ITEM No ...16......



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -

23 FEBRUARY 2022

REPORT ON: SUPPORTING PEOPLE WITH LEARNING DISABILITES, STRATEGIC

UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB10-2022

1.0 PURPOSE OF REPORT

To brief members of the Integration Joint Board about the development of a new Strategic and Commissioning Plan to support people with learning disabilities and their unpaid/ family carers in Dundee and associated pan Tayside developments.

2.0 RECOMMENDATIONS

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

- 2.1 notes the work that has been undertaken to develop a draft Strategic Plan/ discussion document (Appendix 1)
- 2.2 notes the Engagement Plan (Appendix 2) that will support further co-production between March and June 2022
- 2.3 notes the pan Tayside work which is underway to improve outcomes for people with learning disabilities and neurodiversity outlined at 4.11 and 4.12 of this report
- 2.4 remits to the Chief Officer to submit a report to update the IJB on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for approval in August 2022.

3.0 FINANCIAL IMPLICATIONS

3.1 The Strategic and Commissioning Plan to support people with learning disabilities will be underpinned by a financial plan which will outline the totality of resources available and the shifts within those resources that will be required to meet the priorities set out within the Strategic Plan.

4.0 MAIN TEXT

- 4.1 Approximately 1100 citizens over 16 in Dundee are known to have a learning disability, with 272 also having an autism spectrum disorder. This is a higher proportion of the overall population of adults in Dundee than is reported in most other areas of Scotland.
- 4.2 The responsibility for strategic planning for adults with learning disabilities sits with the Dundee Learning Disability and Autism Strategic Planning Group (SPG), which has been in operation for a number of years. The Group has multi agency membership and includes Advocators, who are employed to represent the views of people with learning disabilities within strategic and planning processes locally and nationally.

- 4.3 The most recent large-scale engagement event, which focussed on hearing views about future support from people with learning disabilities and their carers took place in October 2019, several months before the start of the Covid-19 pandemic. Following the event, key priority areas for action were identified and an early draft of a Strategic Plan produced.
- 4.4 The impact of the pandemic meant that between March 2020 and June 2021 there was limited capacity to come together as a Strategic Planning Group or to engage with people and their carers about the further shaping of the Strategic Plan.
- 4.5 In June 2021 the Strategic Planning Group reconvened via a digital platform. Whilst helpful as an update between members, the constraints around the ability to have face to face group meetings was felt to be significantly prohibitive to the work of this group in particular. In keeping with changing pandemic guidelines, 2 further meetings have taken place; one involving a smaller core group face to face and one via a digital platform with the smaller group.
- 4.6 Since June 2021, work has been undertaken by the Advocators and other SPG members to review the vision for the draft Strategic Plan and to revisit the key messages from the event held in October 2019. This has been completed taking into account the impact that the pandemic has had on people we support and their carers.
- 4.7 An early draft of a Strategic Plan, which includes additional narrative to support further engagement/ co-production, is attached at Appendix 1, and it is envisaged that this document will be considered and adapted as part of a planned programme of further engagement and co-production over March, April and June of this year (Appendix 2). Work to date has in part been informed by local Strategic Needs Assessment which was refreshed in autumn 2021, relevant elements of which have been extracted (Appendix 3).
- 4.8 It is anticipated that the proposed Strategic Plan will support a range of outcomes for carers as well as the people they support. These outcomes are mainly in relation to ensuring that the care and support needs of the person they care for are met in the best way and in partnership with the workforce within the services and supports they have in place.
- 4.9 During the pandemic we know that there have been limitations for many carers in terms of them having capacity to engage due to additional pressures related to their caring role. Both the Engage Dundee and Dundee Carers Partnership Covid Engagement reports acknowledge that many carers of people with learning disabilities have experienced a negative impact, including the loss of formal and informal supports and services for the person they support.
- 4.10 An important element of the proposed engagement/ co-production phase will be the seeking of assistance from Dundee Carers Centre to advise on, and potentially facilitate, improved connection with carers. It is also anticipated that the SPG will continue to work alongside the Carers Partnership to optimise carers' outcomes and minimise negative impacts on carers.
- 4.11 As a response to the priorities for people with learning disabilities set out in Living Life Well, a project team has been established to enable a collaborative approach to developments that require a pan Tayside focus. The overarching focus of the project is Balance of Care/ Right Support, Right Time, Right Place. Two stakeholder events have already taken place and themes are merging that will determine priorities for action. It is anticipated that these will include; increased multi-disciplinary team (MDT) models to support people with complex needs, an increase in capacity to extend a positive behavioural support approach, some joint commissioning of support for people with very complex needs. The Locality Manager responsible for learning disability services within the Partnership co-leads this workstream with a colleague from Angus HSCP.
- 4.12 A Tayside wide strategic planning approach is also being taken to adults with neurodiversity. This includes adults with and without a learning disability and covering a wider range of problems than currently welcomed by services. Although expected that the main presenting conditions will be autism spectrum conditions, ADHD, dyspraxia, Tourette Syndrome and tic disorder, the overarching principle will be that all neurodiverse conditions will be accepted. A guiding principle of "holistic neurodevelopmental assessment" will recognise the high levels of comorbidity that exist and help ensure that only a single, meaningful assessment will take place. The work being undertaken is being co-produced with service-users, carers, third sector organisations and health and social care professionals. It is likely that this work will lead to

fundamental changes in the way that people access services and the current over-reliance on medical diagnosis as a gateway into help and treatments. The Clinical Lead for Mental Health and Learning Disabilities within the Partnership leads this work.

- 4.13 Similar strategic planning and improvement work is happening with CAMHS services.
- 4.14 The development of a Dundee Strategy aimed at improving outcomes for people with learning disabilities and their carers is a key priority for 2022. Alongside this, the progression of the Tayside collaborative work outlined at 4.11 and 4.12 will ensure that a whole system approach is taken to meet the needs of people with learning disabilities and neurodiversity.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues identified. Should there be issues identified during the process of further engagement outlined within this report these will be taken into consideration when developing the final draft of the Strategic and Commissioning Plan.

6.0 RISK ASSESSMENT

| Risk 1 Description | That the local and pan Tayside developments outlined in the report do not progress at pace resulting in people with learning disabilities and their carers not receiving the care and support that they need. |
|---|---|
| Risk Category | Operational |
| Inherent Risk Level | Likelihood 3 x Impact 4 = Risk Scoring 12 |
| Mitigating Actions (including timescales and resources) | Although there have been some delays in planning due to the pandemic, there is a strong history of co-production locally and well-established networks operating across Tayside. Local and pan Tayside planning processes are progressing well and specialists in communication methods are available to support engagement and further refining of the Strategic and Commissioning Plan. |
| Residual Risk Level | Likelihood 2 x Impact 2 = Risk Scoring 4 |
| Planned Risk Level | Likelihood 2 x Impact 2 = Risk Scoring 4 |
| Approval recommendation | It is recommended that the risk be accepted. |

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

| Direction Required to Dundee City Council, NHS Tayside or Both | Direction to: | |
|--|--|---|
| | No Direction Required | Х |
| | 2. Dundee City Council | |
| | 3. NHS Tayside | |
| | 4. Dundee City Council and NHS Tayside | |

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons Chief Officer DATE: 31st January 2022

A Strategy for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism

Living Life Well and Living Life Your Way in Dundee

in Dundee.





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The aim of this Strategy is to support people in Dundee to live life well and live life the way that they want. The Vision for this Strategy was created by Advocating Together, Dundee at the request of Dundee Learning Disability and Autism Strategic Planning Group (SPG). This vision, below, was created before the recent Pandemic and the Advocators looked at it again and updated it in 2021.

Introduction and Background

This is a Strategy that gives a framework to support people in Dundee. The people who are the main focus of this Strategy are Adults with a Learning Disability and Adults with additional support needs and people of any age who have Autism but not a Learning Disability. Unpaid family carers will be supported through some of the actions in this plan as well as through the local carers strategy "A Caring Dundee 2" https://carersofdundee.org/dundee-carers-strategy-2021-24/

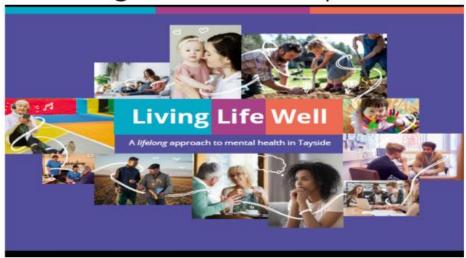
This Strategy gives information about what local people have said is important as well as taking into account national policies, research and knowledge. The Covid Pandemic has affected all face-to-face meetings where decisions are made as well affecting opportunities to hear from people affected by the decisions based on this strategy and their family and carers and other stakeholders. The Dundee Learning Disability and Autism Strategic Planning Group (SPG) support the development of Health, Social Work and Social Care and other supports and services for people in Dundee. The SPG reports to the Integration Joint Board for Dundee Health and Social Care Partnership.

Prior to the Pandemic the SPG met regularly to discuss, plan and make arrangements. On-line meetings have proved unsuitable and unsuccessful for the SPG, in particular it has not supported the best contributions and discussions with the Advocators who attend. It is hoped to have small face to face meetings if the risks can be appropriately managed. SPG members work for a range of different agencies across the city and they have worked together to listen to and learn what is important to local people, their families, carers and their support staff. Some of the SPG Members are part of making plans with others in across Dundee and Tayside including planning with NHS Tayside and Dundee City Council.

Living Life Well in Tayside

'Living Life Well in Tayside' is the Tayside Mental Health and Wellbeing Strategy and supports redesign of services Mental Health and Learning Disability Services in local communities and hospitals. The strategy can be found at: https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608/index.htm

Living Life Well In Tayside



In 'Living Life Well' there were some main priorities identied for support for people with a Learning Disability. These priorities mirrored those in the 'National Keys to Life Strategy'. In addition to this life transitions were identified as another area of priority; in particular transitions like those from childhood to adulthood and from working age to retiral age. There are working groups to implement 'Living Life Well' and some Dundee SPG members are part of these groups.

National Strategy- The Keys to Life

The Keys To Life is is National Strategy which recognises that people who have a learning disability have the same aspirations and expectations as everyone else. It is guided by a vision shaped by the Scottish Government's ambition for all citizens. This National Vision is endorsed by the SPG and it is intended that the work of this strategy will contribute towards it. More Information can be found at https://keystolife.info/ The Keys to Life Vision is:

'Everyone – including people with learning disabilities - should be able to **contribute to a fairer Scotland where we tackle inequalities and people are** supported to flourish and succeed. People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.'

The **Strategic Outcomes** in 'Keys to Life' are summarised below.

A Healthy Life



People with learning disabilities enjoy the highest attainable

| | | standard of living, health and family life. |
|---------------------|----------------------|--|
| Choice and Control: | | People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse |
| Independence: | living independently | People with learning disabilities are able to live independently in the community with equal access to all aspects of society. |
| Active Citizenship: | WW FIRM W | People with learning disabilities are able to participate in all aspects of community and society. |

Outcomes for People in Dundee

Through co-production people in Dundee developed a group of Personal Outcomes that were important to them. These Personal Outcomes have been adopted by the SPG and the SPG have made commitments to supporting these.

| Personal Ou | ıtcome Area | Our Commitments to you. | | | | |
|----------------|------------------|--|--|--|--|--|
| Obsissed | ~ °°°7 | In partnership we will generate plans | | | | |
| Choice and | | and actions to support you to fulfil the | | | | |
| Responsibility | (00) | Statement 'I have choice and control | | | | |
| | | of my life' | | | | |
| | 8 | Through work around safety you will | | | | |
| | | feel safe and be as safe as you can | | | | |
| Safety | | be through getting the support and | | | | |
| | <u> </u> | care you need and progress towards | | | | |
| | 7 6 8 | enhancing safety | | | | |
| | Q dia | You will have the best possible health | | | | |
| Health and | | and wellbeing with support to get | | | | |
| Wellbeing | | good health care to feel good and | | | | |
| | | stay well. | | | | |
| | Z Z Z | You and your carers will have the | | | | |
| Informed and | W S | right information at the right time and | | | | |
| Involved | 600 | will have a say in decisions about | | | | |
| | | local services and about your | | | | |
| | | community. | | | | |
| _ | 0000 | You will have opportunities and | | | | |
| | 100 3 | support to make and maintain | | | | |
| Family and | 877 | relationships with your family and | | | | |
| Relationships | | friends and to have the opportunity to | | | | |
| | | have the personal relationships that | | | | |
| | | are right for you. | | | | |
| | | You will be supported to be part of | | | | |
| Being Part | 0.0 | the world you live in, living your life to | | | | |
| of the World | | the full and always having the | | | | |
| | | opportunity to learn and develop. | | | | |

The Dundee Personal Outcomes have been aligned with The Keys to life Priorities to form a Framework for our Strategic Plan in Dundee.

| Keys to Life Strategic Outcomes | Dundee Personal Outcomes | | | |
|------------------------------------|-----------------------------|--|--|--|
| | Health and Wellbeing | | | |
| A Healthy Life | Family and Relationships | | | |
| Choice and Control | Safety | | | |
| Choice and Control | Informed and Involved | | | |
| Active Citizenship | Being Part | | | |
| V Notice (size) | of the World | | | |
| Independence (CO) | Choice and | | | |
| living andependating | Responsibility | | | |

Your Keys to Life in Dundee October 2019

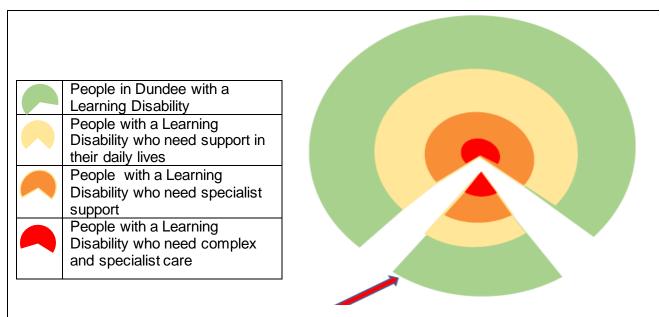
In October 2019 an event was held at the Marayat Hall in Dundee and this was attended by 230 people. It included around 100 service users and people who had a Learning Disability or Autism. There were family carers, members of the workforce and members of the public. Here are some of the Key Messages

- About 230 people came along on the day. People enjoyed the event, had fun and learned a lot
- Being healthy was a focus for many people. There was a lot of interest in healthy eating, drinking water and activities that were healthy
- People thought their families were important and were keen to have social activities to build relationships and friendships
- There was confidence that safety was an area that we promoted and protected in Dundee
- Having a home of your own was seen as important by lots of people
- · People appreciated the support that they get
- People would like more support to do things in evenings and weekends especially social activities
- People had lots to say about how they want to be part of the world
- · Inclusion, involvement and information can be improved
- Transition to adult life needs better support

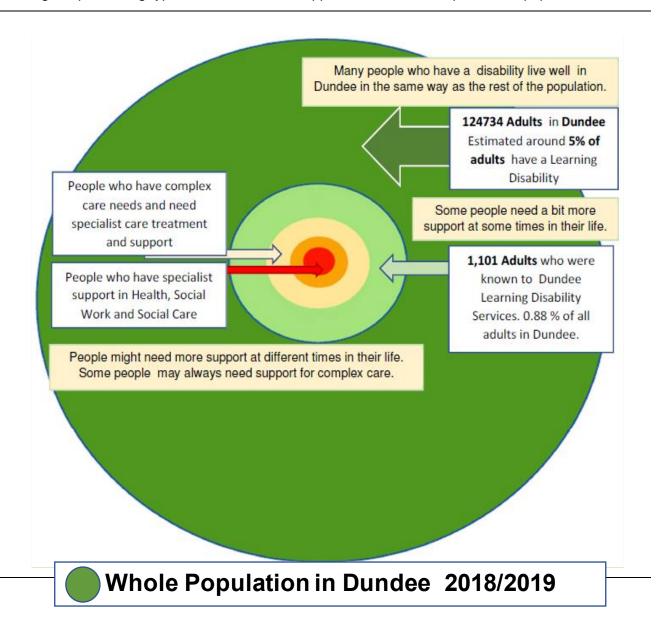
The SPG have considered the views shared at the event along with information from National Research and from Engage Dundee and Dundee Carers Covid Engagement. The basis for this plan has been verified with the Advocators and endorsed by the SPG. The SPG know that not everyone has had a chance to give their view yet. The intention was that there would be more work to learn from people following the 2019 event. The Advocators at Advocating Together planned to be central to this and wanted to have the opportunity to hear more from people, stakeholders and carers. The Pandemic has overtaken the capacity to do this and restricted opportunities. More information will become available about people's views and needs in future. An implementation plan will be developed with actions which will meet the concerns and barriers that are known just now. The implementation plan will require to be flexible enough to adapt when new circumstances and situations become known.

It is anticipated that the basis for supporting people will remain the same or similar to the triangle of support that has provided a framework for a number of years. See in the diagram on next pages 'Framework of Resource Use-Triangle of Support'. There are some changes that must be considered now. It is anticipated that following the Pandemic some of the people who previously lived a more independent lifestyle accessing support in their local community may have become disconnected with this and need to re connect with new support. Some people, particularly those in in communal living situations and care units have had the sorrow of not being able to spend time with family and friends. National and Local engagement and research inform that (unpaid/family) carers have been providing additional support due to restrictions and may be in greater need of support to relieve them and respite care support.

The following diagrams represent what we currently know about the numbers of people in Dundee who have support or who may need support and the levels of support needed.



Triangle representing types of resource and support needed in each part of the population



Framework of Resource Use -Triangle of Support

Aim -Everyone will have the support they need to Live Life Well and to live the life they want

Higher Cost -Smaller number of people Specialist support/ Care for Some of the people in this Complex Needs Types of support group will always need include White top; In Patient Care; specialist support. Weavers Burn. Some need specialist support for a limited time. Specialist Health, Social Work & Social Care Services. Examples include Wellgate Day Support; Psychology Service; Learning Disability Nurses Learning Disability Health & Social Care Support. Examples include support from Supported Living Community Living; Unpaid Carers; Employment Support Costs increase and numbers The supports described decrease at top of triangle. are available to all based on need. Adults in population who are further up the triangle may and do access supports from lower levels as well as higher level support Unpaid/family carers give support across population in in all parts of triangle Living Life Well Examples include. library, Community Centres, Self -Advocacy Unpaid carers Less Health and Social Care resources and costs -more people with greater independence

What will happen next?

Conversations with you

Much of the information in this plan was gathered before the pandemic This plan has been supported by you or people like you giving your point of view. Your views are heard in a number of ways including: Participation and Engagement Activities including Focus groups and events. These activities are usually supported by Advocating Together and the Providers Forum as well as other colleagues in Dundee Health and Social Care Partnership and Dundee City Council including Communities Officers. More recently The National Involvement Network has promoted The Charter for Involvement and local people have created a Dundee Charter for Involvement group. There is still need to learn more and as many opportunities as possible in the current circumstances will be taken to learn your views.

Action plan

With the help of people and stakeholders the SPG is developing a plan to make sure everyone has the same chance to meet your personal outcomes wherever they live in Dundee.

Monitoring

The SPG will seek ways to check that people are able to live the life they want and life well in Dundee.

Manager Responsible -Arlene Mitchell (Locality Manager) Dundee Health and Social Care Partnership.

Background information

What is a learning disability? "A significant lifelong condition which is present prior to the age of eighteen and which has a significant effect on a person's development."

Whilst people with a learning disability "will need more support than their peers to understand information, learn skills and lead independent lives", this does not mean they are incapable of playing an active role in our society and economy -Keys to Life https://keystolife.info/

What is autism?

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. https://www.autism.org.uk/advice-and-guidance/what-is-autism

What are LDSS Statistics?

Learning Disability Statistics Scotland (LDSS) provide information on adults with learning disabilities who are known to Scottish local authorities. Information is included on demographics, accommodation, employment, further education and day centre use 2019 Report - SCLD

Other important documents

Information about all policies, publications, consultations and news relating to **health and social care** can be found at https://beta.gov.scot/health-and-social-care/.

The Scottish Government autism and learning/intellectual disability transformation plan 'Towards Transformation' sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities

https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/

Information about local policies, publications, consultations and news relating to **health and social care** can be found at https://www.dundeecity.gov.uk/

The Dundee Health and Social Care Strategic Planning Group are responsible for the DHSCP Strategic Commissioning Plan (SCP). This Strategy takes account of this plan which is currently being reviewed. The SCP has 4 main priorities and these are seen as important when implementing this strategy. Health Inequalities; Early Intervention/Prevention; Person Centred Care and Support; Models of Support/Pathways of Care. The SCP is supported by a Housing Contribution

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statement which along with the Strategic Housing Investment Plan are important aspects that will contribute to the work of this Strategy.

Needs Assessment

The Dundee SCP is based on a Strategic Needs Assessment which was refreshed in 2021. This can be found on Publications on Dundee HSCP website. The Needs Assessment is supported by information from a number of sources in particular the annual Learning Disability Statistics Scotland. The key information identified through the Strategic Needs assessment includes:

- in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. This is about 1 person in every 100 people in Dundee, which is a higher proportion than most other places in Scotland.
- Most of the people live in Coldside, Strathmartine and East End and nearly half live in the most deprived areas of Dundee. This can really affect their chances of a good life.
- Half of the people known about receive support either in their own homes or in care homes or hospital.
- People with a Learning Disability have a life expectancy of 20 years less than other people with the same physical health.

Other information in the Needs Assessment which is particularly relevant to this strategy includes: information about MAPPA, Mental Health Orders, Incapacity Act work, Employment Services and Public Protection, Homelessness, Carers, Care Homes, Respite Care and Support Services.

Current Research

In 2021 the Fraser of Allander Institute set out to build evidence-based effective action for people with learning disabilities in Scotland. They advise they have found that the evidence on which to base effective policy to improve the outcomes for people living with a learning disability is severely lacking. The Institute advise that without better data to underpin policy making, Scottish Government ambitions to improve the lives of adults with learning disabilities are unlikely to be realised. https://fraserofallander.org/a-new-project-on-adults-with-learning-disabilities-in-scotland/

Words and Terms and what they mean in this Strategy

| | Advocating Together is an independent advocacy and capacity |
|----------------------|---|
| Advocators | building organisation for adults (over 16) with: learning |
| | disabilities, autistic spectrum disorder or complex |
| | communication need. Advocating Together employs Advocators |
| | who are people with a disability who listen to their peers and |
| | find creative ways of building capacity and engaging. |
| | A strategic framework is a method that details how planned |
| Framework | work will help reach important objectives. |
| | An implementation plan records details of the critical activity |
| Implementation plan | needed to carry out the strategy. |
| | The IJB has overall responsibility for the planning of services for |
| Integration Joint | the parts of Health and Social Care in Dundee that come from |
| Board IJB | NHS Tayside and Dundee City Council. |
| | The SPG is a group of local people and professionals interested |
| Learning Disability | in health and social care for people with a Learning Disability |
| and Autism Strategic | and people with a Learning Disability and Autism in Dundee. |
| Planning Group (SPG) | Strategic planning is a process in which a vision for the future is |
| | identified along with goals and objectives. It helps health and |
| | social care and other organisations to understand what needs to |
| | be done to improve outcomes for the target population (in this |
| | case people with a Learning Disability and people with a |
| | Learning Disability and Autism) |
| | Personal outcomes describe what a person wants to achieve. |
| Personal outcomes | These are realistic goals that the person receiving care and |
| | support, and their care worker or carer can work towards- |
| | grouped into 6 |
| | Strategic Priorities are the key areas that people want to plan |
| Priorities | work on to achieve their vision |
| | A infectious disease that has spread across a large or |
| Pandemic | worldwide, affecting many individuals. In this report the |
| | Pandemic referred to is Covid 19 infection starting in 2020. |
| | The IJB must have a local strategic commissioning plan and |
| Strategic | review its progress every 3 years. A of the plan. A strategic |
| Commissioning Plan | commissioning plan must also set out the way in which the |
| | arrangements for carrying out the functions are intended to |
| | |

| | achieve or contribute towards achieving the national health and | | | | | |
|-----------------|--|--|--|--|--|--|
| | wellbeing outcomes. | | | | | |
| | This sets out current and (predicted) future health and care | | | | | |
| Strategic Needs | needs of local populations to inform and guide the planning and | | | | | |
| Assessment | commissioning of health, well-being and social care services | | | | | |
| | within an IJB area. | | | | | |
| Strategy | While there are different strategy types and levels, the purpose | | | | | |
| | of all strategies is to bring an organization's actions into | | | | | |
| | alignment with its stated mission or values. Strategic | | | | | |
| | Planning helps health and social care organisations to | | | | | |
| | understand their complex systems. By using a range of | | | | | |
| | intelligence, a robust picture can be seen that enables and | | | | | |
| | delivers system redesign, improving outcomes for the | | | | | |
| | population. | | | | | |
| Vision | The vision or vision statement sets out our ambition for the | | | | | |
| | future. | | | | | |

| Personal Outcome Keys to Life Outcomes | The Vision for Dundee | Action (Initial thoughts – further contribution and ideas needed) | Key Agents | Status |
|---|---|--|---------------|--------|
| Health and Wellbeing (A Healthy Life) | Support to live life your way, Live Life Well, and have a healthy life. | Promotion activities, Education/learning, nutrition, fitness activity | | |
| Choice and Responsibility (Independence) | The right social care and health care, at the right time. | Transition especially to adult life | | |
| , | | A home of your own | | |
| Safety (Choice and Control) | It will be everyone's business to keep people safe, promote fairness, respect and Human Rights. | | | |
| | People will be helped to help themselves and each other. | | | |
| Family and Relationships (A Healthy Life) | People will have support to have good relationships with family and friends and romantically. | Supported social activities especially evenings and weekends | | |
| Informed and Involved | Everyone will be listened to and have opportunities to be involved | Information about supports and local activities | | |
| (Choice and Control) | There will be chances to meet face-to-face and to have digital access and inclusion. | Inclusion including digital | | |
| Being Part of the World | Everyone will be able to make a contribution and have a valued role. | Personal learning and development | | |
| (Active Citizenship) | Accessible, beautiful Public Buildings, and Public Spaces. | Connecting with wider world | | |
| | A good place to live with affordable shops, selling healthy produce. | | | |
| | These shops will be convenient for everyone, inclusive, friendly and safe. | | | |

| DHSCP Proposed Engagement | www. | www.scdc.org.uk/what/national-standards | | | | |
|---|-------------|---|--------------------------------------|--|--|--|
| Engagement for Living Life Well and Living | Communicate | | | | | |
| Life Your Way in Dundee- | Engage | | (P)People with a Learning disability | | | |
| A Strategy for People in Dundee with a Learning Disability and People with a | Consult | | (S)Stakeholders | | | |
| Learning Disability and Autism | Involve | | (C) Carers | | | |

Stage 1- 24 Feb 2022

| Date | What | How | With Who | Р | S | С | Key Persons | Complete |
|------|--|---|---|--|--------------------------|---|--|----------------------|
| | Test Vision | Share Vision by email, on line etc | P – through Charter Involvement group workforce and self- groups. S- Through webpag circulation? Short s C- Through Dunder and providers carer | , provi advoo ges and urvey e Care | cacy d wide rs Cen | e | Through Providers forum, Charter for Involvement group, workforce, Carers Centre, Dundee Volunteer and Voluntary Action, Dundee City Council | By mid March 2022 |
| | Consider / Progress Engagement Working Group | Further discussions | Propose small work providers represent Learning Disability (Specialist and Advo | tative(Comm | s), unica | | Providers Forum Strategy group Advocating Together | By mid March 2022 |

| | | Speech and Language Therapy | |
|--|--|--------------------------------|----------------------|
| Microsoft Teams meeting to discuss, inform and learn from stakeholders | Microsoft Teams meeting to discuss, inform and learn from stakeholders | Pam Brown Joyce Barclay | By mid March 2022 |

Stage 2 from 17th March 22

| Date | What | How | With Who | Р | S | С | Key Persons | Complete |
|----------------------|---------------------|----------|------------------|---|---|---|---------------------|------------|
| w/b 14 th | Collate stakeholder | Group | Engagement Group | | | | Advocators | By end May |
| March | info | Meetings | | | | | Providers | 2022 |
| | Design Focus Group | | | | | | representative(s) | |
| | activity. Timetable | | | | | | Speech and Language | |
| | events | | | | | | Therapy | |
| | | | | | | | | |

Stage 3 – Aim for end Date 24th June

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Appendix 2

| 12-24 June | Findings Report | Report | Via engagement Group | Author Joyce Barclay | By 24 th June |
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Extracted from Dundee Strategic Needs Assessment

Dundee Health and Social Care Partnership Strategy and Performance Team September 2021

The Full Needs Assessment can be accessed via www.dundeehscp.com/publications

The information here forms part of a Full Strategic Needs Assessment. Although the whole SNA has information that informs planning this is some of the most relevant to planning for people with a Learning Disability and people with a Learning Disability and Autism in Dundee

Life Expectancy In Dundee

Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas. Over a ten year period (2009 – 2019) life expectancy for males who live in the most deprived areas of Dundee has decreased from 69.91 years to 67.18 years and females from 75.31 years to 75.18 years.

However when we compare males and females over the same ten year period, living in the least deprived areas of Dundee, life expectancy has increased. Males life expectancy has increased from 75.44 years to 81.47 years and for females increased from 80.18 years to 84.98 years.

COVID-19

People in deprived areas already experience inequalities in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19, the consequences of lockdown measures, and uncertainty about the future .The Fairness Commission reported that Dundee has high levels of poverty and disadvantage with associated effects on the health and wellbeing of people in more deprived areas. The likelihood is that without targeted interventions the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with perhaps little resilience or experience to cope. Accelerated effort is required to mitigate effects for those in most need whilst

building resilience for individuals and communities to provide responses themselves. (The Fairness Commission, 2020)

Engage Dundee Reported that 31% of respondents reported struggling to have a healthy lifestyle during the lockdown period (n=269). Those in the three youngest age group categories had slightly higher than average proportions whilst the age groups with the lowest reported difficulties were 60-64yrs and 65-45yrs. Students and long term sick and disabled had notably higher proportions than average (48% and 42.9% respectively). There was no significant difference between those on benefits and not.

COVID-19 Access to Services

Engage Dundee reported that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%). (Engage Dundee, 2020)

Good experiences of health services were highlighted including the Children's ward at Ninewells, proactive Shielding Services, and the Keep Well Nursing Team. However, a large number of respondents reported difficulties such as postponement of treatment resulting in need for emergency appointments/surgery; no physiotherapy following a broken leg; lack of follow up and monitoring after breast cancer treatment; a long wait to manage pain; no respite or help for people with significant disabilities; telephone appointments being less than satisfactory; difficulties receiving dental care and treatment.

10% of the total sample reported difficulties in accessing services and support (n=87) and slightly higher than average were the middle age groups. Long term sick and disabled were most likely to report difficulties at 30.4% (n=17). Also, higher than average were the unemployed, those on furlough and carers; however, numbers here were very small. 13.8% of respondents living alone reported difficulties (n=26) as did 16% of people on benefits (n=39).

As highlighted in the Fairness Commission survey, respondents reported difficulties in getting appointments for health services including medical and dental care, optical and audiology, hyperbaric, physiotherapy and cancer services with some treatments being cancelled or postponed due to Covid-19 restrictions. This led to some respondents living with extreme pain or reduced mobility. There were reported difficulties with online appointments whilst others felt that telephone appointments for some services such as physiotherapy were not appropriate.

Common issues mentioned here and also highlighted elsewhere in the survey included lack of services for children with additional needs, limited childcare options, no access to antenatal classes and services for the deaf. The closure of local libraries and their central role in providing study space and internet access were highlighted and several negative changes to council services were again raised.

Dundee Employment Support Service

The Employment Support Service (ESS) provides an employability service to address the unmet employment needs of people in the community with disabilities, health problems and other significant barriers to employment. Many people using the service experience multiple barriers to employment.

The ESS's target group is unemployed people with disabilities and health problems who reside in the Dundee area. People with all types of disability are accepted including physical disabilities, mental illness, sensory impairments, acquired brain injuries, learning difficulties and learning disabilities.

In 2019 the Employment Support Service provided support to 265 people of whom 167 were men and 97 were women, The Employment Support Service organised 68 work experience placements and 44 people secured employment.

PUBLIC PROTECTION

There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.

The responsibility for providing protection and supports for those involved is multi-agency and requires strong strategic leadership and coordination of service delivery. There is a Protecting People governance group and framework in place through which the development and coordination of protection services takes place. This SNA provides data in relation to key areas of coordinated protection activity which takes place in Dundee.

The Adult Support and Protection (Scotland) Act 2007 places a duty on the local authority to look into the circumstances of adults at risk and to protect adults who because of a disability, health condition, or age, are less able to protect themselves or their own interests. The Act also gives powers to intervene where an adult is at risk of serious harm, via protection orders, which are applied for through

the court. The Adult Support and Protection process follows the path, generally, of: Initial Concern > Duty To Inquire > Investigation > Case Conference > Protection Plan.

The number of Adult Support and Protection (ASP) referrals received has increased considerably over the last 4 years, rising from 919 referrals between 1st April and 31st March 2016/17 to 2,372 referrals in 2020/21. This increase is in part related to the improved awareness of adult needs for protection, but is also a reflection of the impact of deprivation and social problems in Dundee. It is also recognised that Dundee city has one pathway for highlighting concerns whether they are suitable for ASP work or not. An action for the coming year is to develop a system which will triage referrals thus prioritising those in greatest need and reducing the number considered at ASP. Of the 2,372 referrals 3% proceeded to 'further adult protection action', 16% were 'further non-adult protection action' and 81% of referrals were 'not known'.

Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three-point test' and proceeded (under the Adult Support and Protection legislation) to Investigation was low at 2% (54 clients) from 1st April 2020 to 31st March 2021.

Of the 54 cases in 2020/21, the majority of investigations (63%) were carried out for people aged between 25 to 64 years of age with 30% being carried out for people aged 65+. The primary client groups included were: Mental Health Problem – 8 clients Learning Disability – 7 clients Physical Disability – 8 clients includes children in need - 2, Community Justice Service - 2, Older People - 9, Sensory Support - 1, Social Support – 5, Substance Use - 2 and other

Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders (Scotland) Act 2005 introduced a statutory duty on responsible authorities, for example, local authorities, Scottish Prison Service, Police Scotland and the NHS. It became their responsibility to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders, restricted patients and certain high-risk offenders) who present a risk of harm to the public.

The operation of MAPPA is well established in Dundee, and the Public Protection Team (PPT) in the Community Justice Service (CJS) assess and manage registered sex offenders and certain high-risk offenders who are subject to community and post- custodial supervision requirements. At 31st March 2020 167 offenders were being managed through MAPPA; there continues to be an increase in internet related offending.

Appendix 3

HOMELESSNESS

Between 1 April 2018 and 31 March 2019, Local Authorities received a total of 36,465 homelessness

applications. This is an increase of 892 (3%) applications compared to the previous year.

The majority of people presenting as homeless were between the ages of 26 and 59. The numbers

and proportions of people presenting as homeless who are under the age of 25 are also significant,

particularly given the changes under Welfare Reform for them. Out of a total of 1380 presentations

approximately one quarter (347) were under the age of 25.

Care Homes

On 31st March 2020, there were 1094 people in Care Homes. 1012 (92.5%) of care homes residents

were aged 65 and over and 82 (7.5%) were under 65 years of age. The average age was 82.7 years.

The majority of the people are in private Care Homes (86%), 7% in local authority Care homes and

7% in Voluntary Care homes. 80% of the people are in Care Homes within Dundee and a fifth out

with Dundee. 774 (71%) were receiving nursing care. The main disability/ health characteristic for

those in Care homes was 36% with physical disabilities, 34% who were frail/elderly, 23% with

dementia, 4% with learning disabilities and 3% with mental health. This is a group of people who are

likely have multi-morbidities and be in the older age group. Care Home residents are a high-risk

group for contracting COVID-19.

Self-directed Support

The Social Care (Self-directed Support) Act 2013 came into force on 01 April 2014. Self-directed

Support (SDS) is the support a person purchases or arranges to meet agreed health and social care

outcomes. SDS allows people to choose how their support is provided, and gives them control of their

individual budget. SDS offers a number of options for accessing support. Individual (or personal)

budgets can be:

Option One:

Taken as Direct Payment

Option Two:

Allocated to a provider the individual chooses

Option Three:

Local authority arranges a service

People can also choose a mixture of all 3 of these different arrangements for support. Personalised

services delivered under SDS, are homecare, respite, day services, enabler services, housing support

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and in-college support. 86% of the people receive one of these services and 14% receive 2 or more services. 75% receive home care services.

There has been a gradual increase for Option One and Two over the years. In 2019/20 5% of Dundee's social work spend was on direct payments, an increase on previous years but still lower than the Scottish average spend of 9%.

CARERS

The Scottish Governments latest figures report an estimated total of around 690,000 carers in Scotland¹. Overall it is estimated that in Dundee there are around 18,300 adult carers (aged 18+) and around 830 young carers (aged 4-17). In 2011 13,072 people in Dundee identified themselves as being a carer; this is 8.9% of Dundee's population and a rate of 89 people per 1,000 population. The rate for Scotland is 93 people per 1,000 population. Between 2001 and 2011 there was a 16% increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

87% of Scottish carers (Carers UK, 2020) and 84% of Dundee carers (Dundee Carers Partnership Engagement, 2020) provided more care than they were prior to the outbreak. During the pandemic, 71% of unpaid carers have not had a break from their caring role. Only 23% of unpaid carers in Scotland are confident that the support they receive with caring will continue following the COVID-19 pandemic (Carers UK)

Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this (Dundee Carers Engagement, 2020).

Respite Care

Some Service users take up Respite Care, some of this in the form of admissions to a Care Home or Respite Unit where the person cared for is cared for away from their household, for an agreed period of time, Some others experience a short period of care at home where their carer is relieved by care services. In 2019-20, overnight respite care was provided to 377 people with a total of 1198 periods of respite, providing 10234 nights of respite care.

Respite care provision in Dundee has increased over the last 3 years for the 18 to 64 age group, although there has been and a fall in respite care provided for for people who are aged 65+.

¹ https://www.gov.scot/publications/scotlands-carers-update-release/

Half of the respite service users only had one period of respite. The correlation with age, shows that the younger service users have many periods of respite and the older people have fewer. For older people, often a period in respite care can lead to long term care in a Care home.

Children with Disabilities

For young people with enduring and significant health conditions and disabilities predictions can be made about their likely need for services when they reach adulthood. Such early identification has advantages for young people and their families, as work can be done to introduce adult services and help families anticipate and plan for the future. Agencies can also plan and budget more effectively when they have information about prospective service users.

'Looked After' Children with Disabilities

Between 15% and 20% of all looked after children have a disability (17.3% on 31st July 2020). This is lower for babies and young children and rises to between 10% and 25% of older young people, as some disabilities may only be recognised or recorded later in a child's life. This is also affected by the child attending residential school. On 31st July 2020, 24% of young people in aftercare had a disability. Between 15% and 20% of looked after children have a disability. This rises to approximately 25% at the older end of the young person age range.

Learning Disabilities

The information provided in this section is taken from statistics from the Scottish Commission for Learning Disabilities. The latest report, published in December of 2019, reported that there were 23,584 adults known to local authorities across Scotland, in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Shetland Islands, Inverclyde and East Lothian. Dundee had 8.8 adults per 1,000 population with a learning disability, compared to 5.2 adults per 1,000 population in Scotland as a whole. Perth & Kinross Council was lowest with 3.4 per 1,000.

The number of people in Dundee with autism has been increasing year on year as shown above in in part due to improved identification and diagnosis.

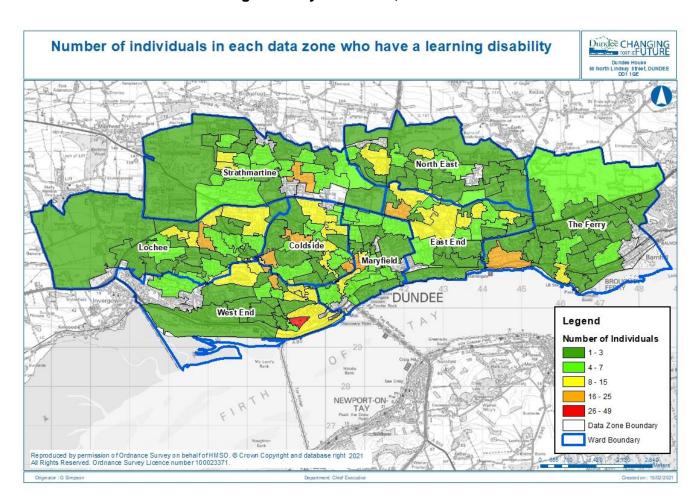
The West End, Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Coldside, East End and West End are shown to have had higher rates

than the Dundee rate of 8.8 people with a learning disability per 1,000 of the adult population. **Coldside** had 32% of people with a learning disability in the 16 to 34 age group, 49% in the 35 to 64 age group and 19% who were aged 65+.

East End had 60% of people with a learning disability in the 16 to 34 age group, 36% in the 35 to 64 age group and 4% who were aged 65+.

West End had 83% of people with a learning disability in the 16 to 34 age group, 17% in the 35 to 64 age group and 0% who were aged 65+.

Prevalence of adults with a learning disability in Dundee, 2019



Source: Scottish Commision for Learning Disabilities, Learning Disability Statistics 2019

The Ferry and North East had the lowest number of people identified as having a learning disability. The area with the highest number of people with a learning disability was the Perth Road in Dundee's West End 32% of people identified as having a learning disability who reside in Dundee's West End are from the Perth Road area.

Life Expectancy

"Keys to Life", the Scottish Government Learning Disabilities Strategy published in 2013, reported that the life expectancy of people with a learning disability is 20 years earlier than the general population. Life expectancy in Dundee is 76.9 years, but for people with a learning disability this is significantly lower.

Deprivation and Ethnicity

47% of people with a learning disability in Dundee live in the most deprived areas (SIMD 1). 94% of people with a learning disability are White (Scottish or British background) and 2% are Asian. For the 16 to 34 age group, 91% are white (Scottish or British background), 3% are Asian.

Self-Reported Health and Wellbeing

The 2011 Census asked households about how people rate their health. Fewer people with a learning disability rated their health as good or very good compared to the overall Dundee population. Higher proportions of people with a learning disability said they had bad health and this was especially the case in areas of high deprivation, such as Lochee and East End.

Carers

One of the questions that The Scottish Commission for Learning Disability asks is whether a person lives with their carer. In 2019, 371 or 33.7% live with a family carer. (These statistics do not include children).

Provision of Social Work Services

As at the 31st of March 2021 there were 613 people open to the Learning Disabilities Social Work Team aged 16 and over. Of these 49% of people were aged 16-34 and 44% of people were aged 35-64 and a small percentage aged 65+, 8%. There are just over 100 people open to the Learning Disabilities Team who are living in a Care Home (17%). Some people with a Learning Disability may tramsfer to Older Peoples Services when over 65.

Children and Young People

Data from Dundee's Children and Families Services shows that at the beginning of the school year 2021, 603 pupils of secondary school age (mainstream and non-mainstream schools) have a recorded need of either 'Autistic spectrum disorder' and/or 'Learning disability', which is an 8% increase since January 2020 (556) and does not include specific learning difficulties such as dyslexia or numeric difficulties. Figures include 90 pupils at Kingspark and 38 pupils in off-site education

services. In total there were 189 pupils at Kingspark, so just above 50% of Kingspark pupils are of primary school age.

Mental Health Officer Services

Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances..There has been a significant increase from 2017-18 to 2020-21 for Emergency detentions in hospital and Short-term detentions in hospital.

Criminal Procedures (Scotland) Act 1995. There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act. If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. It allows other people to make decisions on behalf of adults, subject to safeguards. These Orders are mainly used for older people or those with learning disabilities, and are generally private, in that an adult who has a relevant interest is appointed as guardian. If there is no such relevant adult, the Chief Social Work Officer (CSWO) is named as guardian.

On 31 March 2020 there were 15,973 individuals on a guardianship order in Scotland, of these 633 (4%) were for individuals in Dundee. Comparing Dundee to its neighbouring Local Authorities, Dundee have the highest number of current guardianship orders, closely followed by Perth and Kinross.

The number of guardianships granted in Scotland has continually increased year on year for the past 5 years. Dundee's figures have overall increased over the past 5 years. 2016/17 shows a significant increase from 2015/16 (37) then a more gradual increase over the following 3 years.

The majority of guardianship orders granted in 2019-20 were for private guardians, which is a trend over the past five years. The remainder of orders granted were for the local authority. These figures

indicate that the demand for guardianships continue to be high and, overall both type of guardianships, have increased since 2015.

There has been a particularly evident increase in private orders granted since 2015, an overall increase of 81%, from 21 orders granted in 2015 to 38 granted in 2020. Local authority orders granted have also seen an overall increase by 16% from 49 orders granted in 2015 to 57 granted in 2020.

Information provided by the Mental Welfare Commission together with Public Health Scotland Delayed Discharge Data demonstrates that Dundee has:

- Over the past five years the number of local authority guardianships granted on an indefinite basis have significantly reduced. In 2015, 61 indefinite guardianships were granted in Dundee, the following two years seen the figures decrease by around half and then in 2020 a total of 4 orders were granted, the lowest number granted yet which is a huge reduction of 93%.
- The total number of guardianships granted in 2014-15 and 2019-20 were the same (95), however the proportion of the length of the orders granted have changed somewhat. There are more orders being granted on a basis of 0-3, 4-5 and 5+ years and much less orders being granted on an indefinite basis.

To date the provision of the MHO report within the 21-day timescale required by statute is 40% of reports being completed within 20 days.

Adults (aged 18+) who are deemed clinically ready for discharge but need to remain in hospital because they are going through the Guardianship Order process are recorded as 'Adults with Incapacity Act' (Code 9/51X). These people may experience a longer delay due to the required legal processes and procedures encountered in these cases.

Coping with bereavement

Sadly, some people suffered bereavement during the pandemic with one in 10 reporting having lost someone due to Covid-19 or other conditions. In terms of age groups, the range was relatively small at between 8.1 and 13.3%. The two youngest age groups had the highest proportion reporting the loss of a loved one at 13.2% and 13.3%.

Looking at employment status, the long term sick or disabled were twice as likely to have suffered a bereavement during the pandemic compared to the average. Carers, homemakers and the unemployed also scored highly.

Appendix 3

Bereavement was compounded by Covid-19 restrictions and the grief and loss reported by respondents was immeasurable. People struggled to organise funerals with restrictions in numbers of mourners, or by being unable to attend a funeral for this reason. Loved ones were prohibited from the norms of hugging and comforting each other.

An electronic link to *Strategic Needs Assessment: Version 2* can be found by using the following link: (insert when available)