

Involving service users and carers

This has happened in various ways:

- consultation with people who have first-hand experience of ABI tends to be episodic. A key function of the new network will be to engage them more in planning and auditing the quality of services;
- empowering service users to plan, organise and participate in recent Art Exhibition;
- empowering and facilitating service users to co-present and participate in various awareness raising and disability equality training events;
- involving service users in a series of training days on cognitive rehabilitation - Braintree Foundation;
- involving service users in Disability Equality training presented by a person with an acquired brain injury; and

Proposals for Future Services

Dundee priorities & objectives

- establish a Managed Clinical Network for Acquired Brain Injury;
- develop the Transitional Living Unit (TLU) and protocols for its use as an assessment facility, for the determination of equipment needs for individuals with Acquired Brain Injury;
- develop systems and protocols within the Transitional Living Unit for applying remote rehabilitation techniques to patients with ABI;
- organise, in collaboration with service users and carers, further specific communication training - Connect UK; and
- develop and operate carer education courses relevant to Brain Injury.

Table 15 Acquired Brain Injury Services 2005-06

Service Type	Number of Users	Current Provider	Expenditure	Source of Funding
ABI	35 ¹ (as at 06.10.05)	DCC	£36,214	DCC

¹ Care Manager's open cases

PEOPLE WITH MENTAL HEALTH PROBLEMS

Scope of the Service Proposals

Community Care Services are aimed at adults aged from 18 years and this section refers to people with mental health problems between the ages of 18-64 who require an assessment of need because they may be in need of community care services. The needs of people with mental health problems are key to progressing the recommendations of NHS Tayside Adult Mental Health Services Review.

We aim to continue the shift of focus from hospital towards community based health (primary and secondary) and social care and develop and deliver services in response to individual and aggregate need.

In addition to the common underlying values and beliefs, community care services for adults with a mental illness should:

- Maximise people's potential for recovery or remission;
- Focus on the individual;
- Assist people at all stages of their illness to live as independently as possible; and
- Work towards reducing the stigma attached to mental illness.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none">• <i>National Mental Health Services Assessment - final report (2004) Dr Sandra Grant</i>• <i>Framework for Mental Health Services in Scotland (1997) Scottish Executive</i>• <i>Partnership for Care (2003) Scottish Executive</i>• <i>Our National Health: a plan for action, a plan for change (2000) Scottish Executive</i>• <i>Future of Adult Mental Health Services (2004) NHS Tayside</i>

Legislative changes and impact on statutory provision of care

Generally, section 55 of the National Health and Community Care Act (1990) places a duty upon local authorities that 'where it appears to a local authority that any person for whom they are under a duty or have a power to provide, or to secure the provision of, community care services may be in need of any such services, the local authority shall make an assessment of the needs of the person and decide whether the needs call for the provision of any such services'. More specifically the development of mental health services is influenced by national and local policies and strategies and by new legislation.

The Mental Health (Care & Treatment) (Scotland) Act (implemented on 5 October 2005), the Adults with Incapacity Act (Scotland) Act and the Criminal Procedure (Scotland) Act 1995 provide the statutory framework directing the development of mental health services. The Report by Dr Sandra Grant (March 2004) 'Towards implementation of the Mental Health (Care & Treatment) (Scotland) Act 2003' sets out the expectation for developing the local joint implementation plan in respect of the Mental Health Act.

In shaping the strategic development for services within the context of this plan account must be taken of the range of new and extended duties to local authorities, with the collaboration of Health Boards, in respect of:

- care and support services;
- services to promote well-being and social development; and
- assistance with travel in connection with these.

In addition Health Boards and local authorities, in collaboration with each other,

have a duty to ensure the provision of independent advocacy services for people with a mental disorder as defined by the Act. These requirements provide the priority framework for developing services which are outlined in the Joint Local Implementation Plan for Tayside and Dundee's Mental Health Strategic Planning Group workplan.

Scottish Executive policies

The 'National Framework for Mental Health Services in Scotland' (1997) gives the policy context for developing mental health services locally. In response to this NHS Tayside reported on 'The Future of Adult Mental Health Services' in May 2004 and is now taking forward the modernising and redesign of General Adult Psychiatry Services. This will focus on local provision of community mental health teams and developing the community infrastructure to support people in their own homes including the resettlement of people from long stay hospital care. This development is being taken forward in Dundee through the Mental Health Strategic Planning Group.

Improving Mental Health and Well Being is a national strategy with four main strands: Preventing Suicide - Choose Life; Promoting Health and Well-being; Promoting Anti-Stigma; and, Promoting and Supporting Recovery and these are shaping strategic service developments in the following ways:

- 'Choose Life' - A National Strategy and Action Plan To Prevent Suicide in Scotland. A local multi-agency group meets to agree strategies and to identify the gaps for service improvements including social care. The local 'Choose Life' Group which has a local authority lead, submits a six monthly review on progress to the 'Healthy Dundee' Strategy Group and the Scottish Executive.
- A national policy and strategic context for Mentally Disordered Offenders is

set out in MEL (1999). This is guidance from the Scottish Executive to health bodies. It describes the vision for future services that would involve national, regional and local planning for individuals. Led by NHS Tayside locally the statutory agencies are considering the key strategic issues in relation to 'Exit Points' and service requirements for individuals leaving forensic services.

In preparation for implementing the Mental Health (Care & Treatment) Act 2003 a Tayside Joint Implementation Group produced an implementation plan on the key strategic and statutory areas for development. This is currently being implemented.

In taking forward the NHS Mental Health Services Review, service provision in Dundee is based on a 4-tier model of service delivery:

- Level 1: This involves the development of self-help groups with access to activities that support ordinary living such as, employment, education, leisure and recreation, based in local communities. It includes activities which support the promotion of mental well being and allow those with mental health problems to access mainstream activities. The voluntary sector has a key role in developing and maintaining such initiatives.
- Level 2: Many mental health problems can be appropriately responded to within primary care health services. Therefore enhanced primary care teams, with appropriate skills and expertise, should be developed at both practice level and Community Care partnership level.
- Level 3: Specialist community mental health teams working within a designated locality could appropriately respond to more severe or complex mental health problems. These multi disciplinary teams

offer a co-ordinated response to user and carer needs and should include psychiatrists, nurses, social workers, occupational therapists and psychologists, with better access to welfare rights and housing services.

- Level 4: Where a specialist service or response is required, then the expertise, scale and affordability of such a service would determine the catchment population. For example, specialist in-patient provision such as intensive psychiatric care might best be provided for the whole Tayside population, whereas some very specialist services may be provided in collaboration with neighbouring NHS Boards such as in-patient services for mentally disordered offenders.

Local Demographic Information

Of the total adult population of 118,387 in Dundee, approximately 1 in 4 people (i.e. 29,596) are likely to experience mental health problems at some time in their life and may require a range of health and social care services. An analysis of individual and aggregate need is required to be undertaken in respect of the appropriate provision of services in Dundee.

Review of Previous Planning

Achievements from previous plan

- The NHS Tayside Mental Health Review was completed in May 2003. The recommendations from this have been incorporated into the Dundee Mental Health Strategic Planning Group and are informing a joint approach to the development of health and social care services.
- In promoting 'Day Opportunities' and Social Inclusion a Health and Local Authority Employment Partnership project was established to support people with

mental health problems into preparation for training and employment with specialist welfare benefits and rights advice.

- An external audit of level one services has been completed resulting in an agreed definition of level one services, proposals for developing future service planning, priorities and a commissioning plan consistent with the financial framework.
- Nine individuals with mental health problems were successfully resettled with their own tenancies into the community from long stay hospital provision.
- We have implemented a resettlement monitoring process ensuring that the needs of people who are resettled with individual tenancies continue to be met.
- We have completed the commissioning and procuring process for the care and support services for these individuals.

Service Provision

Current service provision

Table 16 details the current pattern of mental health service provision and expenditure. Table 17 details additional non-recurring funding for 2005-06 from the Adult Mental Health Service Review. Work is required to be progressed in the next review of the Joint Community Care Plan to ensure a more comprehensive overview of both health and social care services. This detailed planning and development work is an ongoing part of the work of the 'level one' services planning group.

Unmet needs and gaps in service

Dundee City Council Social Work Department and NHS Tayside commissioned an external consultant to identify gaps in relation to 'level one' services. This audit examined current service provision; existing plans for service change and development; views of service

users and their carers and information on financial parameters. A Tayside wide needs assessment is currently underway led by the user involvement services and will inform local needs assessment.

In addition unmet need and service development requirements will be identified through the multi - agency delayed discharge and service development planning groups.

Involving service users and carers

- Service users and carers participated in the Tayside Adult Mental Health Review (2003) and continue to be involved in the process of implementation.
- Advocacy services are commissioned to ensure service users' views are heard in the areas of mental health services redesign and resettlement.
- There is a carers representative on the Mental Health Strategic Planning Group through the local provider National Schizophrenia Fellowship organisation.
- The Tayside User and Carer Involvement Action Plan (NHS Tayside) ensures the continued support to, and development of, the involvement of service users and their carers in the development, delivery and monitoring of services.
- Through the Mental Health (Care & Treatment) Scotland Act 2003 / Joint Implementation Plan, NHS Tayside and the local authority will review access to services, and the information regarding mental health services, to ensure barriers affecting people from ethnic minorities are removed.

Proposals for Future Services

Dundee priorities & objectives

The local priorities mirror the national priorities and are reflected in the workplan

of the Joint Mental Health Strategic Planning Group. There is also a need to ensure strategic aims dovetail with local community planning, social inclusion and promoting public health agendas.

Objectives

The objectives are to:

- establish a pattern of service provision within the agreed financial framework;
- provide services in a range of community settings at home, in primary care, in day bases and in community centres;
- prevent inappropriate admission to hospital by providing alternative service responses;
- promote early hospital discharge and maintain individuals within community settings in order to prevent unnecessary re-admission to hospital;
- undertake an analysis of the needs for health and social care services in each of the ' tiered levels';
- specify the needs each of these groups have for social care services (regardless of whether they currently receive those services or it is planned they will receive them in the future);
- promote partnerships between service users, carers, independent sector, health and local authority services;
- promote greater integration of services across agencies;
- ensure a range of appropriate accommodation is provided which meets the assessed needs of individuals;
- provide appropriate training for staff, implementing new forms of service delivery;

- involve service users and carers; and
- continue developments for level one service provision (promoting well being and social development).

This section outlines Dundee City Council and NHS Tayside's plans to secure services in the three years covered by the plan.

Specific targets and priorities are to:

- finalise and implement all requirements under the Mental Health Act;
- review Community Mental Health Teams and mental health out of hours provision;
- progress developments within Acute services for in-patients;
- progress accommodation with support including resettlement and community rehabilitation;
- implement single shared assessment;
- develop strategies and interventions to support homeless people with mental health problems;
- establish a dedicated MHO Team to ensure the statutory requirements under the new Mental Health Act are met;
- Care Packages - extend current resource availability of social care ensuring the delivery of complex care packages through the establishment of social care officer support;
- Respite Care - The Social Work Department currently commissions nine weeks residential respite care from Penumbra from Mental Health Specific Grant at a cost of £5,742 per year. This target is to purchase an additional three weeks increasing our capacity to enhance care packages for service users and carers;

- Day Services/Day Opportunities - take forward the priorities of the level one services group, which are to develop enabler type services and short breaks for carers;
- Mental Health Services Review - integrated service elements to be progressed. Timescale - March 2005 - March 2006;
- take forward development and implementation plans for Community Mental Health Teams (CMHT) in Dundee. Timescale - April 2005 - March 2006;
- implement Dundee aspects of Psychological Therapy Care and Treatment Teams linked to CMHTs. Timescale - April 2005 - March 2006;
- finalise locality arrangements for implementation of Out of Hours Service. April 2005 - March 2006; and
- develop and implement a locality plan for accommodation with support including resettlement and community rehabilitation. Timescale - April 2005 - March 2006 / March 2007.

Local improvement targets for 2005 - 08:

The local improvement targets agreed for 2005/06 are to:

- establish the equivalent of 3 full time Social Care Officer posts in Adult Community Mental Health Team;
- prepare and support people with mental health problems into employment;
- resettle individuals with mental health problems into the community from long stay hospital care;
- implement Single Shared Assessment;
- extend to 11 weeks respite care purchased at Penumbra in 2005/06 as part of provision of planned, rolling and emergency respite to meet the needs of carers (and service users) of people with mental health problems;
- improve year on year the number of carers' assessments; and
- develop systems for effective involvement and engagement with public and users of services, in particular to empower local communities in service design.

Table 16 *Mental Health Services 2005 -6*

Service	Number of Users	Volume of Service	Current Provider	Expenditure	Source of Funding
1. Assessment & Care Management	180 active	To be identified	DCC SWD	£329,678	Mainstream
2. Mental Health Officer Team	New dedicated team - baseline to be set	To be identified	DCC SWD	£178,000	Mental Health Act
3. Community support/Domiciliary care	80	160 Hours of care	SAMH Dundee Community Support Team	£48,622 £114,549	MHSG ¹ /DCC SWD ² Supporting People
4. Social Care Support	11 x 1 current SCO -	3 SCOs to be recruited	DCC SWD		Mental Health Act monies & mainstream
5. Independent Advocacy	47	To be identified	Dundee Independent Advocacy Service	£87,640	DCC SWD NHS Tayside
6. Dramatherapy Service	Aiming for 20	To be identified	Dundee Repertory Theatre	£28,941 £2,198	MHSG / DCC SWD NHS Tayside
7. Carer support service	28 Dundee (63 Tayside)	To be identified	National Schizophrenia Fellowship	£37,401 £50,000 (Tayside)	MHSG /DCC SWD NHS Tayside

¹ MHSG - Mental Health Specific Grant

² DCC SWD - Dundee City Council Social Work Department

Service	Number of Users	Volume of Service	Current Provider	Expenditure	Source of Funding
8. Respite Care service	8	8 weeks purchased + additional 3 weeks	Penumbra	£5,742 £2,000	MHSG/SWD
9. Involving Service Users	To be identified	To be identified	Little Wing	£42,000	Resource Transfer
10. Day care services / Dundee Mutual Support Group	135	To be identified	Dundee Association for Mental Health (DAMH) / Kandahar House	£76,975 £43,360	SWD NHS Tayside
11. Befriending service	35	To be established	DAMH	£37,663	MHSG /SWD
12. Employment Partnership	10 started MF Sept 05 EDU - 24 registered with 13 employment outcomes	To be identified	Health & Local Authority	£90,000	MHSG/SWD
13. Art Angel	To be identified	To be identified	Art Angel	£20,000	NHS Tayside
14. Abbeytext	To be identified	To be identified	Scottish Association for Mental Health (SAMH)	£18,200	NHS Tayside
15. Chrysalis	To be identified	To be identified	SAMH	£46,600	NHS Tayside
16. Hearing Voices	To be identified	To be identified	Hearing Voices		NHS Tayside

Table 17 Adult Mental Health Review level One Services Additional Funding 2005 -06

SERVICE	VOLUME OF SERVICE	FUNDING 2005 - 2006
Enabler Service - SAMH (pilot)	100 hours	£32,000 (part year)
Art Angel	8 Art Workshops - 14 people	£10,110
Art Angel - short breaks	6 days for 12 people	£6,320
Luna c/o Art Angel residential art programme	one week - 11 people	£5,447
Hearing Voices Network	10 pilot workshops	£4,700
Hearing Voices Network	Social skills evenings	£3,011
Dundee Independent Advocacy Support	Citizen advocacy	£750
Dundee Association for Mental Health	IT equipment - accessing information	£750
	Total	£63,088
	Balance	£2,912

Table 18 Adult Mental Health Review level One Services Additional Funding and Phasing

	YEAR		
	2005-06	2006-07	2007-08
			2008-09
			2009-10
FUNDING £000	66.4	132.9	227.2
			227.2
			227.2

PEOPLE WITH SUBSTANCE MISUSE PROBLEMS

Scope of the Service Proposals

Dundee Drug and Alcohol Action Team (DAAT) is a multi agency senior officer strategic partnership, which leads and co-ordinates all service commissioning related to substance misuse in Dundee. The DAAT is accountable directly to the Scottish Executive through the annual reporting mechanism of the Corporate Action Plans (CAP). The Scottish Executive also holds DAATs accountable for all drug and alcohol related spend in their area. In practice, this means that all monies held or committed by any of the DAAT partner agencies is required to be discussed and agreed by the DAAT prior to any developments being undertaken or spending plans confirmed. The DAAT is currently producing a 3-year strategy that will be completed by early 2006. To ensure all the DAAT processes are clear, transparent and equitable, and that all services have adopted and are delivering agreed outcomes, the DAAT operates through a robust governance process.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • Tackling Drugs in Scotland: Drug Action Plan – Protecting Our Future, (1999). • Mind the Gaps – Meeting the needs of people with co-occurring substance misuse and mental health problems (2003) • Plan for Action on Alcohol Problem, Scottish Executive (2002) • Getting Our Priorities Right: good practice guidance for working with children and families affected by substance misuse, Scottish Executive (2003) • Hidden Harm: Responding to the needs of children of problem drug users, Home Office (2003) • Hidden Harm: Scottish Executive Response, Scottish Executive (2004) • A Fuller Life - report of the expert group on alcohol related brain damage (2004)

Scottish Executive policies

The national priorities set by the Scottish Executive are outlined under four pillars: Culture Change and Communities; Prevention, Education and Young People; Provision of Support and Treatment Services; Protection, Controls and Availability.

Culture Change and Communities, key objectives:

- reduce binge drinking.

Prevention, Education and Young People, key objectives:

- reduce hazardous, or at risk, drinking by children and young people because of the particular health and social risks;
- reduce the proportion of young people reporting use of illegal drugs; and
- reduce harm to children affected by substance misusing parents or carers through improved multi-agency support to parents and children.

Provision of Support and Treatment Services, key objectives:

- provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol;
- reduce waiting times for drug treatment and rehabilitation services;
- increase the number of drug misusers in contact with treatment and care services who successfully completed treatment;
- increase the number of people recovering from drug and alcohol problems entering training, education and employment; and
- reduce the number of drug related deaths.

Protection, Controls and Availability, key objectives:

- reduce the proportion of under 25's offered illegal drugs.

Local Demographic Information

The Scottish Executive funded a study to provide estimates of the prevalence of problem drug use at both national and local levels. The estimates in the study refer to the calendar year of 2003 and focus on those aged 15-54. The study estimates prevalence of opiate, and, or, benzodiazepine misuse, including individuals receiving methadone on either a maintenance or reduction programme. These substances have been focused upon because they are most closely associated with problematic drug use.

The full report is available from:
www.drugmisuse.isd.uk.

Review of Previous Planning

- **TOPAZ - Community Detoxification and Rehabilitation Support Service:**
The Topaz service helps provide a continuum of care to people who are detoxifying from drugs. Interventions include medical and psychosocial interventions through to enhancing their self-awareness, self-esteem, confidence and social integration. The combination of a newly formed community detoxification service with a seamless progression to a residential facility, if required, offers a degree of confidence to users (safety net) in the programme. The service will enable drug users to remain in their own area and with support from local agencies.
- **Time Tay Change**
Additional provision commissioned from the non-statutory sector linked to the Tayside Drug Problem Service

that will result in an increased capacity to work with drug users in Dundee and offer them more flexible services. The service offers social care interventions to enable individuals from the methadone programme to return to more stable health lifestyles.

- **Direct Access**

The Direct Access service will enable individuals, with a range of problems relating to substance misuse, rapid access (within 72 hours) at a variety of locations, to a basic range of interventions including assessment and onward referral. In addition the service would offer interventions, advice and support to the families and carers of those affected by substance misuse and would offer a first point of contact for those with stimulant problems. The service will cater for all age groups and cover all substances including alcohol. Given the nature of a Direct Access service any interventions offered should be of short-term duration (maximum three months).

- **Moving On**

This service will offer specialist education, training or employability programmes to stable drug users or drug-free individuals who have successfully engaged in the treatment and rehabilitation process and are now ready to move on and develop their skills and confidence thus increasing the likelihood of a successful return to a productive life. The service will deal with over 16s and cover all substances and will deliver significant increases in the capacity of the treatment services. It will reduce waiting times by offering an exit from services. The service will increase the range of options available by delivering new therapeutic approaches, currently unavailable in Dundee. It will also mean the final stage of a care

pathway for substance misusers will be in place, thus increasing individuals' chances of permanently exiting from treatment services.

- **Prevention**

During 2005-06 the DAAT placed greater emphasis on prevention and education issues. A Prevention Officer has been appointed to work with the DAAT Support Team 2 days a week and 3 days with Tayside Police. The DAAT held a Prevention Workshop aiming to provide professionals from a range of agencies the opportunity to explore and debate the direction of developing prevention services in Dundee. A mapping exercise is currently taking place to establish what prevention work is being delivered, who is delivering it and where. The results of this exercise will help inform the development of an action plan.

Service Provision

Current service provision

The DAAT has a range of groups and sub groups, which complement and deliver the strategic priorities. For a comprehensive list of service developments in Dundee, DAAT groups and membership please refer to the Corporate Action Plan 2006/07.

Unmet needs and gaps

Program Budgeting and Marginal Analysis (PBMA)

The PBMA process was introduced to determine priorities for the development of drugs services within Tayside. The PBMA process began in late 2003 and involved extensive review of the literature, focus groups including drug and alcohol clients and a report detailing all services in Tayside including remit, funding levels and sources of funding. The exercise was concluded by

summer 2004. In addition the Tayside wide Process of Care Group (POC) is specifically tasked with the identification of unmet need and care pathway development. The recent commissioning of drug and alcohol services has been the result of the findings of the PBMA in collaboration with the Tayside wide Process of Care Group.

Involving service users and carers

The Dundee DAAT is currently in the process of developing a User and Carer Action Plan to bring about better user and carer involvement and representation. To inform the plan the DAAT conducted a survey with service providers in 2005/06 (a report is available from the DAAT Support Team). A questionnaire for service users and carers is currently being developed and a report will be available in Autumn 2006.

A task group will be formed, including service users, carers, representatives from all the DAAT's Task Groups and the Substance Forum, to develop the action plan.

Proposals for Future Services

Both the Direct Access and the Moving On services have now been commissioned with intended commencement of both services in Summer 2006.

Dundee priorities & objectives

The following are outcome indicators for all DAAT related work:

Outcomes - Process

- principles which are agreed by all services and underpin service delivery;
- improved governance and accountability;
- clarity of roles for services;
- reduced duplication – increased efficiency;

- more effective commissioning; and
- more dynamic planning of service delivery.

Outcomes for those using services

- more accessible services (e.g. less waiting);
- better quality services (e.g. less deaths);
- more choice (e.g. detoxification; moving on);
- easier to use and understand – no gaps; and
- increased likelihood of real success for all groups (less inconsistency).

Local improvement targets 2005 - 08

The local improvement targets agreed are to:

- increase the percentage of known drug misusers in contact with treatment and care services in the community by at least 10% year on year;
- reduce harm to children affected by substance misusing parents / carers through improved multi-agency support to parents and children;
- reduce waiting times for drug treatment and rehabilitation services;
- reduce the number of drug related deaths by at least 25%; and
- reduce the percentage of adults exceeding weekly sensible drinking levels to 31% for men and 12% for women.

PEOPLE WITH BLOOD BORNE DISORDERS

Scope of the Service Proposals

This section recognises the increasing trend of those infected or affected with Blood Borne Virus including Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) and includes partners, carers, relatives, as well as those with concerns that they may be HIV positive. Planning for services for children and young people affected by HIV is covered within the Plan for Dundee's Children's 2005 - 08. Strategic planning recognises the need to include HCV in response to the increasing numbers of people affected and the growing need for services. This plan takes account of the BBV strategy for Tayside, which is currently under development.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none"> • <i>Hepatitis C Proposed Action Plan in Scotland (Consultation Draft June 2005)</i> • <i>Sexual Health & HIV - Report of the HIV Health Promotion Service Review Group 2001</i> • <i>Supporting Change: A Sexual Health Strategy for Scotland 2003</i> • <i>Tayside Strategy for people with BBV - currently being developed</i> • <i>Health Protection Scotland - January 2005</i>

Legislative changes and impact on statutory provision of care

- The Children (Scotland) Act 1995
- Data Protection Act 1998
- NHS & Community Care Act 1990
- Health & Community Care Act 2002

- diagnose infected persons, particularly those who are most in need of therapy; and
- provide the optimal care and support for HVC diagnosed persons who are able to benefit.

Scottish Executive Policies in relation to HCV

National policy objectives outlined in the Proposed Action Plan in Scotland - Hepatitis Care are to:

- reduce the transmission of HCV among current injecting drug users (IDU);

Local Demographic Information

HIV / AIDS

Incidence of HIV in Scotland

Nationally there have been a total of 3857 reported HIV infections in Scotland since statistics were collected (Health Protection Scotland, 2005).

In Tayside

497 (12.9%) are or were in Tayside

290 of those are injecting drug users (IDU)

65 of those were men who have sex with men (MSM)

78 were women infected through heterosexual intercourse

36 were men infected through heterosexual intercourse

28 were infected by other means

Recent Scottish statistics show that HIV infection is increasing at a rate of 10% per annum, and is at its highest since the last peak in 1986 when it was prevalent in the IDU population. Two main groups are currently at risk. These are: men who have sex with men (MSM) through unprotected intercourse, and heterosexuals, predominantly those who have had unsafe sexual intercourse in Sub-Saharan Africa.

The increase in heterosexual infections may reflect the number of African asylum seekers dispersed to Scotland (anecdotally 10% may be infected). A debate has subsequently ensued about whether the UK should HIV test all asylum seekers. According to Health Protection Scotland, "the principal reason for the increase in diagnoses among MSM is the dramatic rise in the numbers of persons undergoing attributable HIV testing. Between 2000 and 2003 the number of MSM having an HIV test increased 53% from 1357 to 2110".

A Tayside BBV Strategy is currently being developed and will inform the review of this section. In Tayside it appears that HIV has been concentrated in the 25-44 year age group during the past four years. HIV in Tayside has, in recent years, become a virus that is transmitted mostly through sexual contact - both homosexual and heterosexual - among people over 25 years of age. Of the 79 cases reported since 2001 (Table 19), risk information is available on 56. Of these, 39 are heterosexual transmissions, 10 among gay men, and 7 among IDUs.

Table 19: HIV reports, Tayside NHS Board and Scotland by age group and selected time period as at 31 December 2004

TAYSIDE NHS Board

Age group	1996 to 2000	2001 to 2004	Total
Under 15	3	0	3
15 to 24	9	8	17
25 to 34	40	29	69
35 to 44	23	31	54
45 and over	6	11	17
Total	81	79	160

SCOTLAND

Age group	1996 to 2000	2001 to 2004	Total
Under 15	9	23	32
15 to 24	96	140	236
25 to 34	376	389	765
35 to 44	250	327	577
45 and over	98	165	263
Not Known	0	0	0
Total	829	1,044	1,873

Source: Health Protection Scotland - January 2005

As of December 31 2005 there were 146 people living in Dundee with HIV and recorded on the HIV register.

Table 20 HIV reports attributable to Tayside NHS Board by Council area of residence as at 31 December 2005

Council Area	Year of report					Cumulative reports to 31 December 2005	Cases not known to be dead as at 31 December 2005
	2001	2002	2003	2004	2005		
Angus	2	3	4	2	1	41	26
Dundee City	11	8	5	14	8	364	146
Perth & Kinross	3	3	2	5	3	50	37
Outwith Tayside	0	0	0	1	3	8	7
Not Known	0	4	3	7	4	78	55
Total	16	18	14	29	19	541	271

Source: Health Protection Scotland - February 2006

Table 21 HIV reports, Tayside NHS Board 2003 and 2004

	Tayside		
	2003	2004	Total as at 31 December 2004
Sexual intercourse between men	2	2	67
Sexual intercourse between men & women	4	10	128
Injecting Drug Use (IDU)	0	2	292
Other/Undetermined	7	14	39
TOTAL	13	28	526

Note: Cases 'reported' prior to HIV testing becoming available are based on year of AIDS diagnosis. Source: Health Protection Scotland

HCV (or HEP C)

Incidence of HCV

As at June 2005 a total of 19,422 cases of diagnosed Hepatitis C were known in Scotland. Of these 1361 live in Tayside and it is likely that the number of unknown cases exceeds the number of known cases. The largest proportion of cases is injecting drug users infected through the sharing of needles

and injecting paraphernalia. The number of people who are affected is four times the number affected by HIV.

Table 22 shows the number of new cases reported between 2001 and the end of June 2005 and also the total number of cases of Hepatitis C known to Tayside NHS Board as at 30th June 2005.

Table 22 Hepatitis C reports attributable to Tayside NHS Board by Council area of residence as at June 2005*

Council Area	Year of earliest positive specimen					Cumulative reports to 30 June 2005
	2001	2002	2003	2004	2005	
Angus	14	11	16	17	10	166
Dundee City	44	58	44	50	20	544
Perth & Kinross	18	23	13	10	9	182
Outwith Tayside	0	0	1	0	0	9
Not Known	16	17	10	17	11	460
Total	92	109	84	94	50	1,361

Source: Health Protection Scotland - February 2006

Table 23 shows the breakdown by age group and gender of the Tayside known cases at 30th June 2005.

Table 23 Hepatitis C reports attributable to Tayside NHS Board: cases by current age group (if alive) and gender as at June 2005

Current age group	Gender		
	Male	Female	Total*
Under 15	0	4	4
15-24	20	20	40
25-34	261	81	344
35-44	463	152	617
45-59	191	61	253
60+	59	32	91
Total*	1,003	352	1,361

**Includes cases where gender and age are not known*

Impact of HCV

If we consider 100 people who test HCV positive, 20 will clear the virus. 80 will develop chronic problems, of those 20 will recover without treatment, 60 will develop long term symptoms such as liver inflammation, 16 of those will develop liver cirrhosis over 20 years and 2-5 of those will develop liver cancer and subsequently die.

The people who are symptomatic could undergo treatment but this is very problematic and only suitable for those able to comply. However the prognosis is good for those who respond. These people are likely to require high levels of social support.

Review of Previous Planning

Achievements from previous plan

- The revision of guidelines for HIV counselling and testing.

- The Blood Borne Virus (BBV) Strategic Planning Group (previously HIV Strategic Planning Group) has started work on a strategic framework for BBV services across Tayside.
- A Service Level Agreement has been developed between Dundee, Perth & Kinross and Angus (Angus until April 2005).
- A new carers group has been established.
- Harm reduction measures have minimised risk behaviour of injecting drug users through the provision of needle exchange services in local communities involving pharmacies and outreach services.
- BBV testing opportunities within clinical services have increased to ensure early detection of BBVs and subsequent management.

Service Provision

Current service provision

Table 24 HIV / HCV Services 2005-06

Service Type	Expenditure	Source of Funding
SW HIV Ass. & CM Team	£147,607	SWD
HIV Co-ordinator	£11,252	NHS Tayside
Body Positive	£38,230	NHS Tayside
Dundee Drugs & AIDs Project	£13,980	
Health Promotion Officer - HIV/Sexual Health	£34,477	NHS Tayside
WEB	£39,156	NHS Tayside
Staff tutor	£23,019	NHS Tayside

In addition there is a range of other Primary and Acute Service provision funded by health promotion.

Unmet needs and gaps in service

A small group of adults with HIV have been identified who would benefit from small-scale supported living. At present this group are either poorly supported in their own homes or inappropriately placed in care homes.

Involving service users and carers

Dundee City Council Social Work Department, HIV Team and Body Positive have revised the HIV Carers Group, which reached a natural end. A new group will be set up at Body Positive's Dundee premises staffed by members of Social Work and Body Positive. This group should attract new members reflecting the changing demographic grouping of carers and those affected by HIV. Service Users views about the services they receive will also be gathered during the review of the HIV Team, which is planned for the first half of 2006.

Proposals for Future Services

Dundee priorities & objectives

The primary strategic aims are to:

- develop integrated approaches to service delivery including single shared assessment;
- undertake a case audit and service review of Dundee City Council Social Work Department's HIV team;
- review provision and capacity for respite care provision;
- develop services in respect of the growing number of people with HCV;
- develop responsive services for people with HIV and in addition to recognise the shifting need for increased service planning for people with HCV; and
- ensure individuals benefit from services that support them in their own homes and avoid unnecessary admission to hospital or other forms of institutional care such as residential or nursing home.

Objectives:

- contribute to the development of a Tayside Strategy ensuring the needs of the population of people in Dundee with HIV and HCV are met;

- contribute to the development of a Tayside Strategy with due consideration to HIV/HCV health promotion and prevention, HIV/HCV treatment and care and HIV/HCV social care support;
- identify the aggregate need for services for the population of individuals with HIV and HCV in Dundee and ensure resources are in place to meet that need;
- ensure systems are in place for the involvement of service users, carers and other stakeholders in the planning and development of services;
- deliver on the Joint Future agenda in respect of integrated service delivery and single shared assessment; and
- develop effective quality assurance systems for evaluating and monitoring outcomes.

Local improvement Targets

Dundee outcomes and local improvement targets are to be agreed. Services will continue to be developed reflecting the need for services for people with BBV and in accordance with the BBV Tayside Strategy currently being developed. There will be a need to review current patterns of service delivery in response to the prevailing trends in Dundee in partnership with NHS Tayside.

PEOPLE WHO ARE HOMELESS

Scope of Service Proposals

The Scottish Executive's vision is that everyone should have access to good quality, warm and affordable housing. By 2012, all people who are unintentionally homeless will be entitled to a permanent home.

Strategy & Policy Context

KEY REPORTS
<ul style="list-style-type: none">• Dundee Homelessness Strategy 2003-2006• Health & Homeless Action Plan 2005/2006• Dundee LHCC Health and Social Care Assessment of Needs of Homeless People in Dundee (2004)• Dundee Social Services Strategy Research Report – Salvation Army Sept (2004)• My Space My Place Report – Scottish Council For Single Homeless• Tenancy Sustainment Consultation Event Dundee (2004)

Legislative changes and impact on statutory provision of care

The Homeless etc. (Scotland) Act 2003, combined with the Housing (Scotland) Act 2001 is one of the most progressive pieces of legislation in Europe. It updates existing legislation to ensure that local authorities respond effectively to homelessness in the 21st century. The Act will abolish 'priority need' test by 31 December 2012, so that the right to permanent accommodation is extended to all people who find themselves homeless.

Scottish Executive policies

The Scottish Executive has five national priorities and one is tackling homelessness. The Scottish Executive set up the Homelessness Task Force in 1999 to:

'review the causes and nature of homelessness in Scotland; to examine current practice in dealing with cases of homelessness; and to make recommendations on how homelessness in Scotland can best be prevented and, where it does occur, tackled effectively.'

The Homelessness Monitoring Group's first report helped introduce the homelessness provisions of the Housing (Scotland) Act 2001. The final report was published in February 2002, concentrating on five main areas:

- Radical and far reaching changes to the homeless legislation
- Housing supply and policy
- Benefits issues
- Prevention of homelessness
- Resolving homelessness

Local demographic information

Table 1 below shows that homeless applications have increase dramatically over the last 5 years. Common reasons for homelessness in Dundee include; single parent families without suitable accommodation, families fleeing domestic abuse, young people leaving care or home, people with physical or mental disabilities and/or learning difficulties and people with substance misuse problems. The homeless statistics in Dundee show that since the new legislation has been enacted in 2002 the number of homeless applications has more than doubled.

Table 25: Applications to DCC for housing on grounds of Homelessness 2001 – 2006

	2001/02	2002/03	2003/04	2004/05	2005/06
Single Persons	517	542	659	853	1083
Single Parent	321	319	392	469	637
Couples Without Children	35	27	47	45	76
Couples with Children	51	63	51	83	125
Other Households	5	9	9	11	17
Total	929	960	1,158	1,461	1,938

Source: DCC Homeless System

The pattern of increased homeless applications is reflected on a national basis as the graph below shows. Particularly striking is the number of single homeless people.

Chart 1 Applications to Local Authorities for Housing on Grounds of Homeless 1996 - 2004

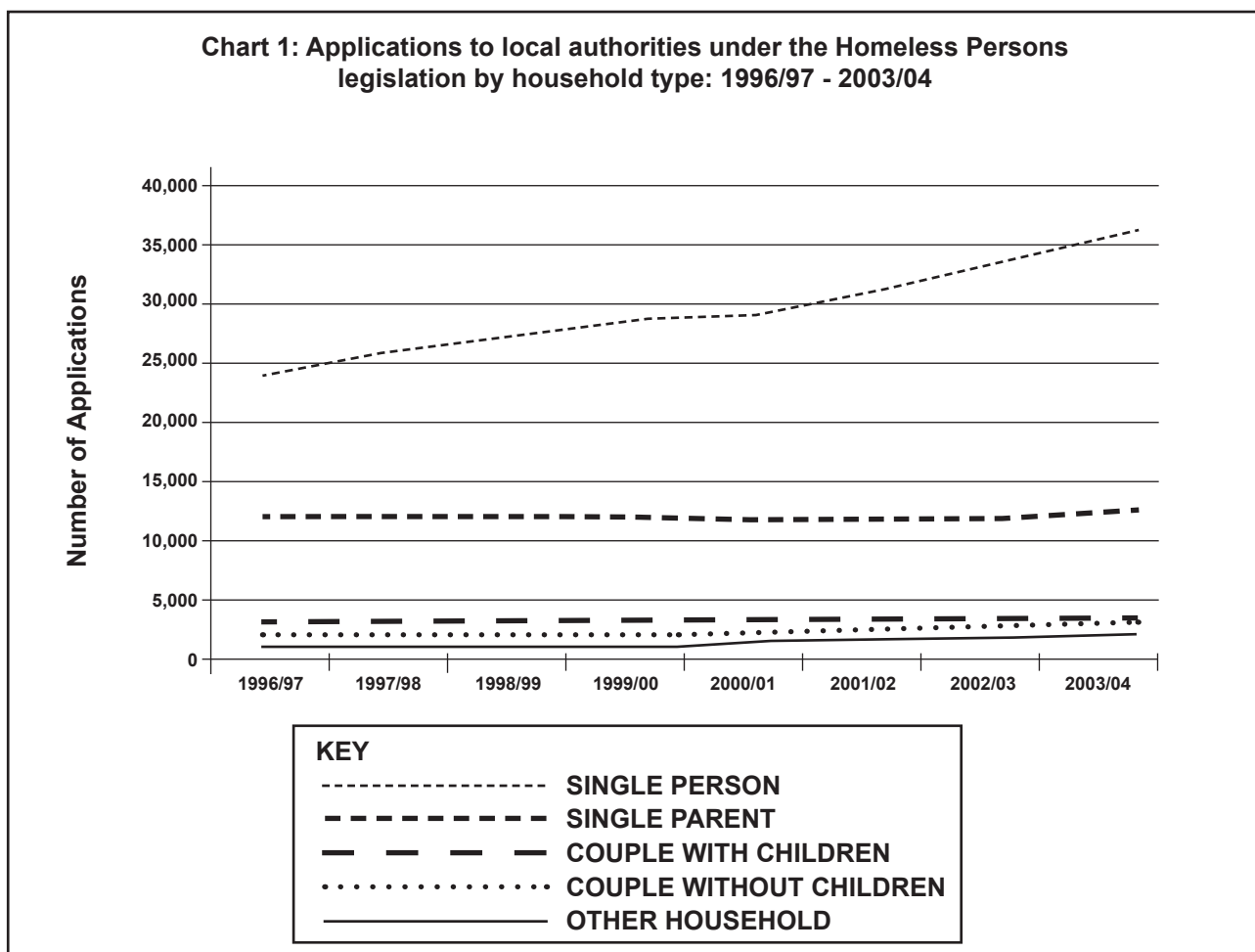


Table 26 shows a breakdown of the single homeless applications, where the largest increase is in single males aged between age 18 and retirement. This is in line with current national statistics which show that

applications from single person households to all local authorities is increasing. Many of these service users have multiple needs and challenging behaviour and can be difficult to place within mainstream housing.

Table 26: Breakdown of all Single Person Applications 2001 - 2006

	2001/02	2002/03	2003/04	2004/05	2005/06
Males – Under 18	57	46	38	52	41
Females – Under 18	75	63	62	61	76
Males – 18 - 24	82	90	134	162	226
Females – 18 - 24	82	66	66	101	145
Males – 25 to retirement	147	181	253	339	419
Females – 25 to retirement	58	66	80	103	133
Males – Retired	9	21	16	22	22
Females – Retired	7	9	10	13	21
Total	517	542	659	853	1,083

Source: DCC Homeless System

Table 27 shows the number of applicants requiring temporary accommodation has continued to increase, as has the use of bed and breakfast accommodation.

Table 27: Numbers of People in Temporary Accommodation 2001 - 2006

Place Accommodated	2001/02	2002/03	2003/04	2004/05	2005/06
DCC Own Stock	163	168	200	197	150
Bed & Breakfast	14	44	65	176	336
Hostel*	190	192	205	151	68
Women's Aid	38	33	29	24	24
Total	405	437	499	548	578
Not Accommodated	524	523	659	913	1,360
Total	929	960	1,158	1,461	1,938

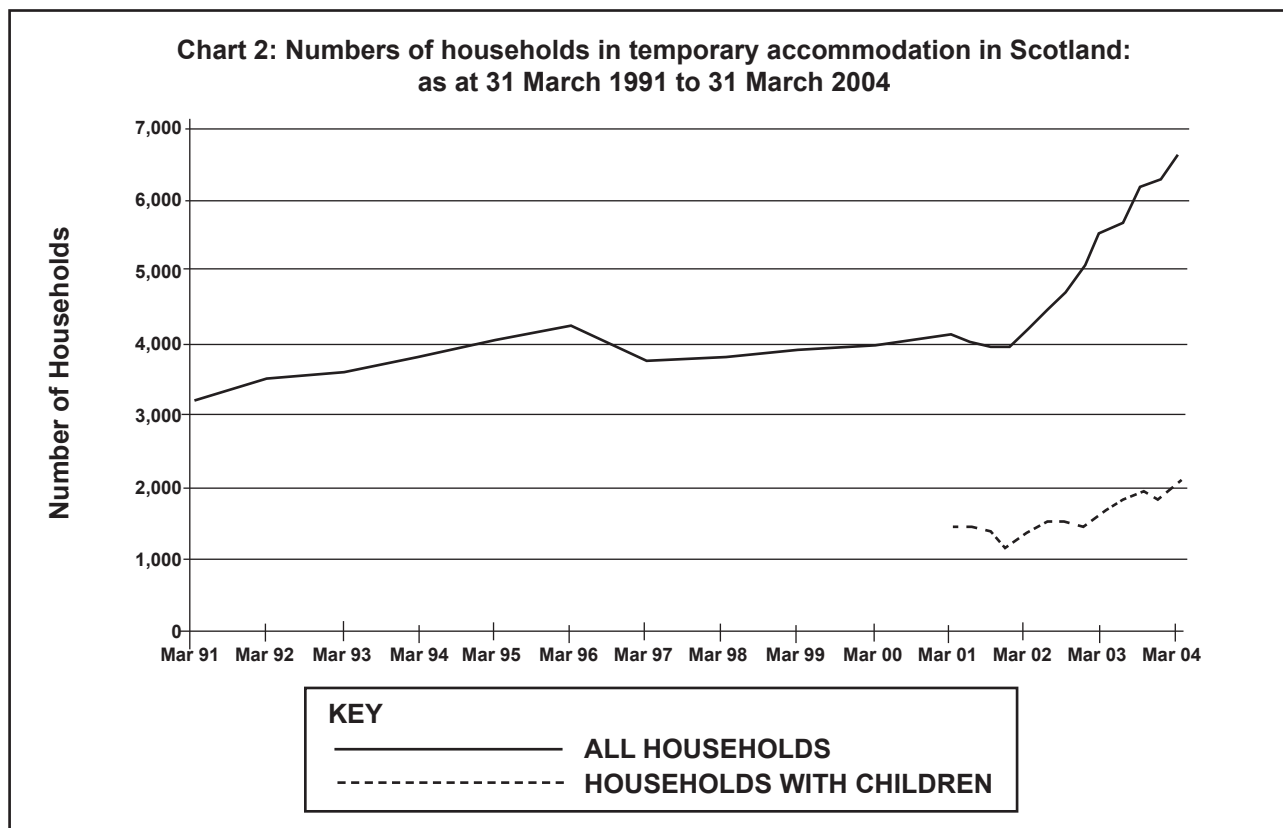
Source: DCC Homeless System

* This does not include those in Registered Social Landlords (RSLs) and voluntary sector hostels

- Clement Park House closed at 31 March 2005 with loss of 25 bed spaces
 - There has also been a reduction in the turnaround of hostel spaces in the Council hostel due to lack of appropriate move-on accommodation.
- As shown in Table 27 above, in Dundee the use of Bed and Breakfast accommodation has increased significantly rising from 14 in 2001-02 to 336 in 2005-06.

The following graph shows on a Scottish wide basis the number of households living in temporary accommodation between 1991 and 2004. These numbers have significantly increased since 2001. The rise in numbers of families in temporary accommodation is particularly significant.

Chart 2 Numbers of Households in Temporary Accommodation 1991 – 2004



Review of Previous Planning

Achievements since last plan

- Multi-agency partnership working between Health Services, Dundee City Council and the Voluntary Sector.
- Development of partnership networks e.g. homelessness co-ordinating group, homeless hostels group, and homeless young people's group.
- Multi-agency standards for good discharge planning agreed for Tayside and North East Fife.
- Successful proposal to the Scottish Executive for provision of a Homeless Health Outreach Team, funded until November 2006.
- Homeless Health Outreach Team providing outreach services to homeless hostels, Women's Aid and the Wishart centre. These include consultation with general practitioners and nurses, brief interventions, referral to appropriate services and proactive preventative health promotion.
- Joint training carried out by Health and Housing to provide awareness raising on homelessness to service providers.
- Training web page set up by the Department of Public Health Medicine to ensure that all agencies are aware of relevant training opportunities.

Service Provision

Current services

- Dundee City Council Homeless Service
- Cyrenians Outreach and Resettlement Team
- Outreach Medical Services for Homeless People
- Supported accommodation for young people through National Childrens Home
- Provision of furniture, starter packs and white goods
- Rent Deposit Guarantee Scheme
- Various housing Support provision from L/A, Registered Social Landlords (RSLs) and voluntary sector
- Direct Access Emergency accommodation L/A, RSLs and voluntary sector
- Resettlement Supervised/Supported Accommodation L/A, RSLs and voluntary sector.

Unmet needs and gaps in services

- No long term sustainable funding for direct health service provision.
- Lack of appropriate long-term accommodation for homeless people with challenging behaviour and, or, substance misuse problems.
- No appropriate provision for homeless people with alcohol related brain disease that provides a supportive environment, which enables them to reduce their level of alcohol consumption and develop skills in activities of daily living.

- Lack of provision of move on accommodation for long stay hostel dwellers with chaotic life styles.
- Reduce the number of service users in bed and breakfast.
- Need to develop a sustainable training programme that aims to highlight all agencies' role in tackling homelessness and reduces stigma and discrimination which homeless people experience. This includes awareness raising at a strategic level, as well as for staff delivering services.
- Discharge standards not yet implemented.

Involving service users and carers

- Service users consulted through focus groups and semi-structured interviews as part of Dundee LHCC Health and Social Care Assessment of Needs of Homeless People in Dundee (2004).
- Public health nursing student project set out to assess most appropriate means to consult with service users (2005).
- Homeless Health Outreach Team link with families and carers, as well as homeless people themselves.
- Dundee City Council housing services undertook consultation with young homeless people in October 2004.
- Customer satisfaction survey of council homeless service (2006).
- Customer satisfaction survey of homeless temporary accommodation (2006).

Proposals for Future Services

Dundee priorities & objectives

Local service priorities include:

- carry out research into nature and extent of single homelessness in Dundee with a view to identifying gaps in service provision;
 - implement and raise awareness of prevention of homelessness issues in both Dundee City Council and partner agencies' policies and procedures;
 - plans to improve access to health care services for homeless people by 2007;
 - explore ways in which problems related to mental illness and substance misuse can be addressed;
 - raise awareness of the health needs of homeless people through training and education;
 - provide ongoing support to minimise risks of substance misusing behaviour for homeless people; and
 - develop strategies and interventions to support homeless people with mental health problems.
- open Burnside Mill to provide an additional 20 resettlement accommodation spaces;
 - complete refurbishment to provide single person en-suite rooms for 25 direct access service users;
 - complete refurbishment of single person flats in Rosefield Street to provide 9 tenancies for supervised move on accommodation;
 - agree protocols and leases with various RSLs to release emergency access accommodation for families in community based settings to alleviate the trauma of homelessness for children;
 - roll out the programme of health, education and training (HEAT) in schools and other educational establishments;
 - highlight gaps in service in health and social care provision and seek solutions;
 - development of referral pathways between homeless services and health services, to prevent homeless families becoming lost to health services;
 - start to implement discharge standards;
 - continue to provide basic awareness raising training on homelessness; and
 - Tayside wide research into Alcohol Related Brain Damage is ongoing.

Specific targets for the coming year:

- if Homeless Health Outreach Team evaluation is positive, seek sustainable funding;

