

Strategic Needs Assessment

DATE September 2021

Dundee Health and Social Care Partnership
Strategy and Performance Team



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1.0 CONTEXT

1.1 Who We Are

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

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

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



1.2 Strategic and Commissioning Plan

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

Our Vision

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

The Strategic Needs Assessment is a companion document to the Plan and provides intelligence and evidence to identify health and social care needs of the citizens of Dundee.

The Strategic Needs Assessment assesses a wide range of factors that impact on the health and social care needs of the population, this includes factors that directly relate to delegated health and social care functions as well as those that relate to services delivered by other community planning partners.

1.3 Strategic and Commissioning Process

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

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

(Joint Improvement Team Advice Note, February 2014)

1.4 Strategic Needs Assessment (SNA)

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

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

The approach adopted in this SNA involves three stages:

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

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

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

1.5 Strategic Needs Assessment at Care Group Level

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

The Partnership currently has the following Strategic Planning Groups:



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

1.6 Delivering Services in Localities

The Partnership is organised into four service delivery areas. The concept of dividing the city into service delivery areas supports community engagement and planning across universal, preventative and specialist services for people with all levels of need.

Dundee has a strong ethos of working in partnership with its communities and the people it supports.

There are eight Local Community Planning Partnership (LCPP) areas with established communication and development plans and regular meetings between community representatives and statutory services.

The Partnership is an active partner in Local Community Planning Partnerships.

The four Partnership service delivery areas map across to the LCPPs, with two LCPP areas forming a single Partnership service delivery area:

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

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

1.8 Outcomes and Performance Monitoring

As a Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement. Our commitment to continuously improve services, in order to promote good outcomes for individuals, carers and families underpins everything that we do.

During 2020-21 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to scrutinise the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. Throughout the year the PAC has received quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland. Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire. You can see the Partnership's quarterly performance reports on our website. <https://www.dundeehscp.com/publications>.

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

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

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

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

1.9 Commissioning of Services

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

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

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

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

COVID-19

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

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

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

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

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

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

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

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

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

2.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE

2.1 Profile of Dundee

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

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

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

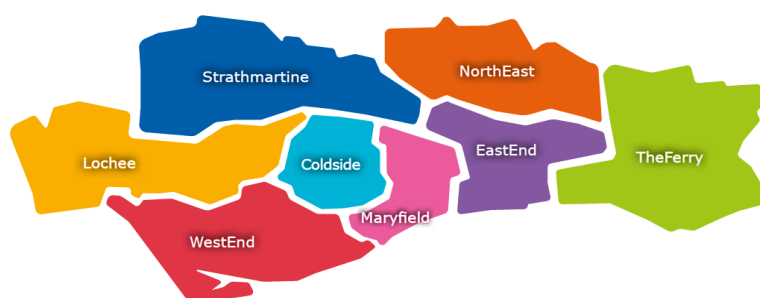
Strathmartine and Coldside
West End and Lochee
Maryfield and East End
Broughty Ferry and North East

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

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

2.2 Key Findings from Strategic Needs Assessment

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



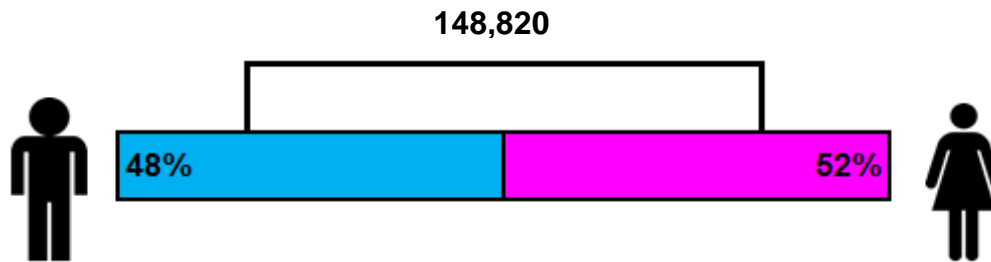
Within this SNA there is strong evidence presented of the levels of deprivation, health and social inequalities, and associated lifestyle factors presenting in Dundee. There is also detailed information presented about the ageing population and the impact of deprivation on life expectancy and the prevalence of health conditions and multi-morbidities. The combined effects of these are evidenced by the increased demand and usage of health and social care services in Dundee. The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee reported the most common difficulties reported by respondents during the pandemic were regarding mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).

3.0 DEMOGRAPHICS

3.1 Population of Dundee

2020 Mid-Year Population estimate figures show Dundee as having a current population of 148,820¹, which represents a decrease by 500 people or -0.3% from 149,320 in 2019. There were more women 77,003 (52%) than men 71,817 (48%).

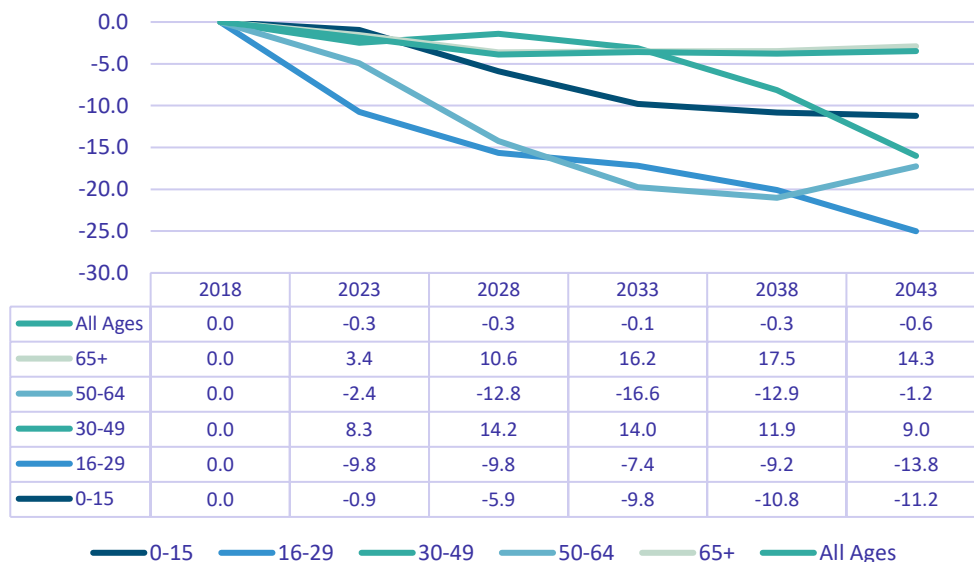
Figure 2: Gender split of Dundee's population in 2020



In Dundee in 2020, 13.8% of the population were aged 16 to 24 years. This is more than Scotland as a whole where 10.4% were aged 16 to 24 years. It is relevant to note that Dundee has a high population of students, which inflated the number of young people in the 16 to 24 age group, however many students do not remain in the city beyond the end of their course of study.

People aged 65 and over make up 17% of Dundee City's population which is slightly less than Scotland as a whole which stands at 19%.

Figure 3: Dundee City, projected population by age groups, 2018 to 2043



Source: National Records of Scotland, Population Projections for Scottish Areas (2018 based)

¹ Estimated population by sex, single year of age and administrative area, mid-2020

By 2043 the total population of Dundee is projected to be 147,897. This is a decrease of 0.6% when compared to the estimated population in 2018.

This net growth is a result of projected growth in the 65+ due partly to increased life expectancy and 30-49 age groups. All other age groups are projected to decrease.

The 16-29 and the 50-64 age groups are projected to fall during the next 10 years. This may have some impact on the size of the working population and the economy of the city in the medium term.

Figure 3 shows the projected increase in the number of older people in Dundee. While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 38% in the population aged over 75 by 2043. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.

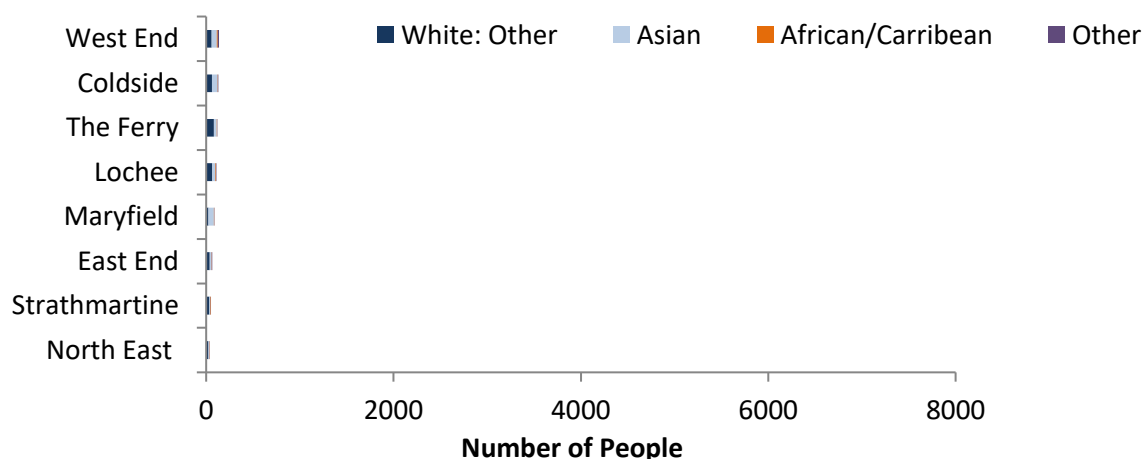
3.2 Ethnicity

Recent population decreases can be attributed to both natural change and in-migration. During 2020, the estimated net civilian migration was -80 people as published by NRS Scotland, Local Area Migration. This includes movements within Scotland, the rest of the UK and overseas. (includes asylum seekers and refugees and excludes moves relating to the British Armed Forces).

On the whole, Dundee's population is predominately White British (89.4%) and 4.7% of people class themselves as 'White Other'. This includes people who were originally from Eastern Europe or from Ireland. 4% are from Asian backgrounds and 1% are African or Caribbean. Each of the LCPP areas has varying ethnic diversities.

Figure 4 shows the very low numbers of people aged 65+ in Dundee who are not 'White British'. However, the much larger ethnic minority rate in the under 65 age group (figure 5) means that if there is no outward migration by this group, there will be a much larger, older ethnic minority population in the future.

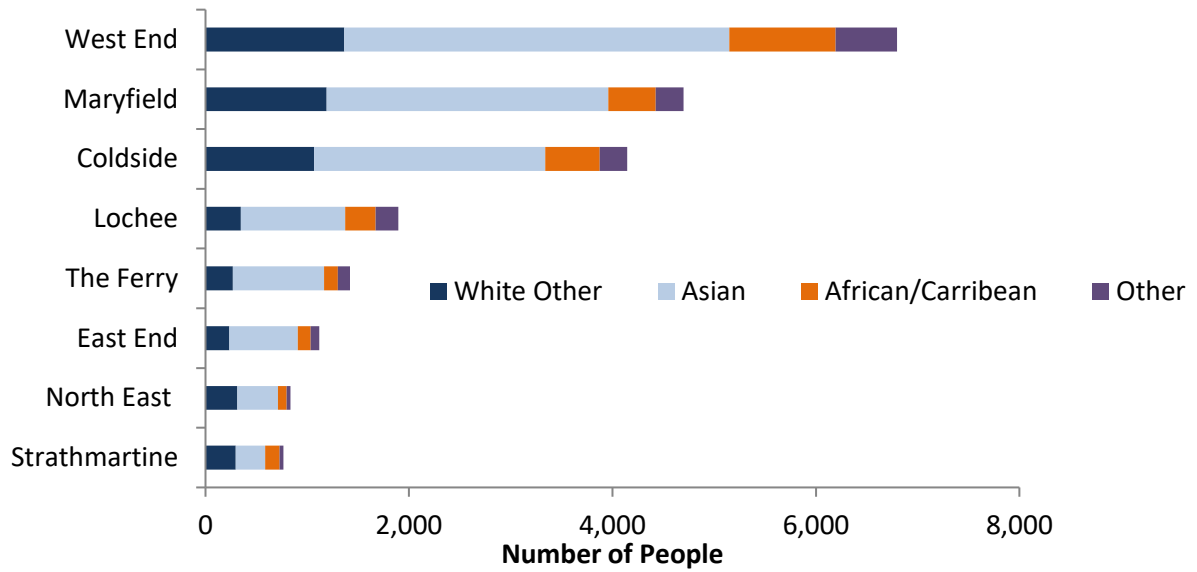
Figure 4: Ethnic minority group breakdown by LCPP Area - Aged 65+



Source: Scotland's Census, 2011

Note that the scales are the same in Figures 4 and 5 intentionally, to allow for comparison. This makes it difficult to read exact numbers in Figure 4, however is intended as a guide to illustrate the low numbers of people age 65+ compared with the much higher numbers of people aged under 65 who may require support in the future.

Figure 5: Ethnic minority group breakdown by LCPP Area - Aged under 65



Source: Scotland's Census, 2011

3.3 Life Expectancy

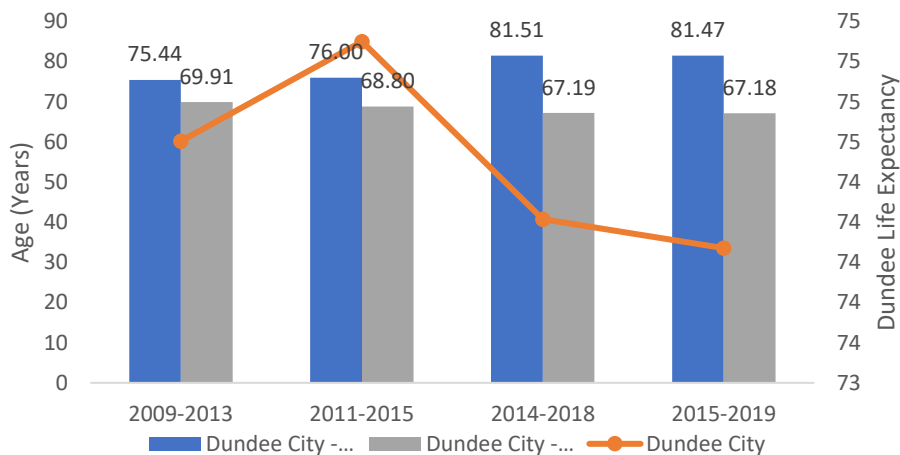
Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability.

Figures 6 and 7 show variation in life expectancy by both gender and deprivation. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas.

Over a ten year period (2009 - 2019) life expectancy for males who live in the most deprived areas of Dundee has decreased from 69.91 years to 67.18 years and females from 75.31 years to 75.18 years.

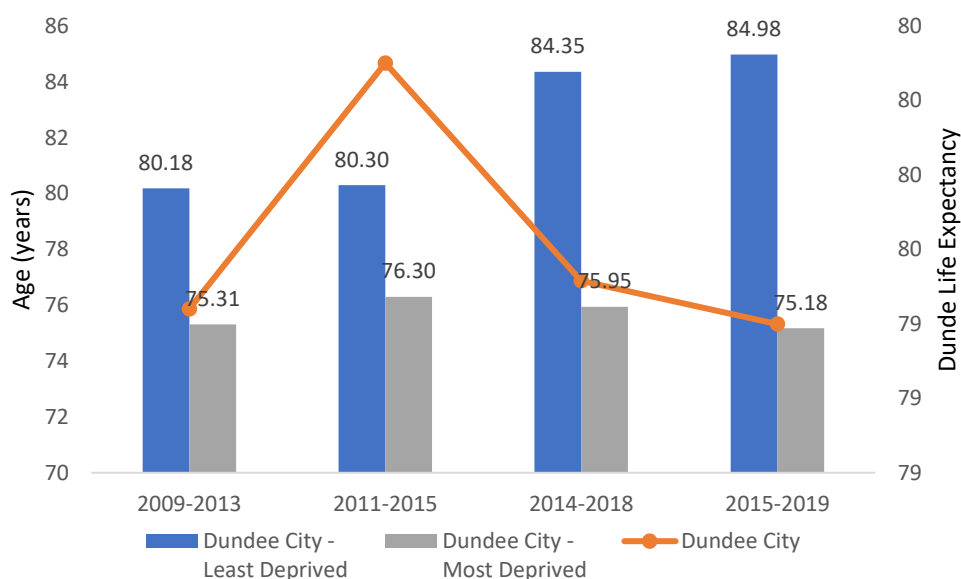
However when we compare males and females over the same ten year period, living in the least deprived areas of Dundee, life expectancy has increased. Males life expectancy has increased from 75.44 years to 81.47 years and for females increased from 80.18 years to 84.98 years.

Figure 6: Male life expectancy at birth in Dundee, 2009 - 2019



Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

Figure 7: Female life expectancy at birth in Dundee, 2009 - 2019



Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

A significant proportion of the difference in life expectancy between Scotland and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol, violence and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic violence and child neglect and abuse. Substance use is recognised both at a national and local level as a major public health and health equity issue.

While life expectancy is increasing across the least deprived areas of Dundee, there is still a cohort of people who die prematurely. There is a strong link between premature mortality rates and deprivation.

Figure 8 (below) shows that in 2019, females who lived in the most deprived areas died prematurely at a rate of 552 per 100,000 population. The rate for females was just over half that of males, who died prematurely at a rate of 853 per 100,000 people and lived in the most deprived areas of Dundee.

For females who lived in the least deprived areas of Dundee the premature mortality rate was significantly low at 146 per 100,000 population whereas for males living in the least deprived areas of Dundee the rate was just over double the rate of females at a rate of 303 per 100,000 population, in 2019.

Figure 8: Premature Mortality Crude Rate per 100,000 population in 2019

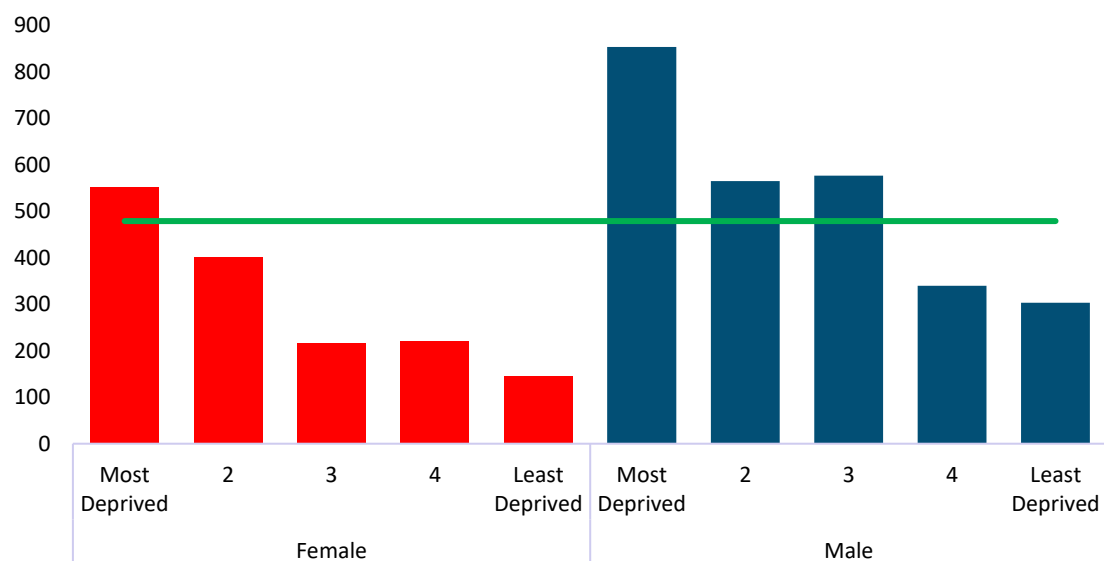


Figure 9 (below) shows Coldside and East End, two of the most deprived Local Community Planning Partnership (LCPP) areas, also having high premature mortality rates, 748 per 100,000 and 664 per 100,000 respectively. The least deprived LCPP area, The Ferry, has the lowest premature mortality rate, 260 per 100,000. The rate for The Ferry is less than half the rate for Coldside and East End.

Coldside is highlighted throughout this needs assessment as a LCPP area which is not one of the most deprived in the city overall; however, the population of Coldside has high care and support needs. This will be further examined later in this report, when unscheduled care trends by neighbourhood are considered.

Figure 9: Premature mortality age standardised rate for people aged under 75 per 100,000 population

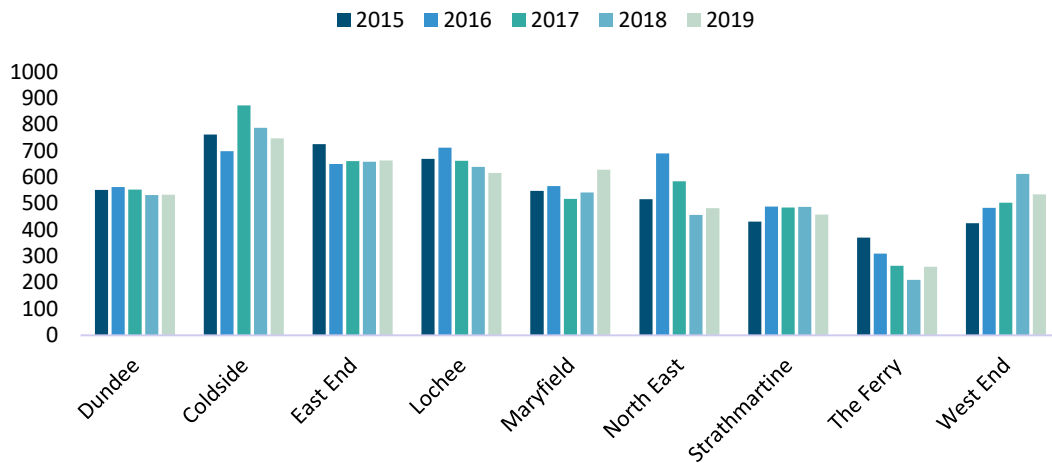
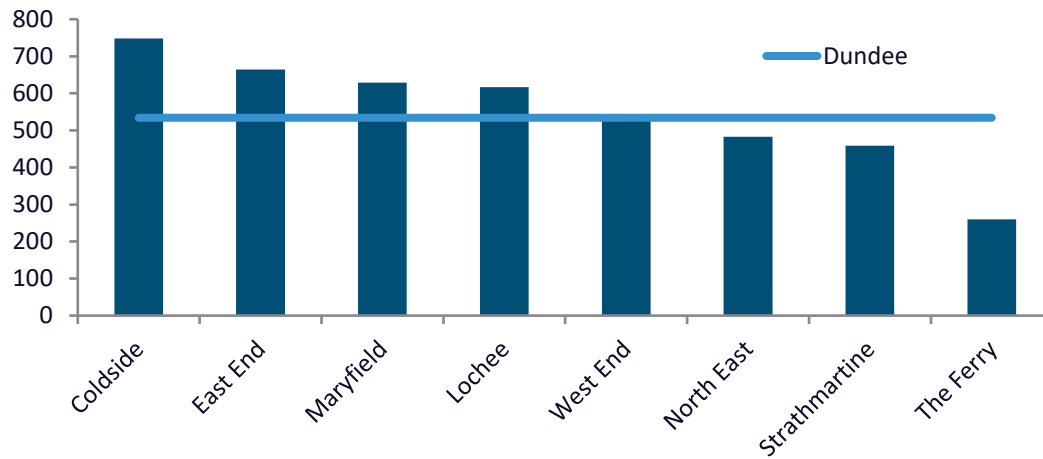


Figure 10: Premature Mortality Age Standardised Rates per 1,000 Population <75 in 2019



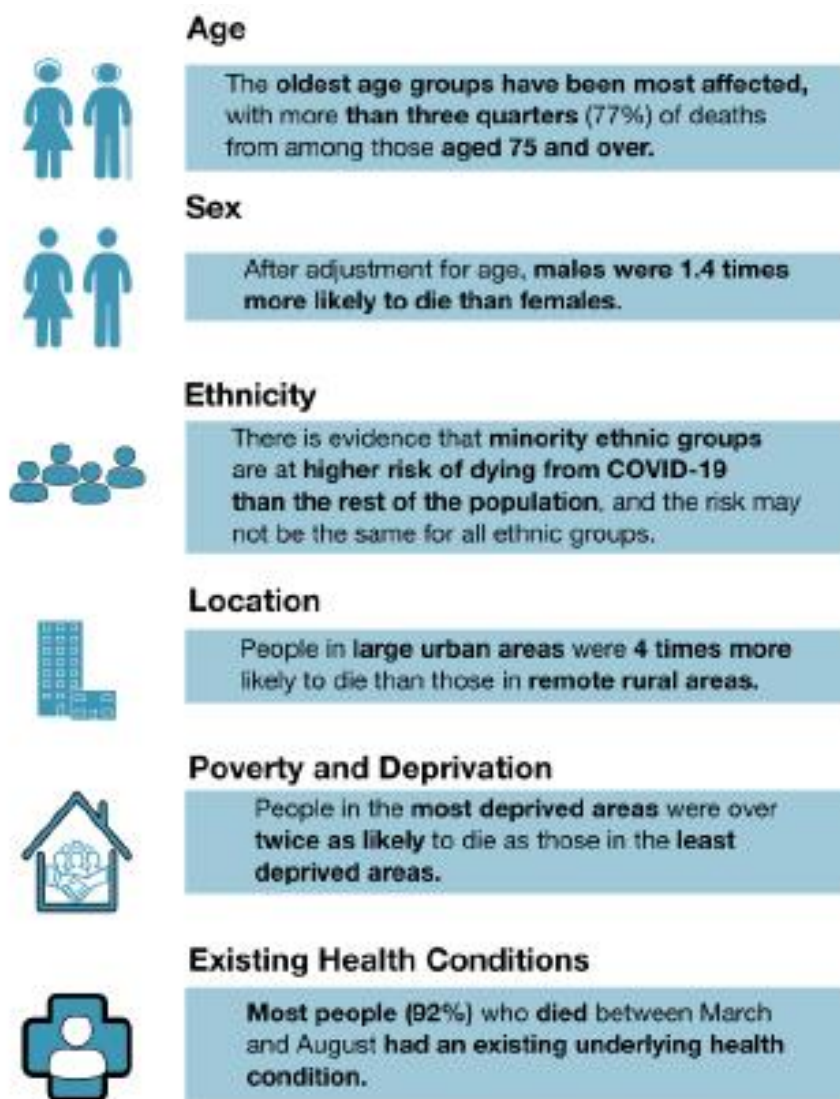
Source: Public Health Scotland LIST (not official Statistics)

COVID-19

The National Performance Framework reported that the coronavirus pandemic has hit some parts of society harder than others. When looking at social, economic and environmental factors there are differences, particularly for Black and South Asian ethnic groups.

Black and Asian men are more likely to have a job associated with higher COVID-19 death rates. People of minority ethnic groups make up just over a quarter of dental practitioners, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and assistants and technicians.

COVID-19 mortality for people of Black African or Black Caribbean ethnicity in the first half of this year was two to two and a half times higher than for people of White ethnicity. After accounting for where people live and social and economic factors (including people's jobs, education and housing conditions), the gap lessens but is still significant. (ONS 2021)



Source: National Performance Framework 2020

Key Findings: Demographics

- By 2043 Dundee's population is projected to decrease by 0.6%.
- Dundee has an ageing population - we still expect to see an increase of 38% in the population aged over 75 by 2043.
- The 75+ and 90+ age groups, which will see the largest increase in numbers, are those who increasingly rely on unpaid family care, and health and social care services, as they become frailer.
- There is a projected increase in people from ethnic minority backgrounds living in Dundee, with the largest increase in people who classify themselves as Asian or White - Other. This includes people who are Eastern European or Irish.
- Dundee has the 2nd lowest life expectancy in Scotland. In Dundee, life expectancy for a female who lives in one of the least deprived LCPP areas is 17 years more than a man who lives in one of the most deprived LCPP area.
- There is a strong link between premature mortality and deprivation. The mortality rate in the most deprived LCPP area is almost twice as high as the premature mortality rate in the least deprived LCPP area.
- Black and Asian men are more likely to have a job associated with higher COVID-19 death rates. COVID-19 mortality for people of Black African or Black Caribbean ethnicity in the first half of this year was two to two and a half times higher than for people of White ethnicity. People of minority ethnic groups make up just over a quarter of dental practitioners, medical practitioners and opticians. They are also more likely to be nurses, medical radiographers, nursing auxiliaries and assistants and technicians.

4.0 Inequalities

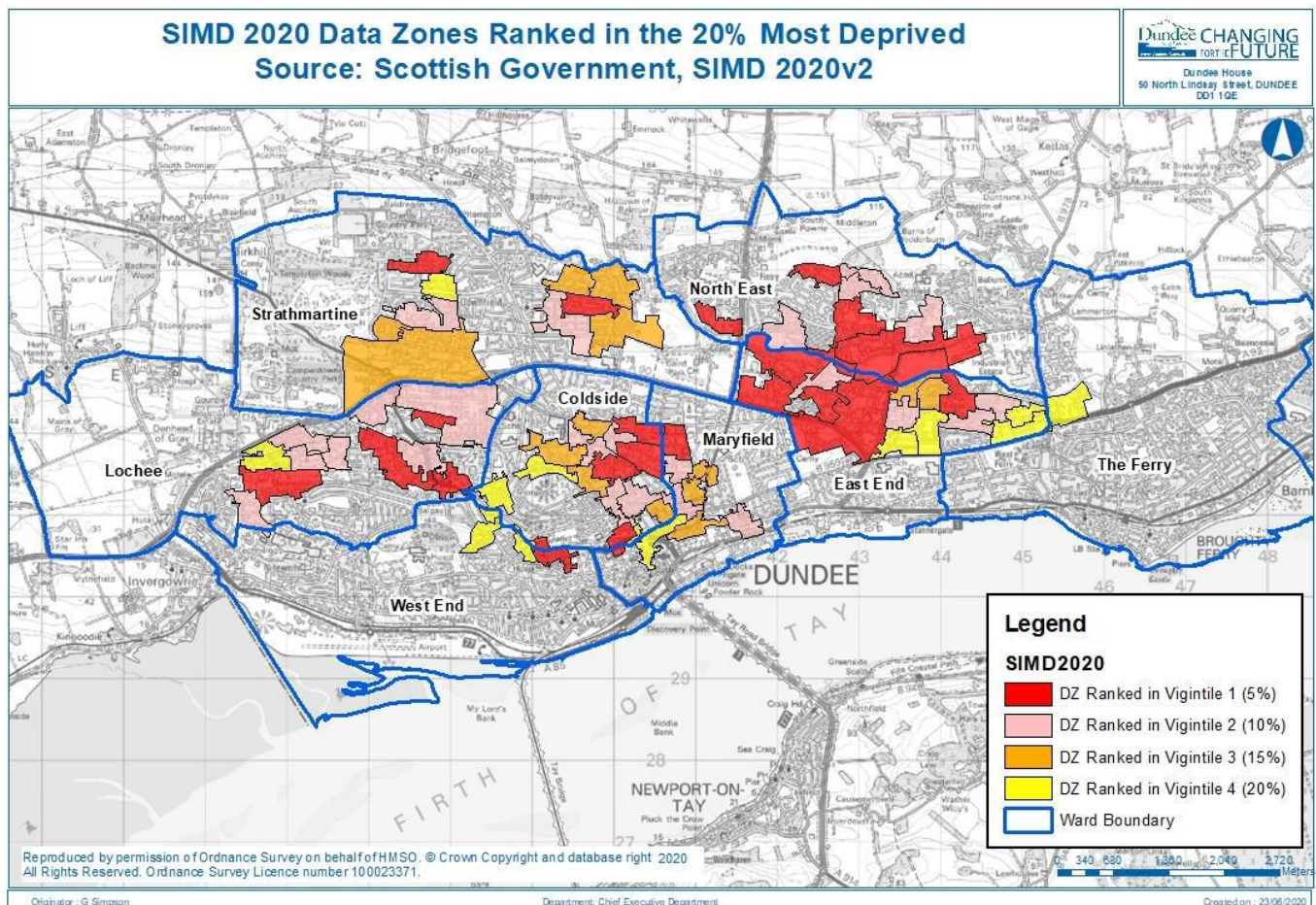
4.1 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Government's standard approach to identify data zones (small areas) of multiple deprivation in Scotland. There are 34 indicators the Government use to measure deprivation and these are grouped into 7 types (domains); income, employment, health, education/skills, housing, geographical access to services and crime rank.

Across Scotland there are 6,976 data zones, in Dundee there are 188 and of these 70 are ranked within the 20% most deprived in Scotland, this is an increase of 1 data zone when compared with the 2016 SIMD. Deprivation in Dundee is high, the SIMD 2020 reported that 36.6% of the population lives in the 20% most deprived data zones (SIMD quintile 1). Overall Dundee is the fifth most deprived local authority area in Scotland, with only Inverclyde, Glasgow, North Ayrshire, West Dunbartonshire and having higher population living in SIMD quintile 1.

Figure 11 shows the location of the 70 data zones in Dundee which are within the 20% most deprived areas in Scotland.

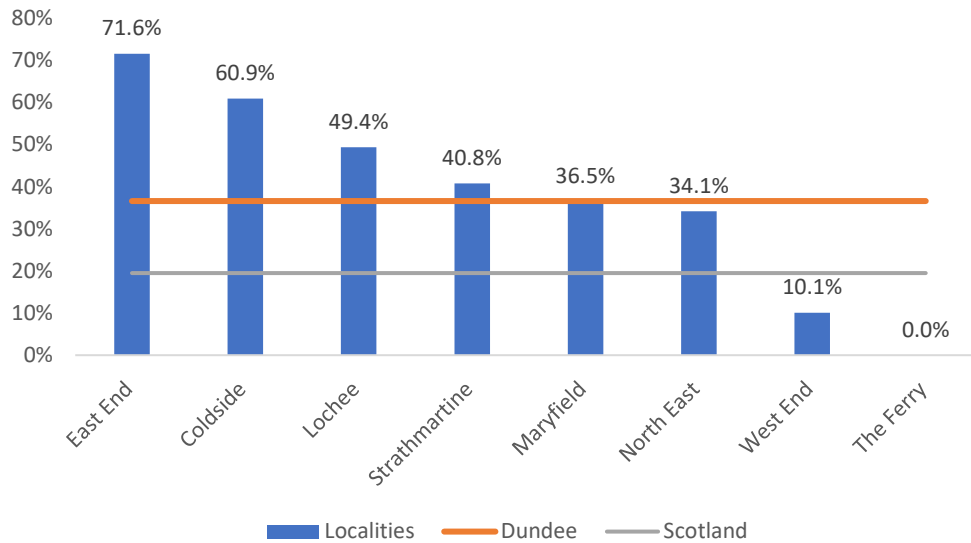
Figure 11: 20% most deprived datazones in Dundee 2020



Source: Map produced by Dundee City Council using data from Scottish Index of Multiple Deprivation 2020, Scottish Government

Figure 12 shows the percentage of people living in each LCPP ranked in the 20% most deprived datazones in Scotland.

Figure 12: % of LCPP populations in 20% most deprived datazones in Scotland 2020



Source: Scottish Index of Multiple Deprivation 2020, Scottish Governments

Figure 12 also shows that four out of the eight locality areas are above the Dundee average of 36.6%. East End and Coldside are the localities within Dundee which have the highest percentage of their population living in data zones ranked the 20% most deprived. The Ferry does not have any data zones ranked within the 20% most deprived.

The percentage of the population in 20% most deprived datazone has reduced in Lochee and Strathmartine from 2016, Lochee from 53.8% to 49.4% and Strathmartine, significantly, from 49% to 40.8%.

Six out of the eight locality areas are above the Scotland average (19.5%) of whose population live in a datazone ranked in the 20% most deprived.

4.2 Benefit Claims and Income Deprivation

Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. As reported by the ONS Annual Population Survey for the period October 2019 to September 2020 and for those aged 16-64 years, there were 24,000 (25.5%) people in Dundee recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%.

Universal Credit was first introduced in November 2013 and is a benefit which has been rolled out in stages and planned to be completed by 2023, as per Scottish Government². It replaces six existing benefits and tax credits (“legacy benefits”):

- Income-based Jobseeker’s Allowance
- Income-related Employment and Support Allowance
- Income Support
- Working Tax Credit
- Child Tax Credit
- Housing Benefit

Universal Credit was introduced with the aim of simplifying and streamlining the benefits system, improving work incentives, tackling poverty among low income families, and reducing the scope for error and fraud.

Figure 13 shows the number of people in receipt of Universal Credit in Dundee each month and throughout April 2020 to March 2021 there was an overall increase (over the year) of people in receipt of Universal Credit for those who were both in employment and unemployed.

For those not in employment there was a month on month increase with the exception of October to December 2020 where there was a dip of around 200 people in receipt of Universal Credit. Over the course of the year there was an overall increase by 20%, of people in receipt of Universal Credit (9,175 in April 2020 to 10,997 in March 2021).

For those in employment there was a month on month increase also, with the exception of January 2021, where there was a slight dip of around 130 people in receipt of Universal Credit. From April 2020 to March 2021 there was an overall increase by 32%, of people in receipt of Universal Credit.

² <https://www.gov.scot/policies/social-security/universal-credit/#:~:text=The%20roll%2Dout%20of%20Universal,by%20the%20end%20of%202023.>

Figure 13: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21

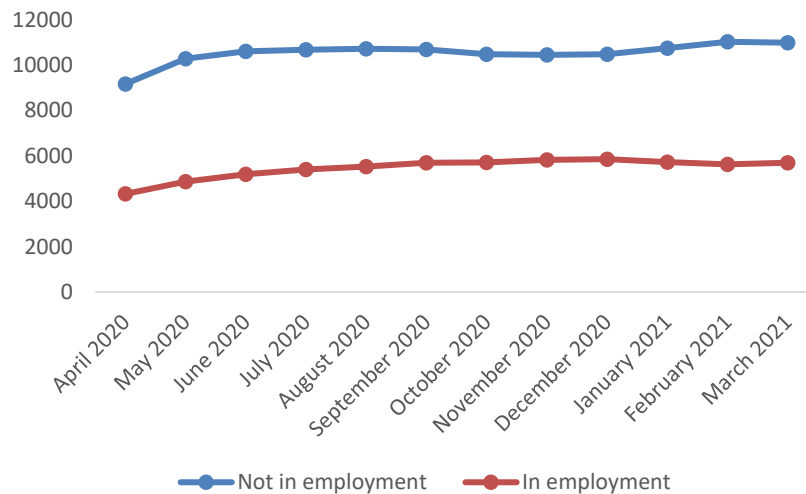
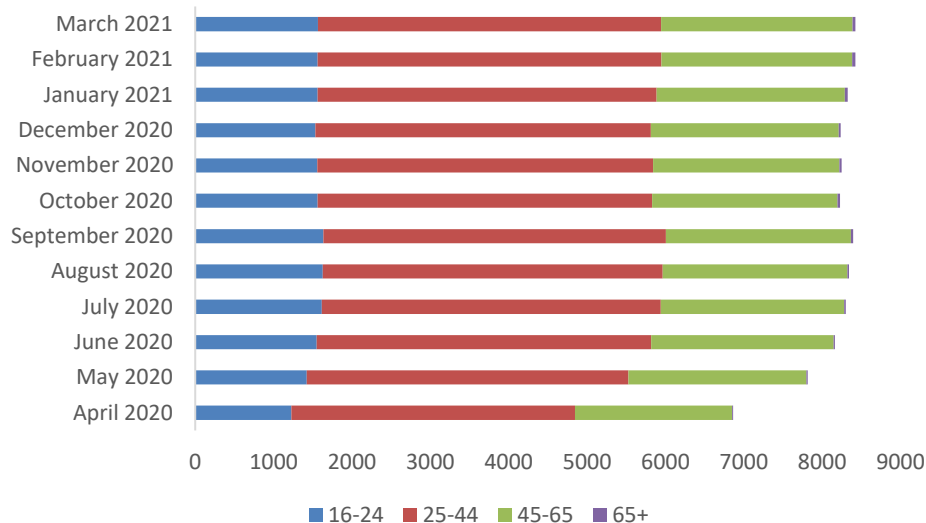
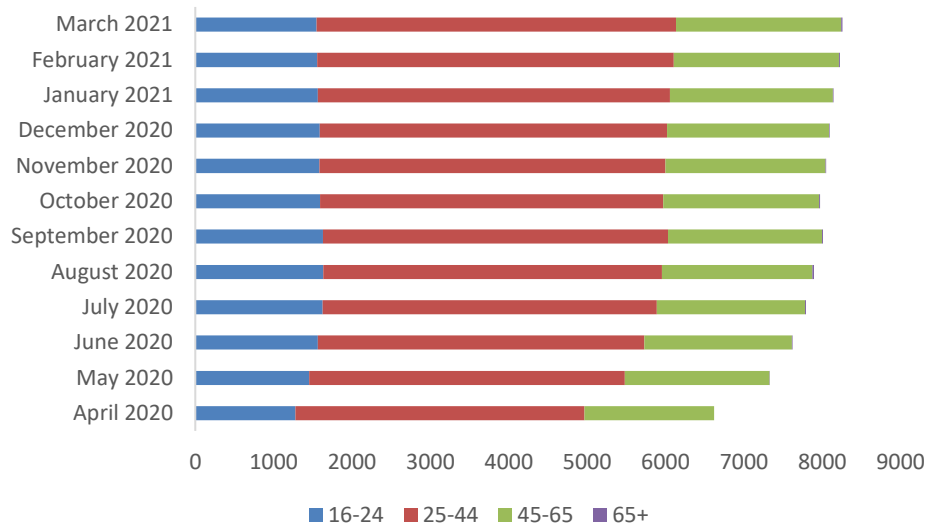


Figure 14: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, males and by age group



When we look at the age split for the number of men in receipt of Universal Credit between April 2020 and March 2021 (Figure 13) the majority were aged between 25 and 44 years, numbers have increased each month from 3617 in April 2020 to 4379 in March 2021. There are high numbers of men aged between 45 to 65 years in receipt of Universal Credit and the numbers have increased month on month from 2007 in April 2020 to 2444 in March 2021.

Figure 15: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, females and by age group



When we look at the age split for the number of women in receipt of Universal Credits between April 2020 and March 2021 (Figure 15) the majority were aged between 25 and 44 years, numbers have increased each month from 3686 people in April 2020 to 4587 in March 2021.

Comparing the total number of males to females in receipt of Universal Credit each month aged between 25 and 44 years, we can see the figures are comparable and show a similar increase throughout the year. Initially the total number of males in receipt of Universal Credit was higher than females, however, this changed from September 2020.

Figure 16: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, by gender

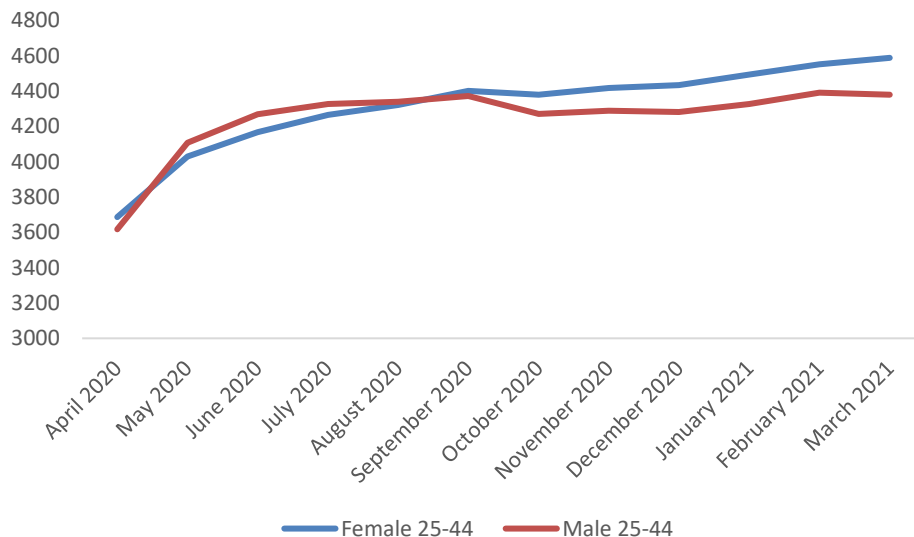


Figure 17: Number of people in receipt of Universal Credit in Dundee, April 20 - March 21, by locality

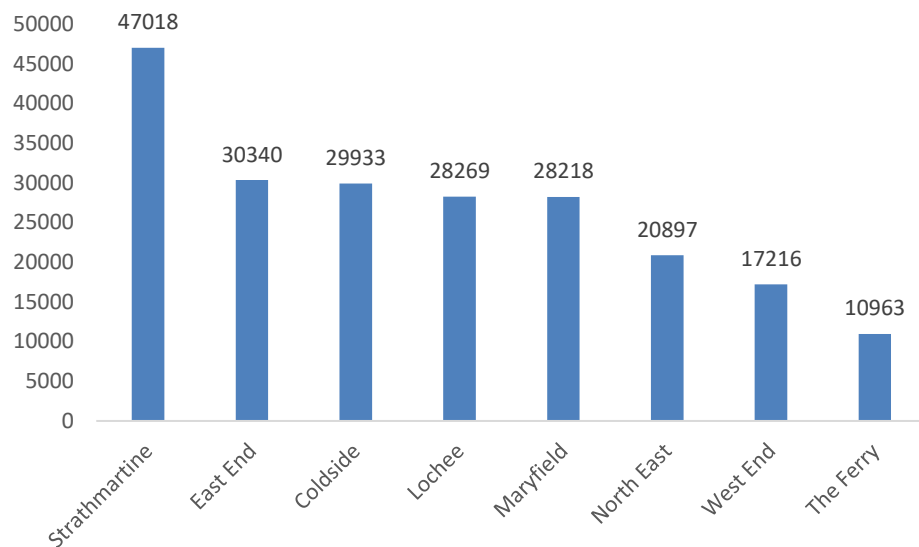


Figure 17 shows that Strathmartine had the highest number of people in receipt of Universal Credit. People in receipt of Universal Credit in Strathmartine resided in the following neighbourhoods; Ardler and St Marys (696), Kirkton (480), Downfield, Caird Park and Western Edge. The Ferry had the lowest number of people in receipt of Universal Credit throughout the year with 10,963 people.

Department for Work & Pensions states that Employment and Support Allowance (ESA) offers financial support and personalised support to those who are unable to work as a result of a health condition or disability. You may be eligible for ESA if you are under State Pension age, not getting Statutory Sick Pay or Maternity Pay, or are not getting Jobseeker's Allowance.

Figure 18 shows the number of people who were receiving ESA by locality in Dundee over the period of a year. Coldside has consistently had the majority of ESA receivers with around 1300 cases per quarter, East End and Lochee also had a high number of users of the benefit and The Ferry had the least.

Figure 18: Number of Employment Support Allowance cases active, by Locality and quarters

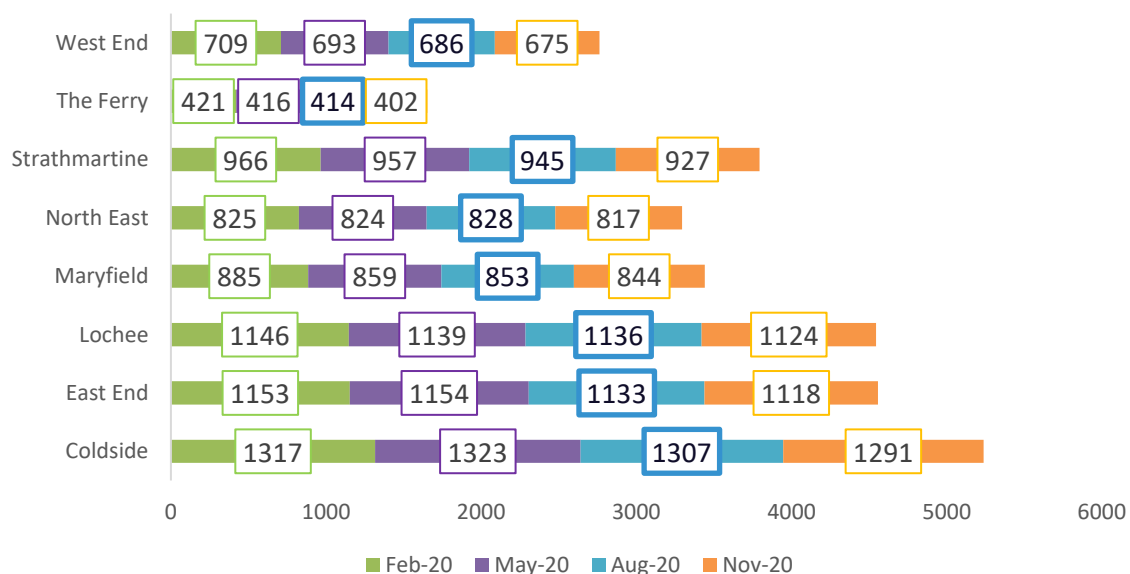
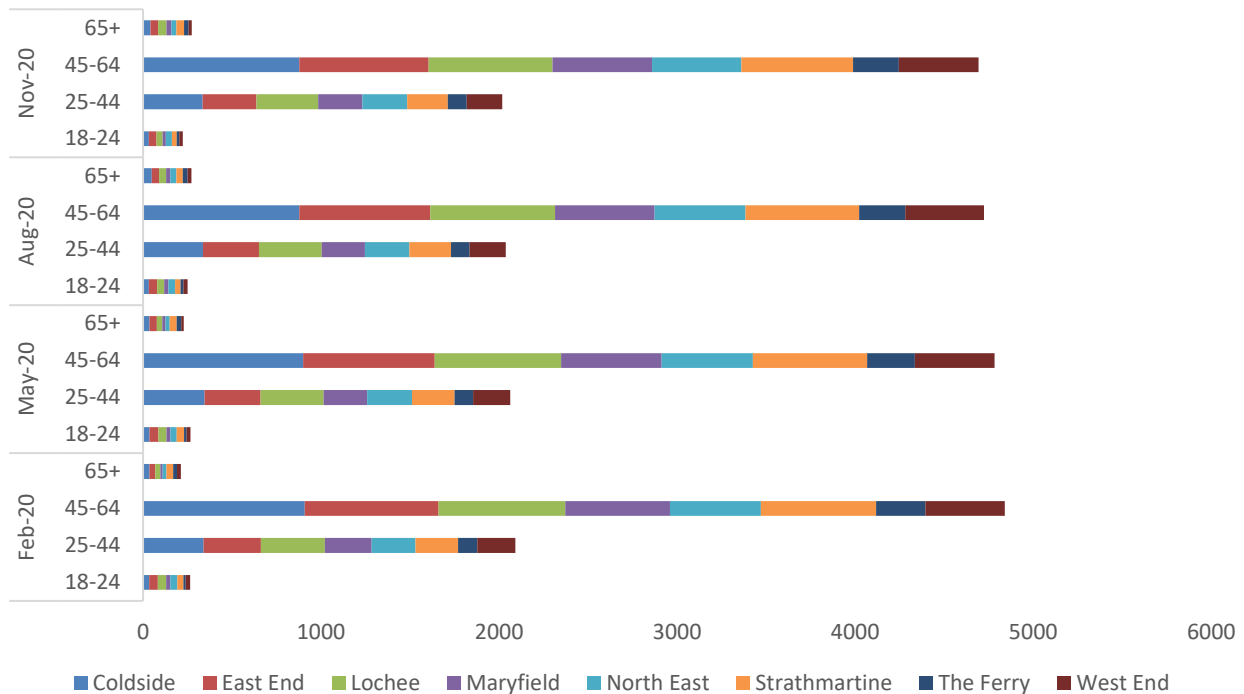


Figure 19 shows the breakdown of ESA cases by locality and age group. The majority of ESA receivers are in the 45-64 year age group.

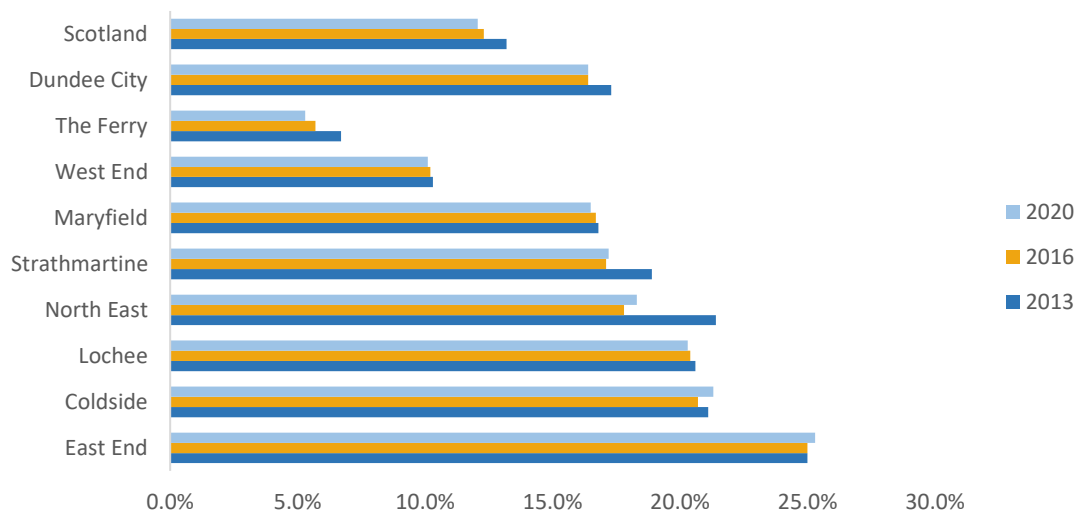
Figure 19: Number of Employment Support Allowance cases active, by Locality and Age Groups



For each data zone, the SIMD produces a count of individuals classed as income and employment deprived. 16.4% of the population in Dundee are classed as income deprived and Figure 20 shows the population percentage of each LCPP who are classed as income deprived; East End, Coldside and Lochee have the highest proportion of the population classed as income deprived in 2020.

There continues to be a significant difference between LCPP area with The Ferry consistently being the least affected and East End being the most affected by income deprivation.

Figure 20: Percentage of population in Dundee and Scotland who are income deprived, including by LCPP



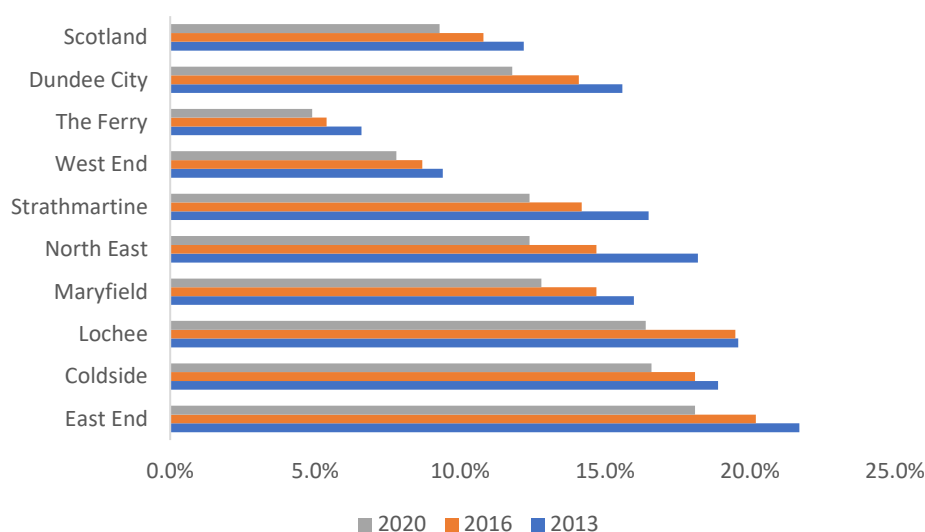
Source: Dundee Poverty Profiles 2020, Scottish Government, SIMD 2020

11.8% of the population in Dundee are classed as employment deprived, figure 21 shows the population percentage of each LCPP who are classed as employment deprived; East End, Coldside and Lochee had the highest proportion of the population classed as employment deprived.

Since 2013, East End, Coldside and Lochee are the localities mostly affected by employment deprivation and again The Ferry was impacted the least, with 4.9% of the population being employment deprived in 2020. Over the past seven years, employment deprivation has decreased across Dundee by 3.8% and as a whole in Scotland by 2.9%, with the biggest reductions taking place in North East by 5.8% and Strathmartine by 4.1%.

The percentage of Dundee's population that are classed as employment deprived in 2020 was 2.5% higher than Scotland, which was 9.3%.

Figure 21: Percentage of population in Dundee and Scotland who are employment deprived, including by LCPP



Source: Dundee Poverty Profile, Scottish Government, SIMD 2020

4.3 Employment Support Service

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

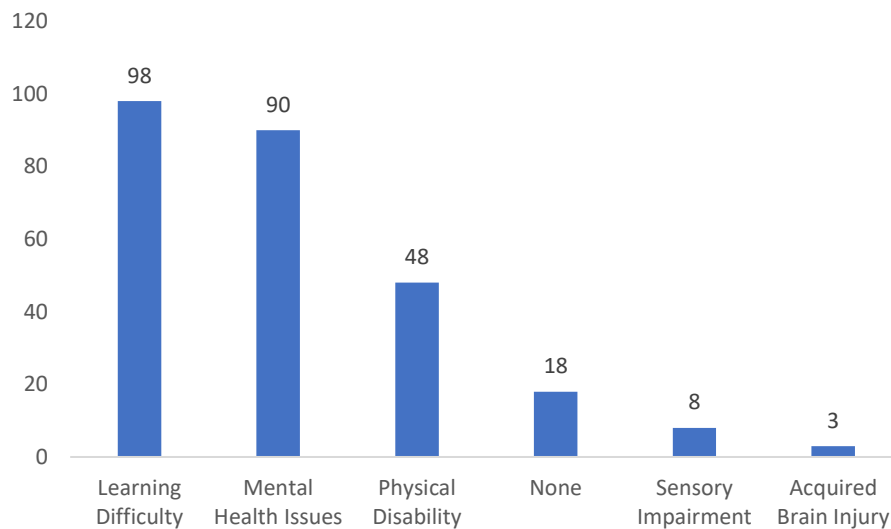
The ESS operates the following key activities to deliver a service that tackles the unmet employment needs of people with disabilities:

- ◆ Job Club in Dundee specifically for disabled and disadvantaged;
- ◆ Work Experience Placements to enable clients to develop their skills;
- ◆ Supported Employment Team providing on-going assistance and support to job seekers resident in Dundee who require support and assistance to settle into and sustain employment;
- ◆ Consultancy and Advisory Service to local employers, voluntary organisations and disabled people regarding good employment practice;

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

In 2019 the Employment Support Service provided support to 265 people of whom 167 were men and 97 were women, figure 22 below provides a breakdown of the conditions these people had.

Figure 22: Type of disabilities/ health problems people had who received support, 2019



Source: Employment Support Service Report 2019

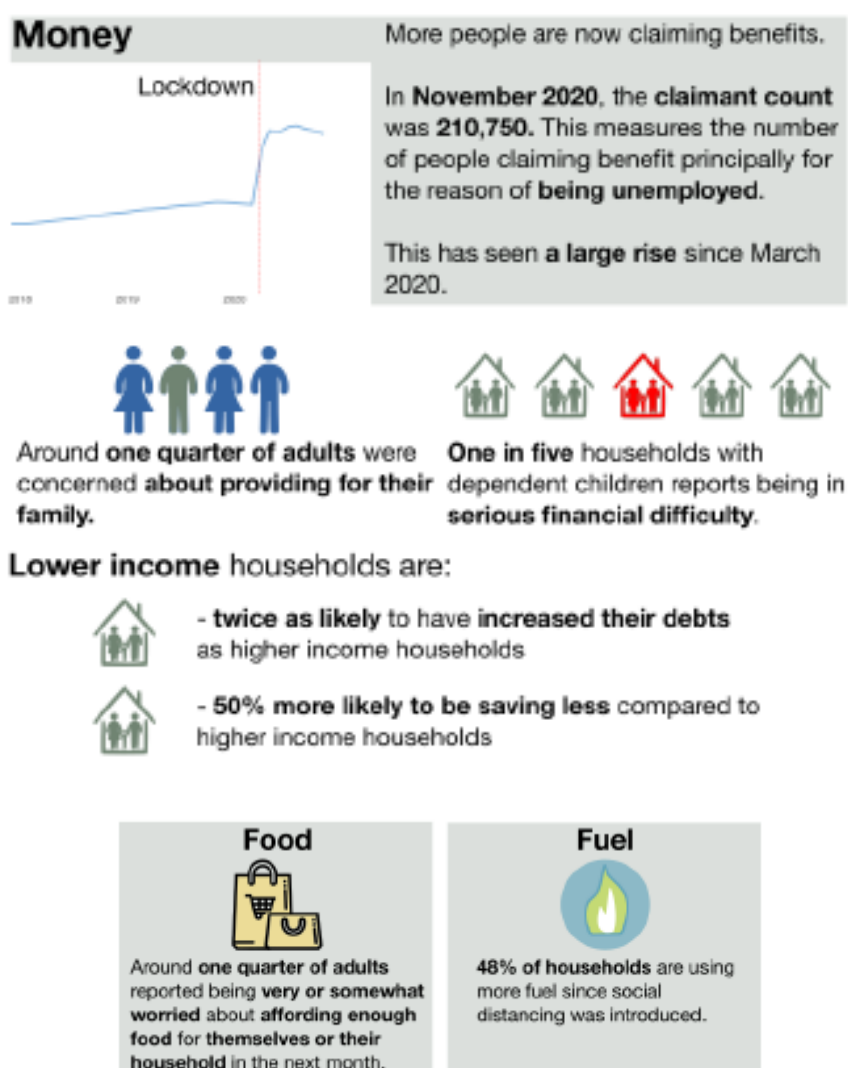
The Employment Support Service organised 68 work experience placements and 44 people secured employment.

COVID-19

People in deprived areas already experience inequalities in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19, the consequences of lockdown measures, and uncertainty about the future (The Fairness Commission, 2020) The National Performance Framework reported that the pandemic has caused widespread concern among lower income households across Scotland about their financial situation. This was driven by reduced income as a result of job loss, reduced working hours and furlough, and with unemployment predicted to rise in the medium term, this insecurity may accelerate. (National Performance Framework, 2020) The Fairness Commission reported that lockdown measures are having a greater impact economically on young workers, low-income families and women and forcing more people into poverty. (The Fairness Commission, 2020). Personal debt has escalated during the crisis, potentially trapping households in unmanageable debt and poverty in the future. (National Performance Framework, 2020).

A review by Glasgow Centre for Population Health highlighted risks of the pandemic for disadvantaged communities by perpetuating poor mental and physical health, social isolation, job insecurity and unemployment and in reduced access to information, advice and health services. A Mental Health Foundation survey reported anxiety related to financial and food insecurity and showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment. (The Fairness Commission, 2020)

Workers from Other White ethnic groups were more likely to report a loss of take-home pay due to the Pandemic than White British or Indian ethnicities (ONS 2021) 38% of Dundee carers reported having to reduce or give up hours in employment due to their caring commitments (Dundee Carers Engagement, 2020) 67% of Dundee Carers reported negative financial impact as a result of higher household expenses. Samaritans reported that mental ill-health was the most common concern since restrictions began, and this concern increased slightly compared to 2019. The mental health of people with pre-existing mental health conditions appears to have been affected most. Finance and work concerns were strongly associated with concerns about the pandemic, with concerns about potential and actual job loss strongly linked to fears about the future. (Samaritans, 2020)



Source: National Performance Framework, 2020

Samaritans reported that *finances and unemployment* were raised in 6% of all emotional support contacts during the 12 months since restrictions began. This was a total of over 140,000 contacts, a reduction compared to the previous year. However, phone calls concerning *finance and unemployment* were 60% more likely to involve specific concerns about coronavirus, compared to calls where *finances and unemployment* were not raised even after adjusting for other factors.

Engage Dundee found that 20% of respondents felt that income/money was causing difficulties (n=173). Those within the two youngest age group categories were much more likely to be concerned about finances (43.3% and 33.3% respectively) along with the unemployed (51.8%) and

those in the “other” category for employment status (51%). This category included the self-employed, those on maternity leave, bank workers and people on zero hours contracts. 34% of those in receipt of benefits reported being worried about money compared to 13.8% of those not on benefits. There were no notable differences reported by those who lived alone or with others.

Figure 23: Percentage of people who experienced difficulties with money, by age group

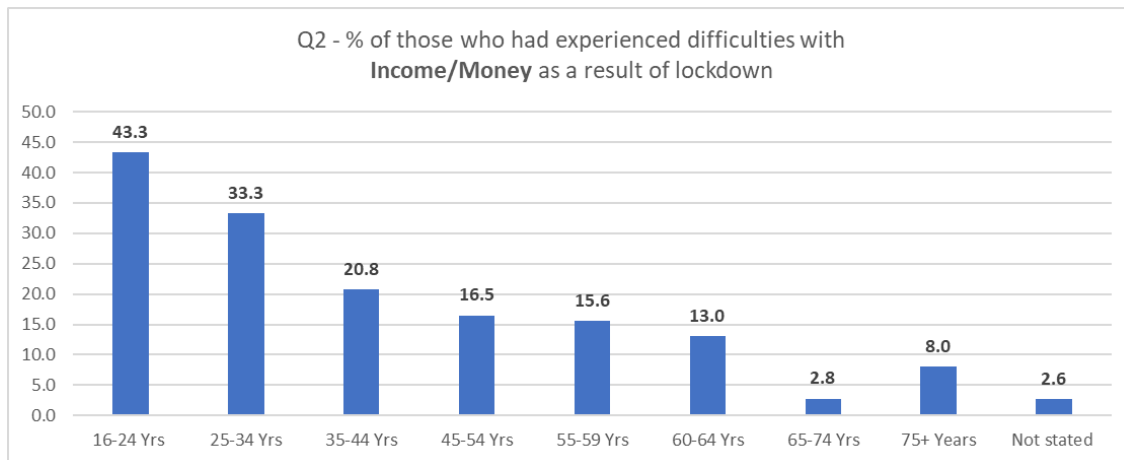


Figure 24: Percentage of people who experienced difficulties with money, by employment status

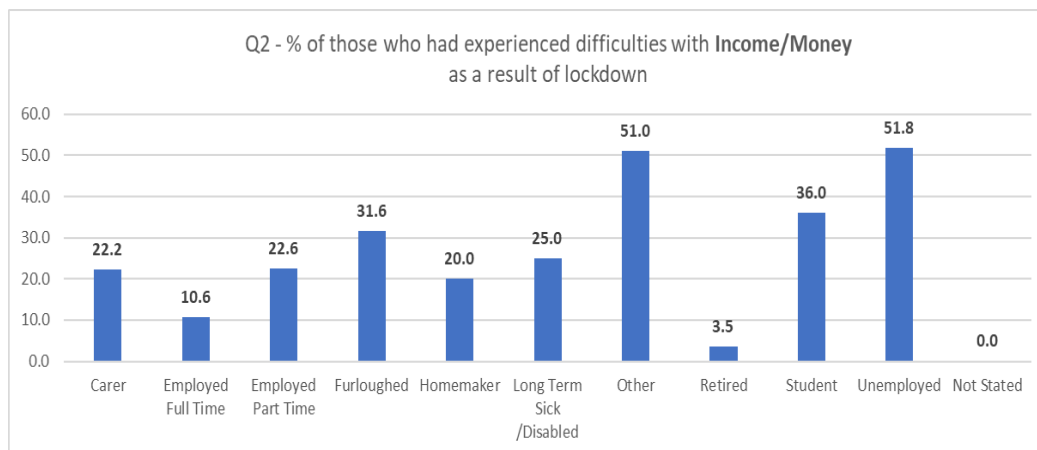
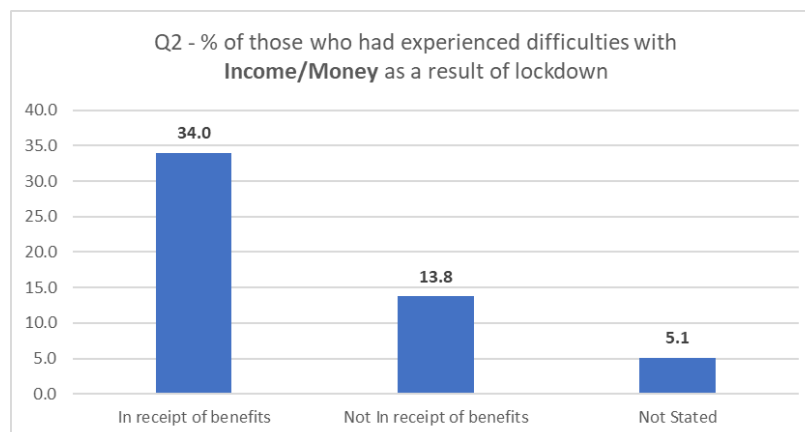


Figure 25: Percentage of people who experienced difficulties with money, by benefit status



The main reasons provided were job insecurity, being furloughed and facing redundancy. One respondent reported benefiting from a welfare grant whilst others had reduced income and

concerns about having enough money to buy food. Money worries for unpaid carers were highlighted and one respondent experienced difficulty accessing cash and visiting a bank.

I was employed full time and was furloughed due to COVID. I was then contacted 6 weeks ago and was made redundant, I am however lucky enough to find employment but only on a part time basis. Still looking for full time permanent position.

I lost a part-time job, though I've still had no formal paperwork or communication from my ex-employer. He chose not to use the furlough scheme and instead just gave everyone zero hours, meaning those who were full time couldn't even claim universal credit.

Source: Engage Dundee

The Fairness Commission reported that Dundee has high levels of poverty and disadvantage with associated effects on the health and wellbeing of people in more deprived areas. The likelihood is that without targeted interventions the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with perhaps little resilience or experience to cope. Accelerated effort is required to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. (The Fairness Commission, 2020)

Key Findings:

Inequalities

- Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population lives in the 20% most deprived areas of Scotland.
- 4 out of 8 of Dundee's LCPP areas have deprivation levels which are above the Dundee average. There are widespread health and social inequalities across the city as a result of deprivation.
- Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. There are inequalities across the eight LCPP areas.
- 16.4% of the population in Dundee are classed as income deprived and 11.8% of the population in Dundee are classed as employment deprived.
- Strathartine had the highest number of people in receipt of Universal Credit.
- Coldside has consistently had the majority of ESA receivers with around 1300 cases per quarter.
- The percentage of Dundee's population that are classed as employment deprived in 2020 is 2.5% higher than Scotlands, which is currently 9.3%.
- The pandemic has caused widespread concern among lower income households across Scotland about their financial situation. This was driven by reduced income as a result of job loss, reduced working hours and furlough, and with unemployment predicted to rise in the medium term, this insecurity may accelerate.
- Workers from Other White ethnic groups were more likely to report a loss of take-home pay due to the Pandemic than White British or Indian ethnicities.
- 38% of Dundee carers reported having to reduce or give up hours in employment due to their caring commitments.
- 67% of Dundee Carers reported negative financial impact as a result of higher household expenses.

4.4 Health, Wellbeing and Lifestyle Factors

Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.

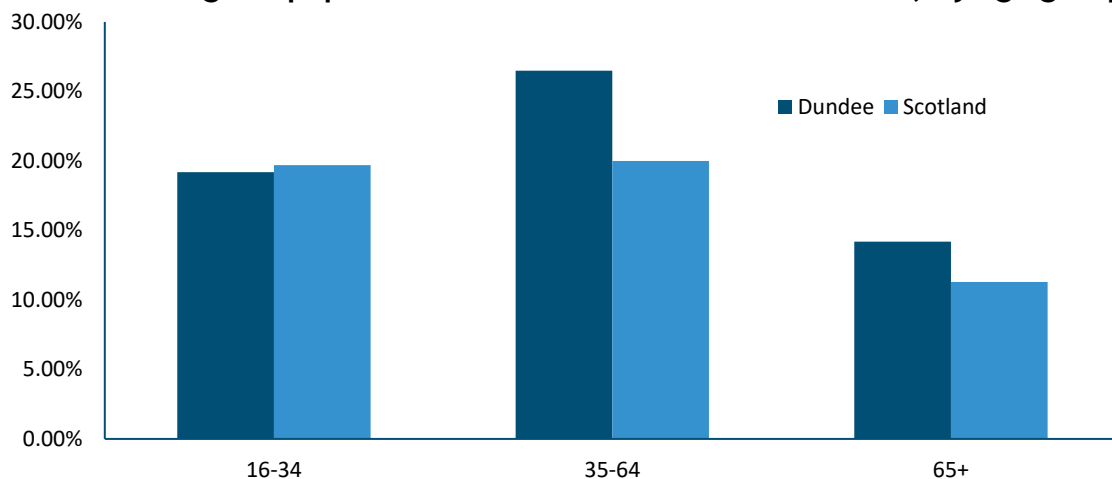
4.5 Smoking

Smoking remains a major cause of poor health in Scotland. It is a Scottish Government priority to support those who want to stop smoking. NHS Scotland smoking cessation services provide support that has been shown to be both effective and cost-effective.

In 2018 Scottish Government released an action plan for raising a tobacco-free generation by 2034, A Tobacco Control Strategy for Scotland. Part of realising this target is discouraging people from starting to smoke, and providing support to quit to existing smokers. A number of factors, including age, gender, and where a person lives, can impact whether they smoke.

Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996. However, smoking rates are still highest in the most deprived areas, with 35% of people living in the most deprived areas of Scotland smoking compared to 10% in the least deprived areas. These inequalities in smoking may be reducing, with smoking prevalence falling fastest in the most deprived groups. Despite this good news, the reductions are currently not rapid enough to achieve the target of making Scotland tobacco-free by 2034.

Figure 26: Percentage of population in Dundee who smoke tobacco, by age group



Source: ScotPHO, Tobacco Control Profile, 2017

Figure 26 shows that a higher percentage of people aged 35+ in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer. Lung cancer and breast cancer were the most common types of cancer, making up close to 40% of all cancers in Dundee. The percentage of people aged 16-34 who smoke tobacco in Dundee is similar to Scotland as a whole.

Smoking Cessation

NSS ISD reported that from April 2019 to March 2020, the number of attempts to stop smoking made with the help of NHS smoking cessation services fell for the eighth consecutive year to 48,749. This is a 4.6% reduction from April 2018 to March 2019 and a 59.8% reduction from when the number of quit attempts were at their peak in April 2011 to March 2012.

There are a number of factors which can influence the use of NHS smoking cessation services; these could include the use of electronic cigarettes and a reduction in smoking prevalence.

There is a clear gradient of service uptake across deprivation categories, with the highest uptake in the most deprived categories and the smallest in the least deprived. These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.

Statistics are based on total 'quit attempts' made during the year, rather than the total number of people with a quit attempt, so may include repeat quit attempts for the same person.

In response to the COVID-19 pandemic, NHS boards in Scotland had to alter their service delivery. This may have affected the delivery of NHS Stop Smoking Services. Scotland's first positive test for COVID-19 was on 1 March 2020, and Scotland entered a period of lockdown from 23 March 2020. The number of quit attempts in March 2020 is lower compared to the same month in the previous year. It is not possible to identify the extent that COVID-19 countermeasures may have contributed to this reduction. As the information in this report is presented for the financial year 2019 to 2020 this should not have a large impact on the figures reported.

4.6 Obesity

In Scotland, two in three (65%) adults aged 16-75 are overweight or have obesity (BMI over 25), which is over 2.9 million adult. Data on overweight adults and obesity are only available at Health Board level and estimates show that for people aged over 16 years, Tayside has an average prevalence across Scotland as a whole at 66%.

Obesity does not affect everyone equally. Obesity rates are some two-fold higher in areas of greater deprivation, particularly among women, children, older age groups, black and minority ethnic groups, and people with disabilities.

The trend in Scotland shows a strong link with inequalities therefore it is reasonable to conclude that the prevalence of overweight and obesity is high in Dundee. In the most deprived areas in Scotland, the disparity in obesity rates is particularly evident for women at 35%, compared to 20% in the least deprived areas.

As well as the harms to individuals, obesity significantly harms communities. Some of these impacts are;

- A less physically active population
- Decreased productivity
- Increased sickness absence

- Increased demand on social care services (severely obese people are three times more likely to need social care than those of a healthy weight)

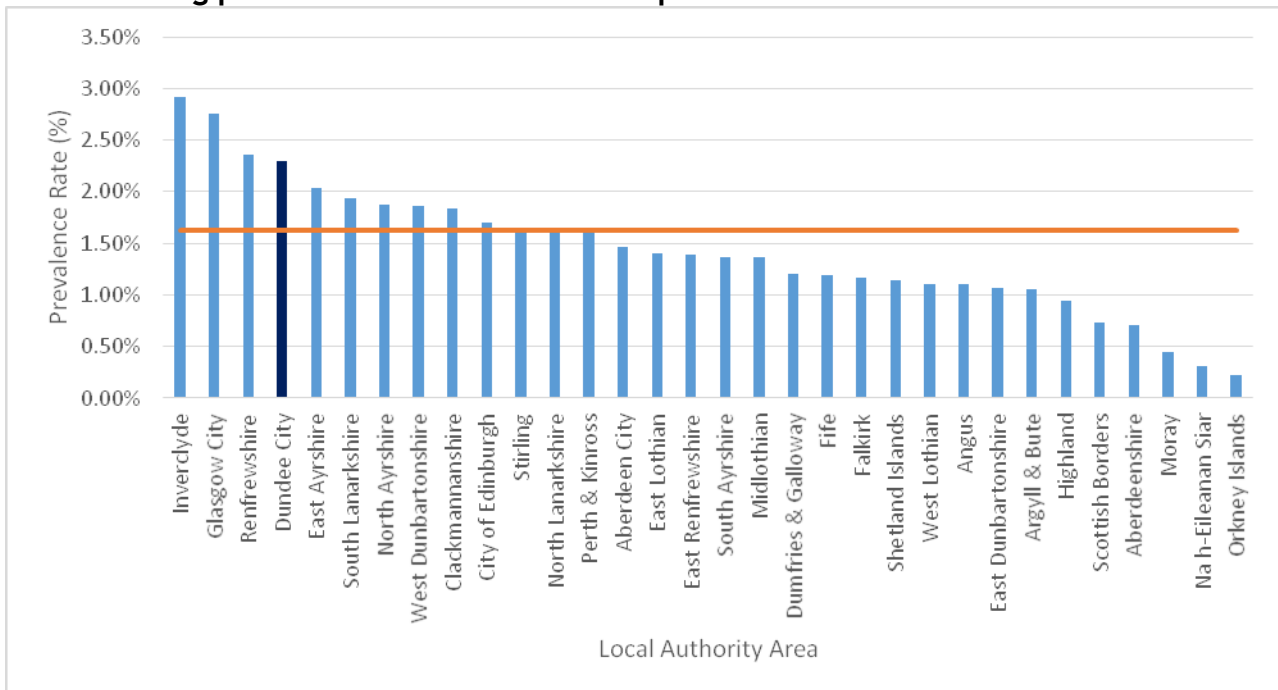
In 2018, 29% (or around 236,000) of children aged 2 to 15 in Scotland were at risk of overweight or obesity; of which 16% (or around 130,000) were at risk of obesity.

In Tayside, approximately 25% of all children in Primary 1 (2019/20) are currently at risk of being overweight or obese, which is average across Scotland. This figure has remained constant for many years.

4.7 Drug Use

Figure 27 shows that Dundee had the 4th highest prevalence of drug use in Scotland at the last estimate. There are an estimated 2,300 problem drugs users in Dundee. 1600 are male and 700 are female. Dundee has a ratio of 70% males and 30% females, whereas Scotland has a ratio of 71% males and 29% females. The information in figure 27 is presented as a percentage of the 16 to 64 population who are problem drug users.

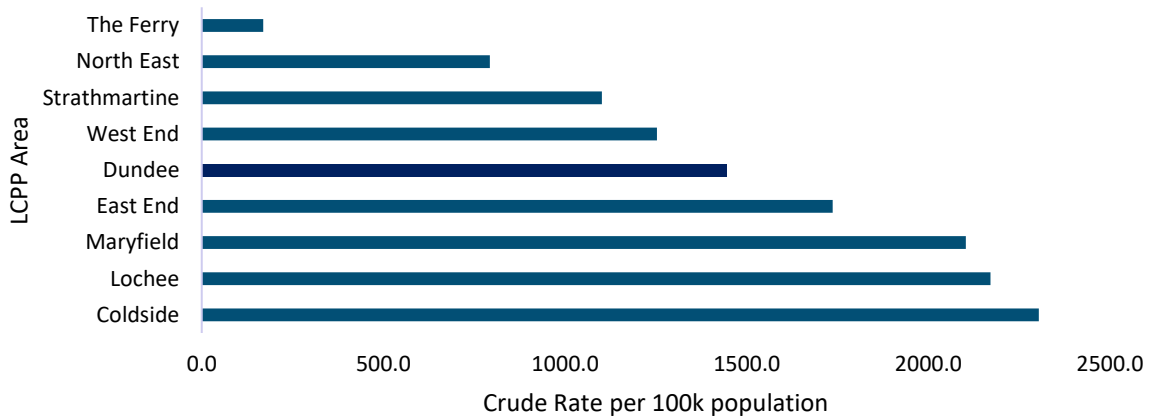
Figure 27: Drug prevalence in Dundee as compared with other local authorities in Scotland



Source: *Estimating the Prevalence of Problem Drug Use in Scotland 2015-16*, PHS (published 05/03/2019)

Figure 28 shows aggregated drug related hospital discharges from 2015/16-2019/20. The aggregate shows that over the five-year period Coldside and Lochee had the highest rates of drug related discharges. The Ferry and North East had the lowest rates in the time period. The most frequently recorded main reason for drug related discharges during the five-year period was polysubstance use followed by poisoning by benzodiazepines. This is a significant change from previous analysis which found opioids to be the main reason for the episode.

Figure 28: Dundee City drug related hospital discharges by LCPP area of residence, 2015/16-2019/20



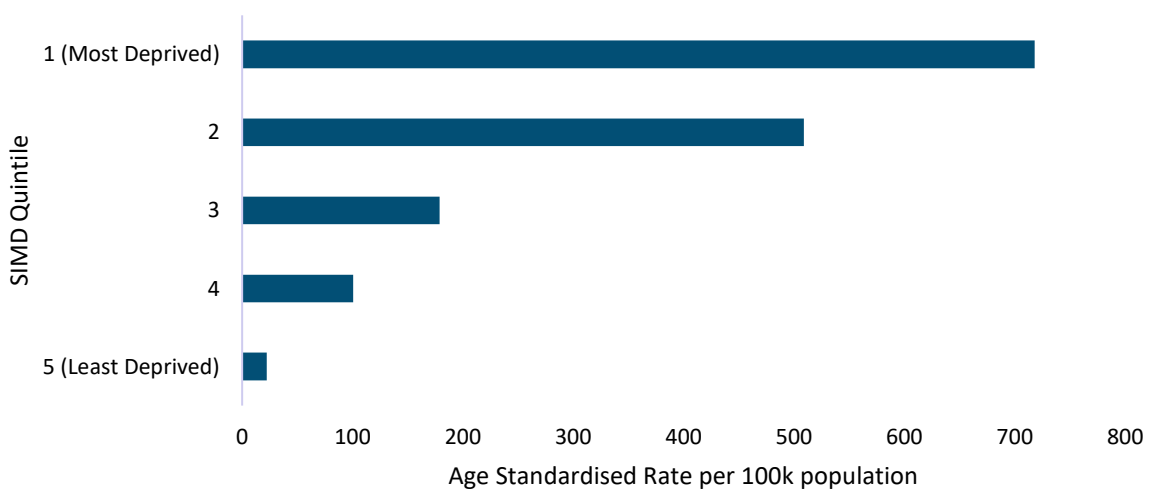
Source: Health Intelligence Team (Extracted from SMR01), NHS Tayside

In Section 2, a description of deprivation was given which explained Dundee's deprivation in relation to the 15% most deprived areas of Scotland.

Deprivation can also be explained and understood by looking at SIMD quintiles. Quintiles split data into 5 groups, each containing 20% of the total data. SIMD Quintile 1 consists of datazones across the city that are the 20% most deprived.

Figure 29 shows that a clear inequality gradient exists in drug related hospital discharges by quintile. The rate of drug related discharges is 20 times higher in the most deprived SIMD quintiles (Quintile 1) than the least deprived (Quintile 5). There should be some caution exercised in interpreting the exact rate of difference however, as the numbers in SIMD Quintiles 4 and 5 are considerably lower.

Figure 29: Age standardised rate of drug related hospital discharges by SIMD quintile for Dundee City, 2019/20



Source: Health Intelligence Team, NHS Tayside

As of March 2021, there were 1,241 people in Dundee in receipt of Opiate Substitution Therapy prescriptions.

Figure 30: Number of people referred to and commencing treatment for drug use within specialist services

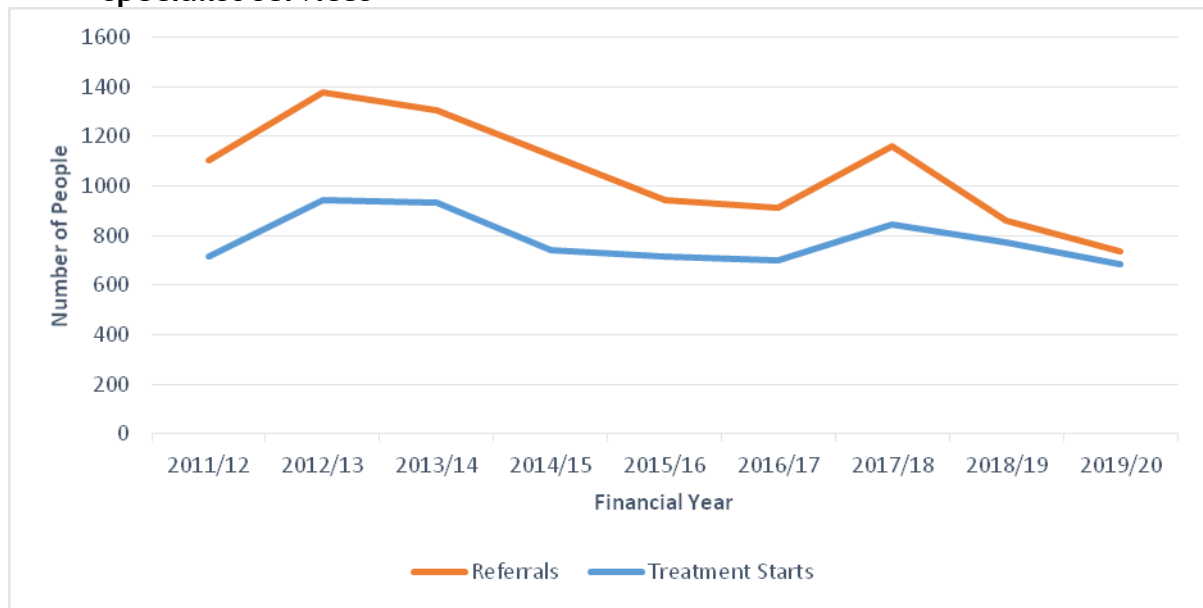
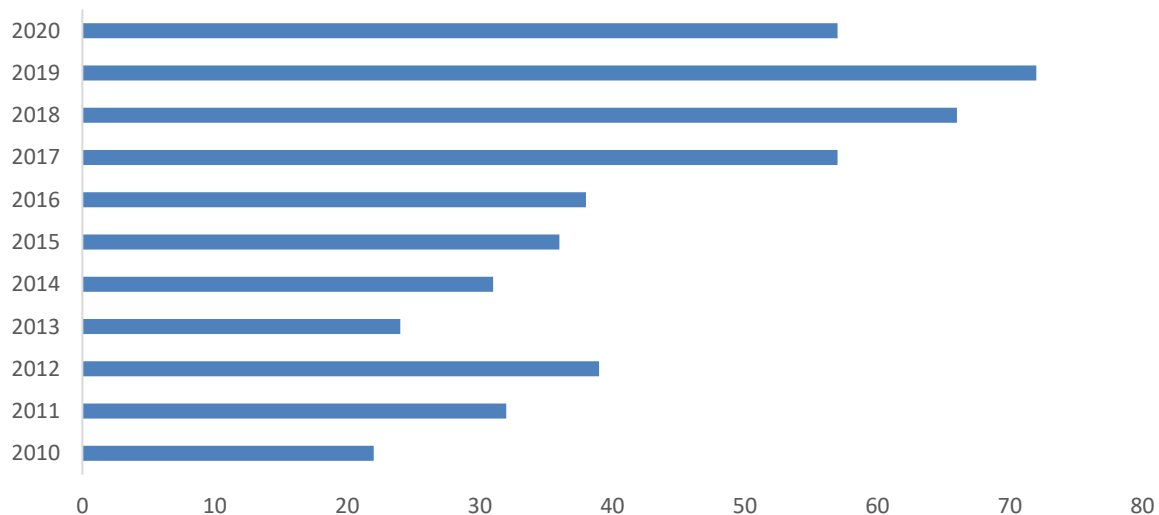


Figure 30 shows that in 2019/20 there were 736 referrals, with 684 people commencing treatment for drug use and specialist services.

Figure 31 shows the number of drug related deaths in Dundee in the years from 2010 to 2020.

Figure 31: Number of drug related deaths from 2010 to 2020, in Dundee



Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2020>

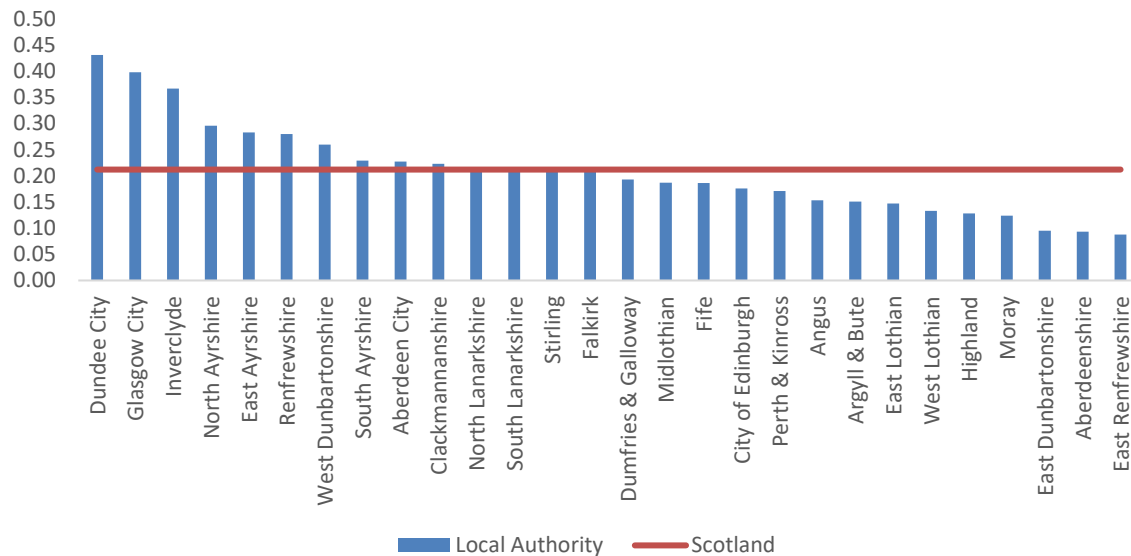
The number of drug related deaths in Dundee has increased since 2010, with 2019 reporting the highest number on record. In 2020, 1,339 drug related deaths were registered in Scotland, of which 57 were in Dundee, showing a decrease of 15 drug related deaths in Dundee compared with 2019.

The data in Figure 31 covers the period 2010-2020. Using a five-year average mitigates any annual fluctuations, and shows that for 2016-2020:

- For Scotland as whole, the average of 1,122 drug related deaths per year represented a death rate of 0.21 per 1,000 of the population.
- Dundee had an average of 58 drug related deaths per year, representing a death rate of 0.39 per 1,000 of the population.

Figure 32 shows the average number of drug related deaths per 1,000 of the population for each local authority area in Scotland.

Figure 32: Average drug related deaths per 1,000 population (2016 to 2020)



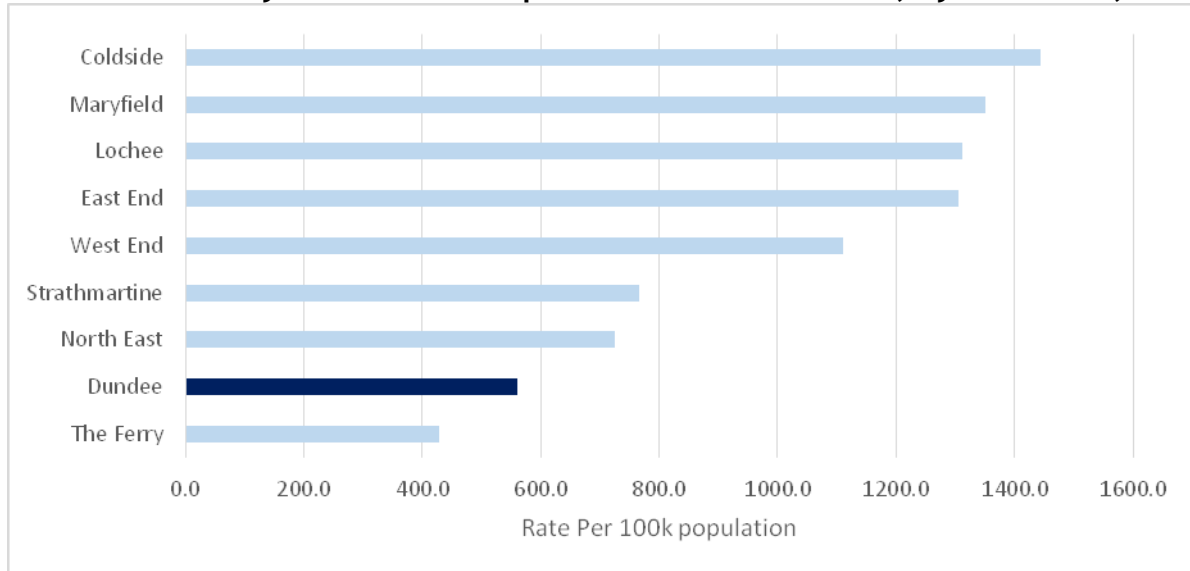
Source: *Drug-related Deaths in Scotland in 2020, National Records of Scotland*

It is significant to note that Glasgow and Inverclyde (as the only two local authority areas in Scotland with higher levels of deprivation than Dundee) follow Dundee with the next highest rates of drug related deaths. These figures demonstrate the strong link between deprivation and drug use, as well as the impact drug use has on some of our most vulnerable communities in Dundee.

4.8 Alcohol Use

There is a strong link between deprivation and alcohol related harm. The alcohol related Accident and Emergency (A&E) attendance rate across Dundee in 2019 varied from 1,445 per 100,000 in the LCPP area of Coldside to 427 in The Ferry.

Figure 33: Dundee City alcohol related presentation rate to A&E, by LCPP area, 2019



Source: Health Intelligence Team (TrakCare), NHS Tayside

Figure 33 illustrates that LCPP areas with higher deprivation levels account for the highest rates of alcohol related A&E attendances. However, it also shows that alcohol harm has significant impact on all areas.

Figure 34: Dundee City alcohol related presentation rate to A&E, by SIMD quintile, 2019

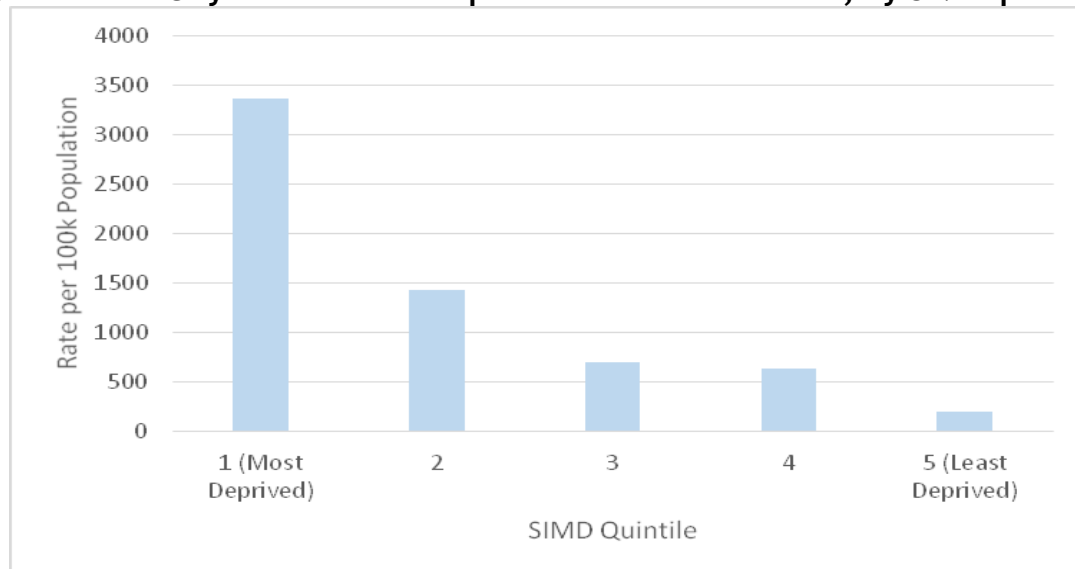
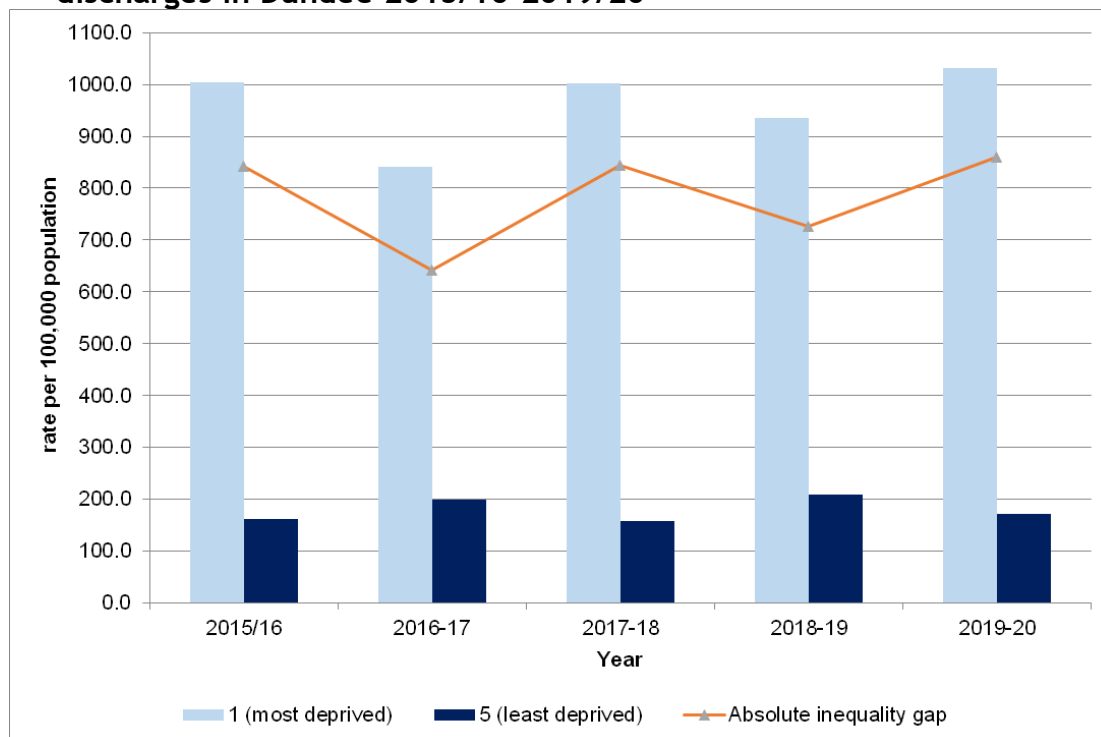


Figure 34 shows there is a clear deprivation gradient for alcohol related attendances at A&E, with individuals from the most deprived areas accounting for 16 times the rate of presentations compared with those from the most affluent areas.

Alcohol related hospital discharges, although smaller in number, display a similar trend to A&E attendances. The rate of discharges for those who live in the most deprived LCPP areas is 6.2 times higher than for those living in the least deprived areas.

Figure 35 demonstrates the large inequalities gap in alcohol related hospital discharges in Dundee between the most and least deprived parts of the city.

Figure 35: Inequalities gap between SIMD Quintiles 1 and 5 in alcohol related hospital discharges in Dundee 2015/16-2019/20



Source: Health Intelligence Team, NHS Tayside

The absolute inequality gap measures the difference between rates in the most and least deprived areas. Figure 35 shows that the gap has fluctuated over the past 5 years but in the latest data is marginally higher than it was in 2015/16.

The rate of alcohol specific deaths has decreased over the past 20 years overall, with a peak average rate in the period from 2004-2008. Figure 35 illustrates changing rates in the rolling average since the year 2000 and although the overall trend is a decrease the past five years show only minor variation in the rates. In the year 2019 (published Dec 2020) there were 30 alcohol specific deaths recorded in Dundee.

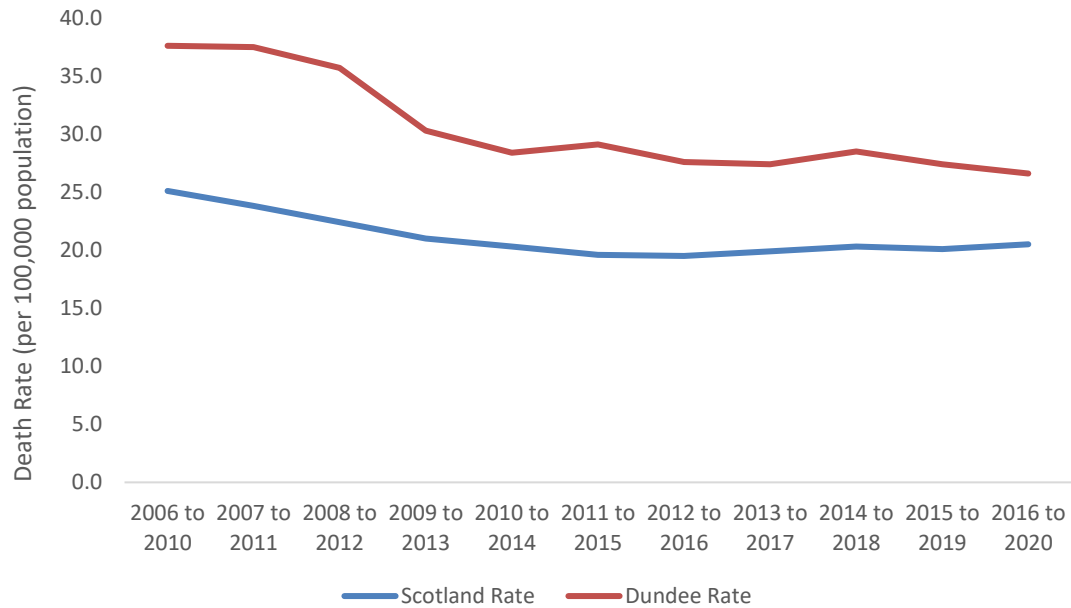
There were 1,190 alcohol specific deaths registered in Scotland in 2020³, this was an increase of 17% on 1,020 in 2019. This represents a rate of 21.5 deaths per 100,000 population in Scotland. There were 43 alcohol specific deaths registered in Dundee in 2020, which is an increase of 43% on 30 in 2019. This represents a rate of 28.9 deaths per 100,000 population.

The data in Figure 36 covers the period 2006-2010 to 2016-2020. Using a five-year average mitigates any annual fluctuations, and shows that for 2016-2020:

- For Scotland as a whole, the average 5,605 alcohol related deaths registered represented a 20.5 death rate per 100,000 of the population
- Dundee had an average of 176 alcohol related deaths registered which represented a 26.6 death rate per 100,000 of the population

³ Alcohol-specific deaths 2020 Report, NRS

Figure 36: 5-year average Alcohol Specific Death rate in Dundee City from 2006-2010 to 2016-2020



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

Figure 37: Number of people referred to and commencing treatment for alcohol use within specialist services

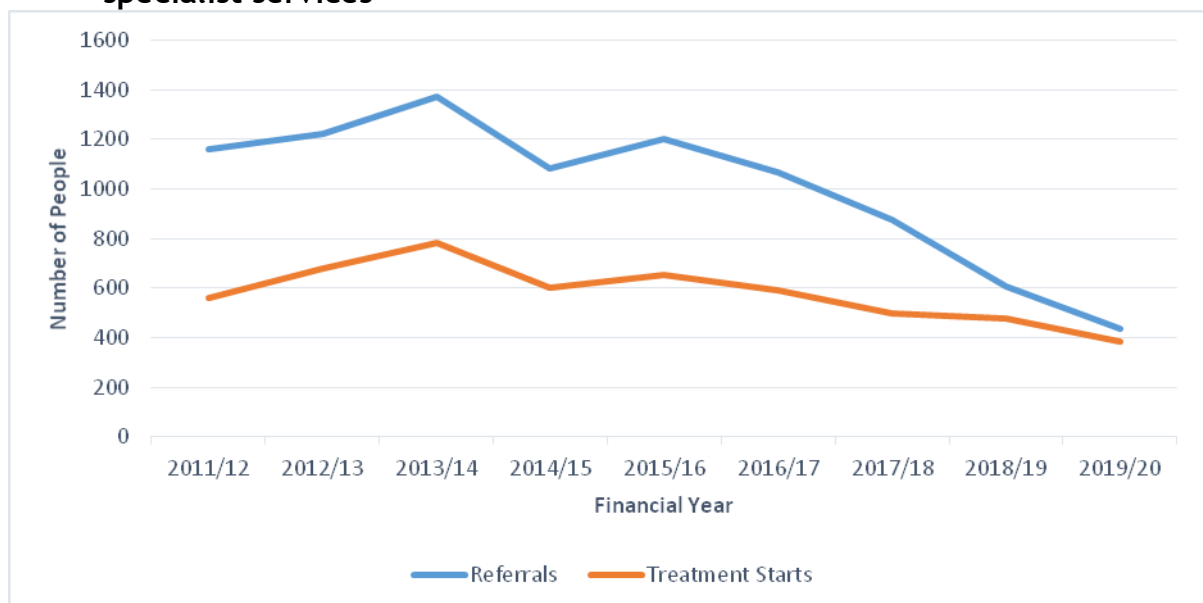


Figure 37 shows that in 2019/20 437 people were referred to alcohol use specialist services, with 383 people commencing treatment.

4.9 Sexual and Reproductive Health and Wellbeing, and Blood Borne Virus

In Scotland there are an estimated 21,000 people living with hepatitis C, which causes progressive damage to the liver. By increasing the number of people treated annually, NHS Scotland will be able to effectively eliminate the condition by 2024.

In 2018, there were 1423 new diagnoses of hepatitis C antibody-positivity. This figure compares with 1814, 1591, and 1511 for calendar years 2015, 2016, and 2017 respectively and represents the lowest number of new hepatitis C antibody diagnoses in Scotland since 1996.

It is estimated that approximately 21,000 individuals were living with chronic hepatitis C infection in Scotland by the end of 2018 and approximately 10,500 of these have been diagnosed.

Hepatitis C testing remains high with 61,376 individuals tested in NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside, and NHS Grampian during 2018. However, the increasing trend observed between 2000 and 2015 has levelled off in the last three years.

In Tayside, a total of 2,609 individuals were initiated onto hepatitis C treatment during financial year 2018/19. This exceeds the government target of 2,000 treatment initiations during that period.

At the time of diagnosis, 13% (185) were aged 20-29 years, 35% (492) were aged 30-39 years, 26% (375) were aged 40-49 years, 17% (236) were aged 50-59 years, and 7% (104) were aged 60+ years.

A new approach to treating people with hepatitis C in Tayside has seen the region become the first in the world to effectively eliminate the virus.

In late 2019, NHS Tayside had diagnosed 90% of patients and treated 80% of eligible infected subjects, meeting the World Health Organisation's (WHO) 2030 target for reducing prevalence of hepatitis C (HCV) 11 years early.

NHS Tayside has now also achieved the Scottish Government's 2024 target of a 90% reduction in prevalence of HCV, making it the first region in the world to effectively eliminate the virus.

HCV is a blood borne virus which affects the liver and can lead to cirrhosis, liver failure or liver cancer. Around 90% of HCV infections occur in people who inject drugs, or have previously done so, through sharing needles. Standard treatments have focused on those who are no longer using drugs or are accessing help services in order to limit the damage done by the virus to their bodies.

The NHS Tayside project, developed in collaboration with the University of Dundee, targets people who inject drugs without waiting until they go on to recovery programmes or stop using drugs. This prevents them passing the virus on to others and helps stop the spread of HCV among the population.

Approximately 1% of the Scottish population live with Hepatitis C (HCV), 80% of whom will go on to develop chronic disease. Prevalence rates are much higher in people who inject drugs of whom an estimated 34% are infected with HCV. It is estimated that there are approximately 2,400 people with HCV living in Dundee. (Health Protection Scotland, 2015).

New therapies have been developed to improve treatment outcomes, and these have increased cure rates to over 95% of cases, even for those with advanced disease. However, despite considerable success in diagnosing those with HCV, there remains a significant undiagnosed

population, posing a risk both to individuals' own health, as well as an ongoing transmission risk to others. It is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10-year period.

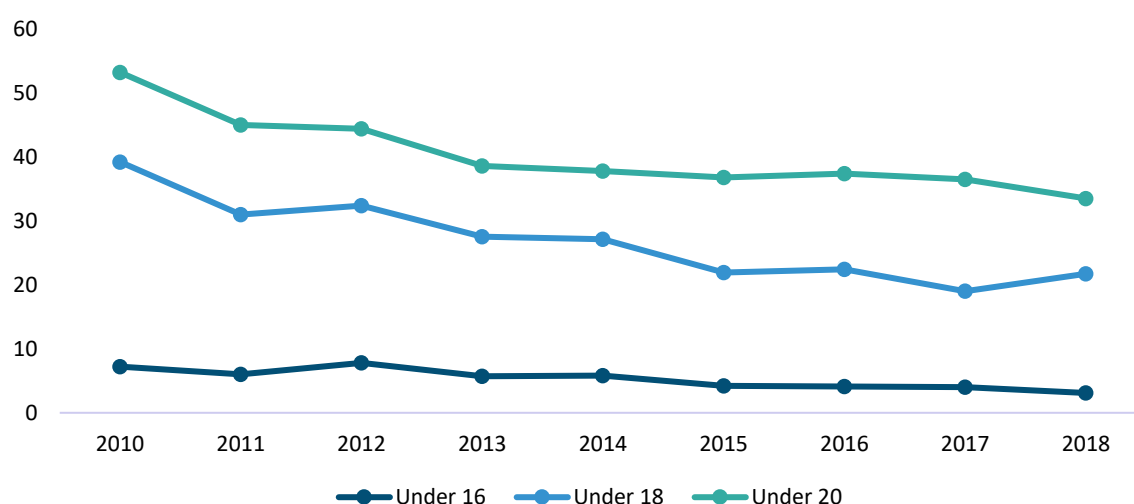
Whilst the prevalence of HIV is relatively low, the burden of disease is unequal, with men who have sex with men being at the greatest risk of transmission. Approximately 24% of people living with HIV are undiagnosed, and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others.

57% of the diagnosed population in Tayside live in Dundee. Sexually transmitted infections are most prevalent in the under 25's and among men who have sex with men.

4.10 Teenage Pregnancies

The latest teenage pregnancy data for 2018 shows that rates of teenage pregnancy continue to reduce year on year in Tayside. Rates have reduced by almost 50% since 2010 and are now at the lowest levels since records began.

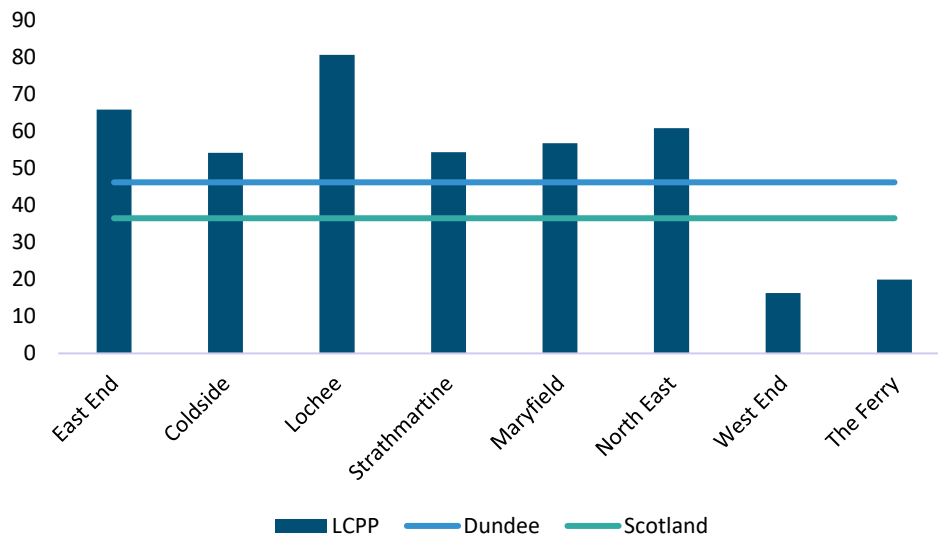
Figure 38: Teenage pregnancies in Dundee: rate per 1,000 females (3 year rolling averages)



Source: ISD July 2018

Figure 38 shows that the rates of teenage pregnancies for females aged under 20 and under 18 have reduced by almost 50% since 2010, and the under 16 rate has reduced slightly.

Figure 39: Teenage Pregnancy rate per 1,000 females by LCPP, 2016-18



Source: ScotPho, 2021

Figure 39 is organised in order of highest deprivation to the left and lowest deprivation to the right. There is a trend between the teenage pregnancy rate and deprivation, with a higher rate of females aged under 20, living in the most deprived LCPP areas who become pregnant, compared with females living in the most affluent LCPP areas.

The Corner is an information and peer led service for children and young people in Dundee which provides a sexual health service by the multi-professional team. Over the years there has been an increase in young people accessing contraception, an indication of more young people taking a preventative approach to potential pregnancy.

Key Findings	Sexual and Reproductive Health and Wellbeing, Blood Borne Virus (BBV) and Teenage Pregnancies
<ul style="list-style-type: none"> There is a strong correlation between deprivation, poor sexual health and BBV. It is estimated that there are approximately 2,400 people with Hepatitis C (HCV) living in Dundee. 80% of people with HCV will develop chronic disease, but cure rates have now risen to 95%+. There is a significant undiagnosed population with HCV and it is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10-year period. Approximately 24% of people living with HIV are undiagnosed and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others. 57% of the diagnosed population in Tayside live in Dundee. The rate of teenage pregnancies for females aged under 20 has reduced by almost 50% since 2007 and the teenage pregnancy rate for females aged under 16 has remained consistent. There is a link between teenage pregnancy rates and LCPP area. The most deprived LCPP areas have the highest rates. 	

COVID-19

The National Performance Framework reported that unequal outcomes between different groups existed pre-COVID, and the effects of the pandemic have, in general, worsened this. It has produced disproportionate impacts across a range of outcomes for a number of groups, including: households on low incomes or in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Overlap between these groups mean that impacts may be magnified for some people. The weight of evidence suggests that the pandemic may widen inequalities in income and wealth over the medium term, as well as being likely to make unequal outcomes more severe in a range of other areas.

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

Figure 40: Percentage of those who experienced difficulties with having a healthy lifestyle by age group

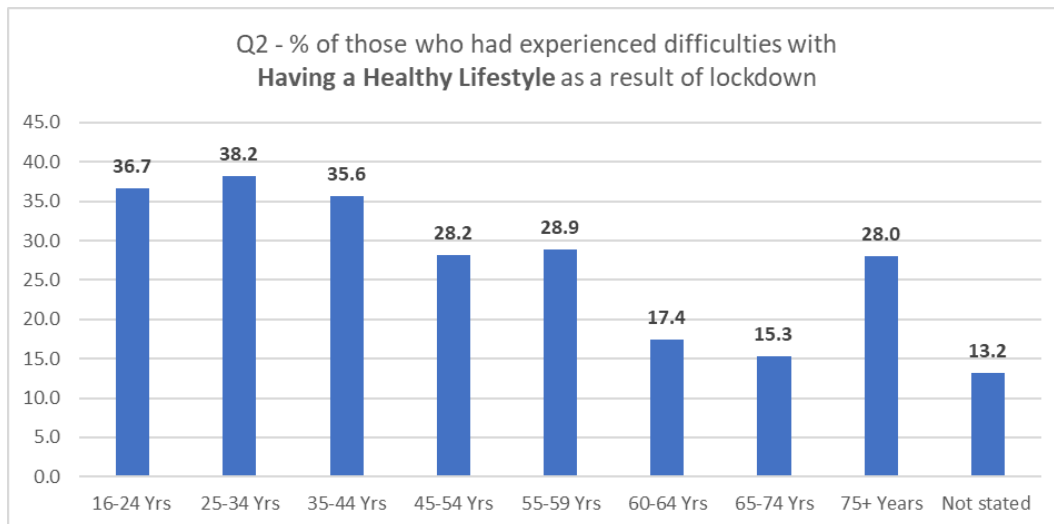


Figure 41: Percentage of those who experienced difficulties with having a healthy lifestyle by employment status

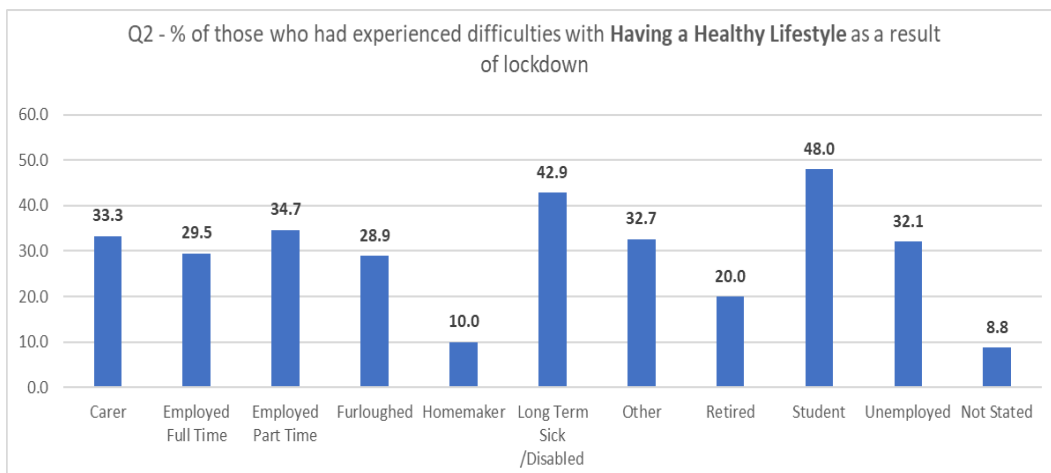


Figure 42: Percentage of those who experienced difficulties with having a healthy lifestyle by benefit status

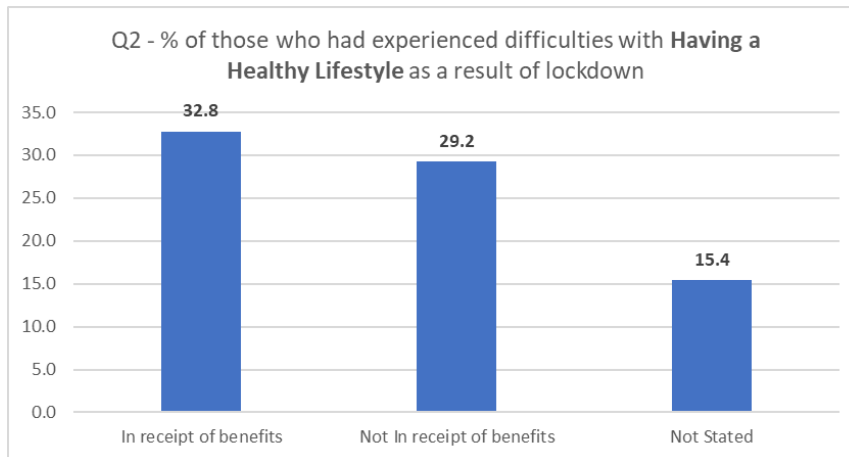
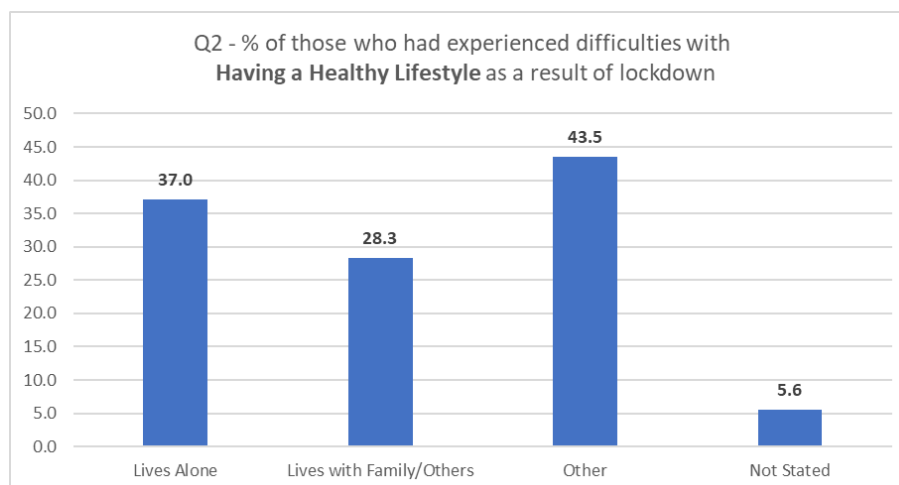


Figure 43: Percentage of those who experienced difficulties with having a healthy lifestyle by age group



The most common challenges reported were the suspension of health and fitness classes or not being able to get out due to shielding. Some people felt their diet was affected due to increased food costs and having to use online delivery services.

Increased expenditure due to home delivery of food and items, no exercise for months has seriously affected my physical health.

Examples provided by respondents shed further light on the challenges people faced. Active travel was reduced due to people working from home and one respondent did not want to walk or shop with a toddler when public toilets were not open. Several individuals spoke about the negative effects of closure of leisure facilities mentioning specifically gyms, swimming pools, Active for Life and Aqua Fit. Other comments were made around lack of motivation, gaining weight, and increased consumption of takeaways.

Because of my age, I have found it difficult to get out and about, shopping, socialising etc. The result of this is that my inactivity has stopped me from staying healthy, I'm not able to take long walks and there's only so many times you can go around the block.

Initially, because I was shielding, I was not allowed out at all. This really affected me... I was used to going to Aqua Fit twice a week and Line Dancing once a week. This also led to socialising after the events and going for a cuppa with friends. I really missed having structure and exercise in my life, as well as the social aspect.

Healthcare Improvement Scotland Citizen's panel survey received responses from 652 people and the responses were as follows:

Description of health and wellbeing since the start of the pandemic in March 2020



Change in behaviour since introduction of restrictions

Exercise



38%
Done more
26%
Done less

Keeping in touch



31%
Done more
28%
Done less

Healthy eating



23%
Done more
14%
Done less

Drinking alcohol



19%
Done more
22%
Done less

Taking vitamins



18%
Done more
1%
Done less

Experience contacting health or social care professionals during the pandemic



65%

Have accessed/tried to access health and social care services during the pandemic.



Services contacted

80% GP
46% pharmacy
35% hospital outpatient
34% nurse
33% dentist

Appointment experience during the pandemic compared to normal appointment

Telephone consultation



19%
Better than normal
30%
Worse than normal

Online consultation (Near me)



21%
Better than normal
25%
Worse than normal

Face to face consultation



15%
Better than normal
22%
Worse than normal

64%

were willing to see a health or social care professional via online tools to help health services to resume.

58%

were willing to see a health or social care professional over the phone instead of face to face.

55%

were willing to update information on their condition or wellbeing through an app, text or website.

30% have missed routine appointments during the pandemic.



29% of those who missed appointments said a health or social care professional checked up on them.



Virtual visiting

82% said it was very important or important for virtual visiting to be provided as another option for hospital visiting in the future.



Support from the community

20% said that their health and wellbeing has been supported by the community since the COVID-19 pandemic started in March 2020. This was most likely to be having someone to have a chat with (**65%**), help with shopping (**49%**) or help collect to a prescription (**31%**).

Health

- ✓ Access to and availability of health services reinstating services (**52%**)
- ✓ Getting back to normal (**91%**)
- ✓ Getting the treatment and support required (**8%**)
- ✓ Face to face appointments (**8%**)

Social care

- ✓ Access to services required (**27%**)
- ✓ Continuation of support and services back up and running (**8%**)
- ✓ Care for the elderly, vulnerable and care homes (**6%**)
- ✓ Support for vulnerable children (**4%**)

Long Term Health Conditions

5.1 Prevalence of Long Term Health Conditions

It is estimated from Scottish Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition⁴. Results from the Scottish Burden of Disease study⁵ suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, Mental Health and Substance Use disorders, and diabetes.

Figure 44: Estimated numbers of Dundee City residents living with selected long-term conditions

	Prevalence estimate (rounded to nearest 100)
Cardiovascular diseases	
Ischaemic (Coronary) heart disease	6,000
Cerebrovascular disease (including stroke)	2,800
Atrial fibrillation and flutter	2,800
Peripheral vascular disease	2,500
Chronic respiratory diseases	
Asthma	9,200
Chronic obstructive pulmonary disease (COPD)	3,600
Neurological disorders	
Alzheimer's disease and other dementias	1,900
Parkinson's disease	300
Epilepsy	1,300
Multiple sclerosis	200
Mental health	
Schizophrenia	600
Anxiety disorders	14,200
Depression	12,300
Musculoskeletal disorders	
Rheumatoid arthritis	800
Osteoarthritis	9,600
Other long term conditions	
Diabetes mellitus	7,700
Chronic kidney disease	4,600

Source: Scottish Burden of Disease Study, Local Authority estimates, 2016⁶

Robust estimates of the population prevalence of Long Term Conditions in each of Dundee's Localities are not readily available. However, we can examine something of the relative numbers

⁴ <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

⁵ <https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/>

⁶ <https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/>

of people with some conditions, across each of the Dundee GP practice clusters. The numbers by practice cluster won't match up exactly with the estimates for the whole Dundee City population, due to differences in definitions and ways of counting, and because Dundee GP practices also often serve patients who live in the neighbouring Council areas of Angus, Perth & Kinross, and Fife.

Figure 45: Numbers of people on GP practice cluster registers for selected long-term conditions

	Dundee 1	Dundee 2	Dundee 3	Dundee 4
Asthma	3,385	2,126	2,531	3,037
Atrial Fibrillation	896	773	693	770
Coronary Heart Disease (CHD)	1,947	1,394	1,588	1,564
Chronic Kidney Disease (CKD) (Age 18+)	1,378	1,058	1,037	1,105
Chronic Obstructive Pulmonary Disease (COPD)	1,991	903	1,405	1,156
Dementia	464	410	430	375
Depression (Age 18+)	4,032	2,444	1,397	1,977
Diabetes (Age 17+)	2,933	1,953	2,177	2,405
Heart Failure	639	347	344	451
Hypertension (High Blood Pressure)	6,658	5,143	5,343	6,073
Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.	703	325	533	499
Peripheral Arterial Disease	660	403	424	370
Rheumatoid Arthritis	290	220	216	256
Stroke	1,243	949	959	892

Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019⁷)

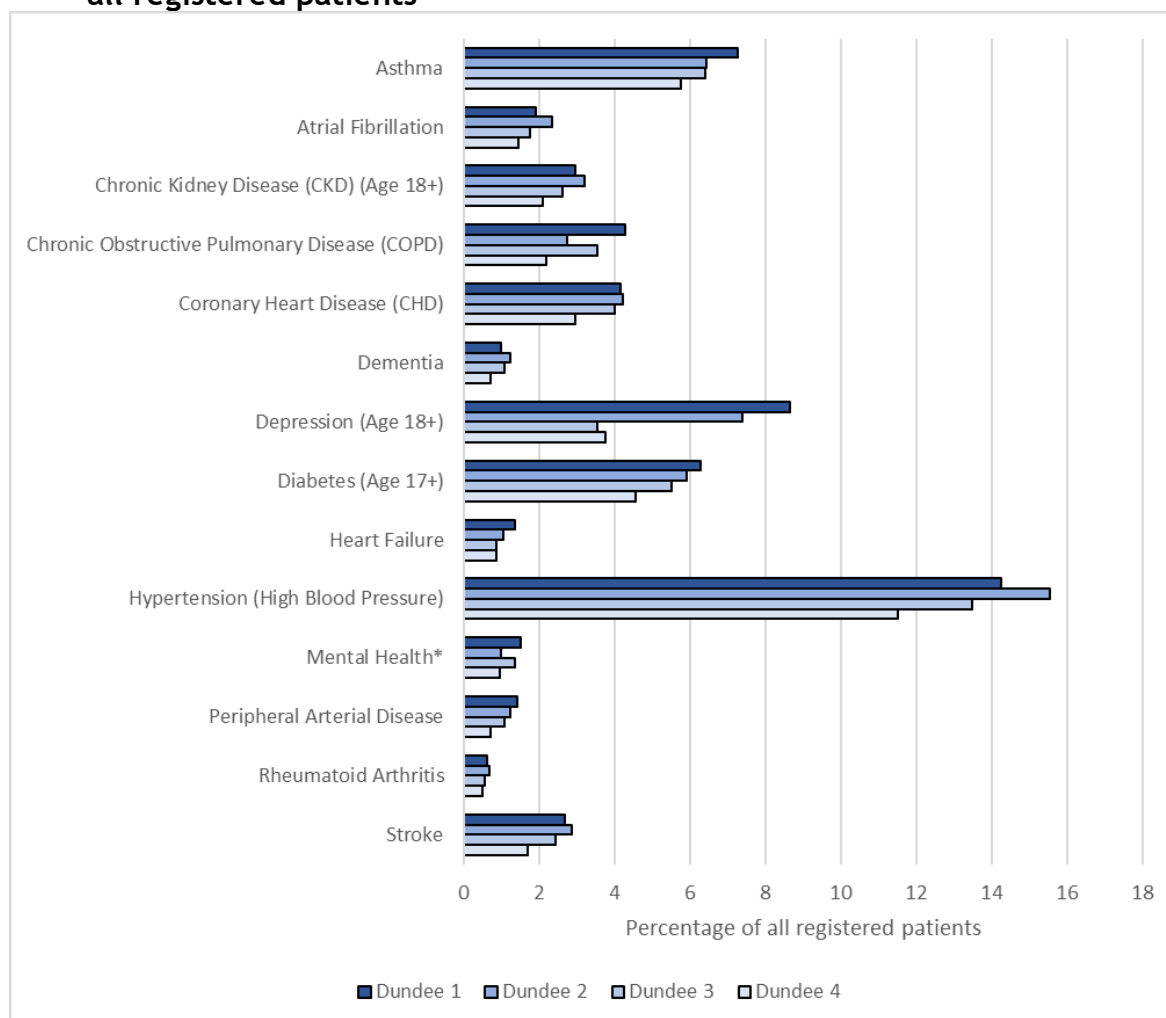
Key to Dundee practice clusters (These also serve patients resident in other areas, particularly Angus, Perth and Kinross, and Fife)	
Dundee 1	7 practices: Park Avenue Medical Centre, Family Medical Group (Wallacetown Health Centre), Erskine Practice, Mill Practice, Terra Nova Medical Practice LLP, Maryfield Medical Centre, Whitfield Surgery.
Dundee 2	4 practices: Grove Health Centre, Taybank Medical Centre, Princes Street Surgery, Broughty Family Healthcare.
Dundee 3	7 practices: Ancrum One, Coldside Medical Practice, Downfield Surgery, Hillbank Health Centre, Ancrum Medical Centre, Lochee Health Centre, Invergowrie Medical Practice. Whilst Invergowrie is physically within Perth & Kinross, the practice is part of the Dundee 3 cluster.
Dundee 4	6 practices: Tay Court Surgery, Westgate Medical Practice, Hawkhill Medical Centre, Ryehill Medical Practice, Nethergate Medical Centre, Muirhead Medical Centre. Whilst Muirhead Medical Centre is physically within Angus, it is part of the Dundee 4 cluster.

As the four Dundee GP practice clusters are of different sizes (cluster 4 is the largest in terms of registered patients, and cluster 2 the smallest), it can also be useful to consider what percentage

⁷ <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/>

of patients in each cluster are included on the practice registers for each condition. These rates are crude, as they can't be adjusted to take account of age and other demographic variations between the practices' patients. There is also some caution needed as maintaining these disease registers has not been a formal requirement in the past few years. However, we can use this information as a broad indication of variations between the practice clusters.

Figure 46: Numbers of people on GP practice cluster disease registers, as a percentage of all registered patients



*Mental Health: Register defined as schizophrenia, bipolar affective disorder or other psychoses.

Source: General practice disease prevalence data, Public Health Scotland (last data available: January-March 2019⁸)

⁸ <https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/general-practice-disease-prevalence-data-visualisation/>

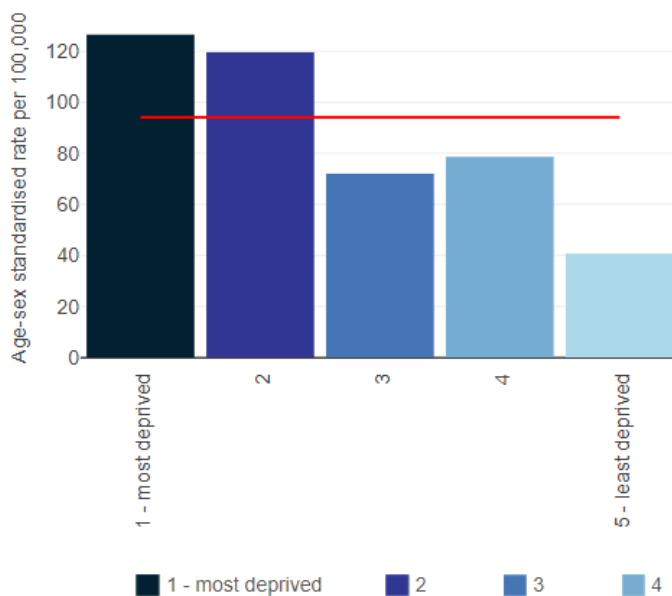
It is widely accepted that deprivation increases the risk of early death and is associated with higher rates of illness from certain diseases. There is also often a relationship between deprivation and people being admitted to hospital for a long term condition. Health Inequalities Profiles published by the Scottish Public Health Observatory (ScotPHO) illustrate this for three common long term conditions: Asthma, COPD and Coronary Heart Disease (CHD). In each case, hospitalisation rates amongst people living in the most deprived areas of Dundee are clearly higher than amongst people living in the least deprived areas.

Asthma patient hospitalisations by Deprivation Quintile: Dundee City residents

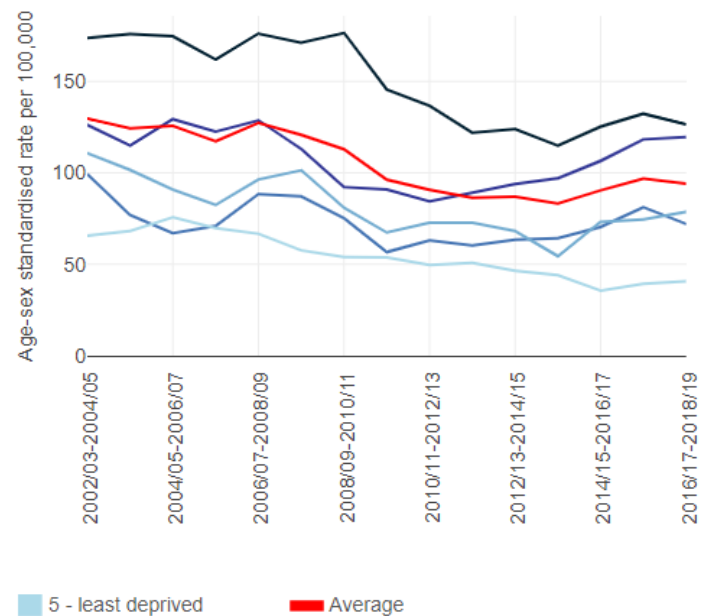
Over the three years 2016/17-2018/19 combined, asthma patient hospitalisations would have been 58% lower if the levels of the least deprived area were experienced across the whole population.

Figure 47: Asthma patient hospitalisations by Deprivation Quintile, per 100, 000 population, Dundee

Differences in asthma patient hospitalisations between deprivation groups for 2016/17-2018/19



Changes over time by deprivation group



Source: ScotPHO profiles (Health Inequalities) https://scotland.shinyapps.io/ScotPHO_profiles_tool/

COPD patient hospitalisations by Deprivation Quintile: Dundee City residents

Over the three years 2016/17-2018/19 combined, Chronic obstructive pulmonary disease (COPD) patient hospitalisations would have been 78% lower if the levels of the least deprived area were experienced across the whole population.

Figure 48: COPD patient hospitalisations by Deprivation Quintile, per 100, 000 population, Dundee

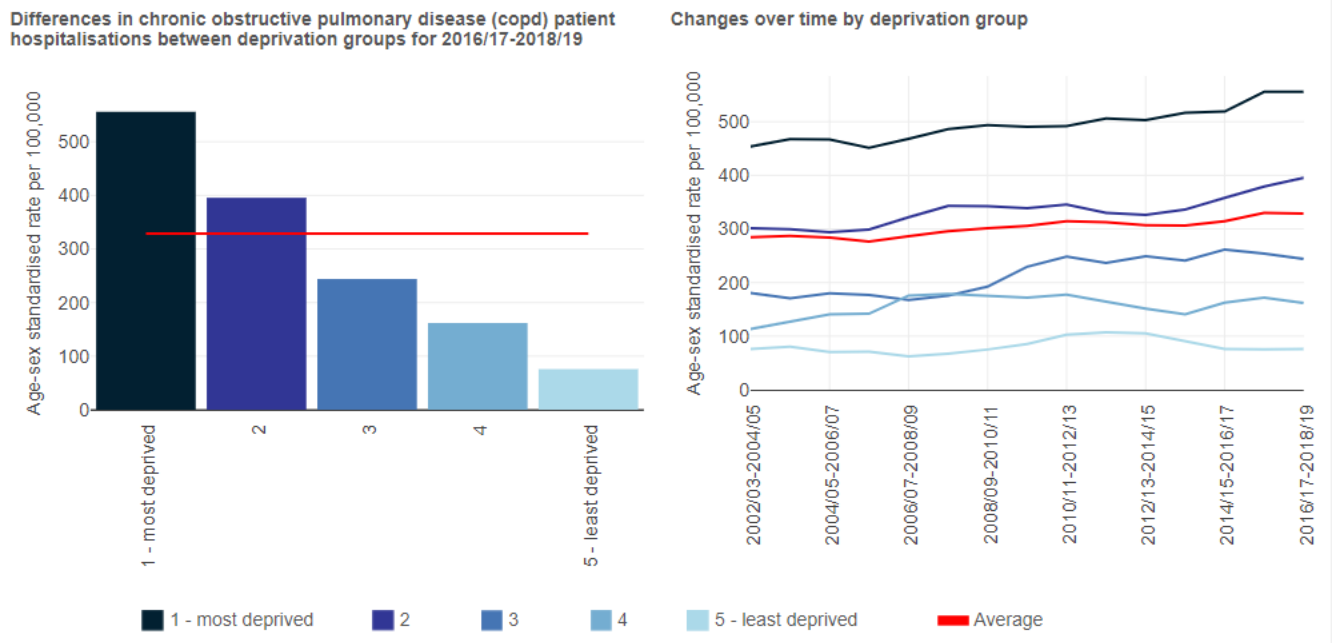


Figure 49: Number of COPD Hospital Admissions as a rate per 1,000 population, Dundee

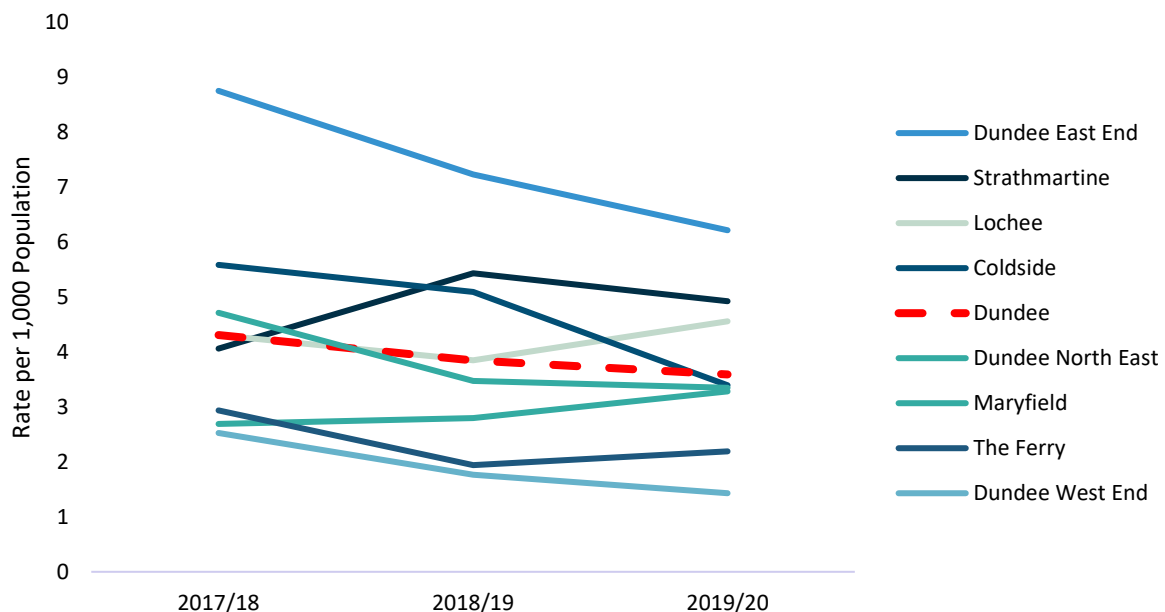
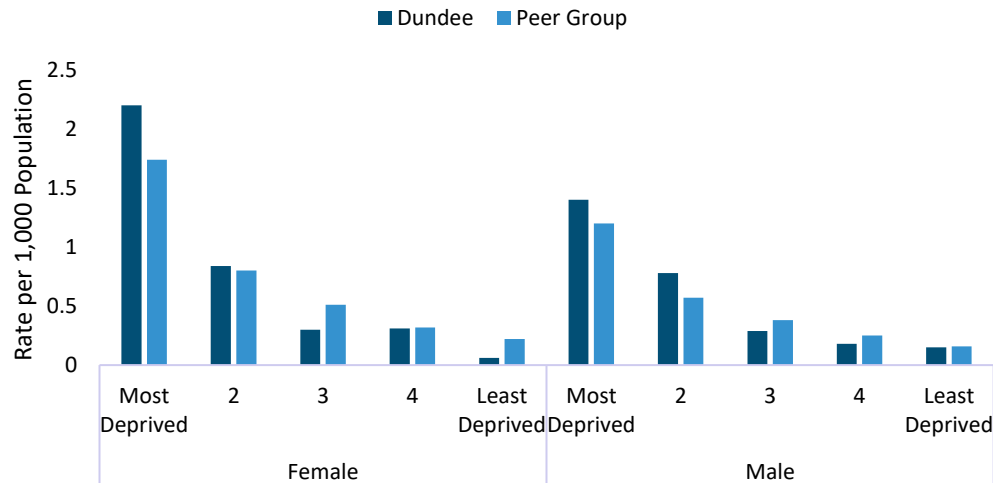


Figure 50: Number of COPD Hospital Admissions as a Rate per 1,000 populations, by deprivation in Dundee, 2019/20

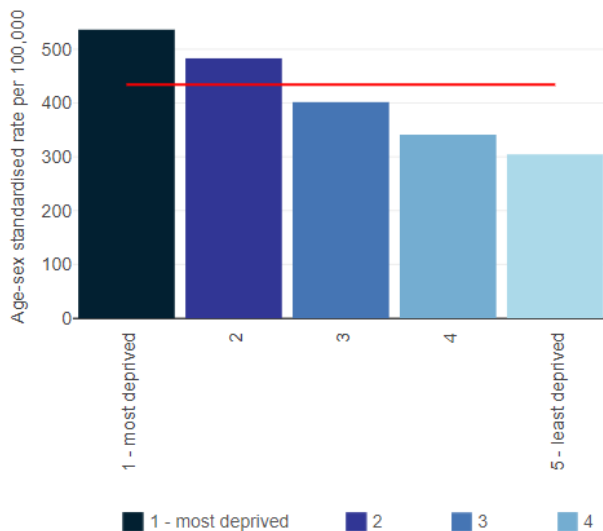


Coronary Heart Disease (CHD) patient hospitalisations by Deprivation Quintile: Dundee City residents

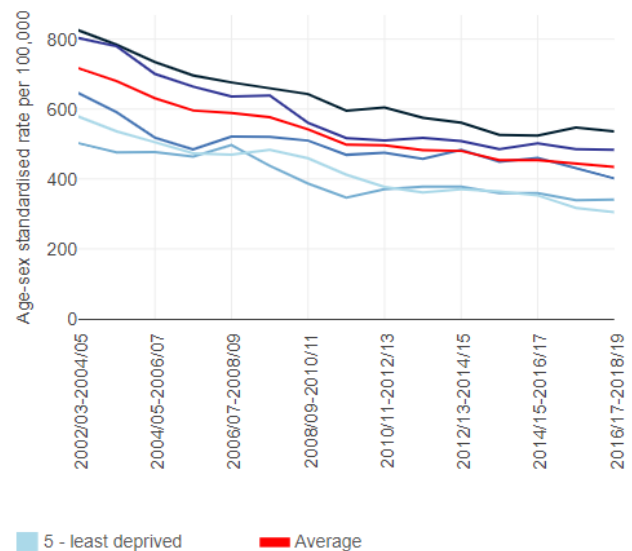
Although admission rates for CHD have generally come down in recent years, there is still a clear relationship with deprivation. Over the three years 2016/17-2018/19 combined, Coronary Heart Disease (CHD) patient hospitalisations would have been 31% lower if the levels of the least deprived area were experienced across the whole population.

Figure 51: Coronary Heart Disease patient hospitalisations by Deprivation Quintile, per 100,000 population Dundee

Differences in coronary heart disease (chd) patient hospitalisations between deprivation groups for 2016/17-2018/19



Changes over time by deprivation group



Source: ScotPHO profiles (Health Inequalities) https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Multi-morbidity

The planning of health and social care also needs to consider that often people experience multi-morbidity and live with two or more long term conditions.

Considering the many long term conditions that people can live with, and that whilst some people can self-manage their conditions and others need varying degrees and types of support, multi-morbidity can be challenging to measure in a detailed and thorough way. However, we can gain some illustrative insights from a mixture of sources. Periodic large-scale sources (such as Scotland's Census) or occasional research projects can give us some useful information. In addition, we can analyse, by locality of residence, how many people have had one or more of a selection of LTCs recorded during a previous hospital admission. Whilst hospital admission data alone does not give us a full count of everyone living with a health condition, it can help to illustrate how the likelihood of having one or more LTCs increases with increasing age. The table below shows that across all Dundee's localities, the older someone is, the more likely they will have had at least one Long Term Condition recorded from a hospital admission. This table also shows that there are variations between the localities. For example, residents of Dundee East End are most likely, across all the Dundee localities, to have had a long term condition recorded on a hospital admission before the age of 75.

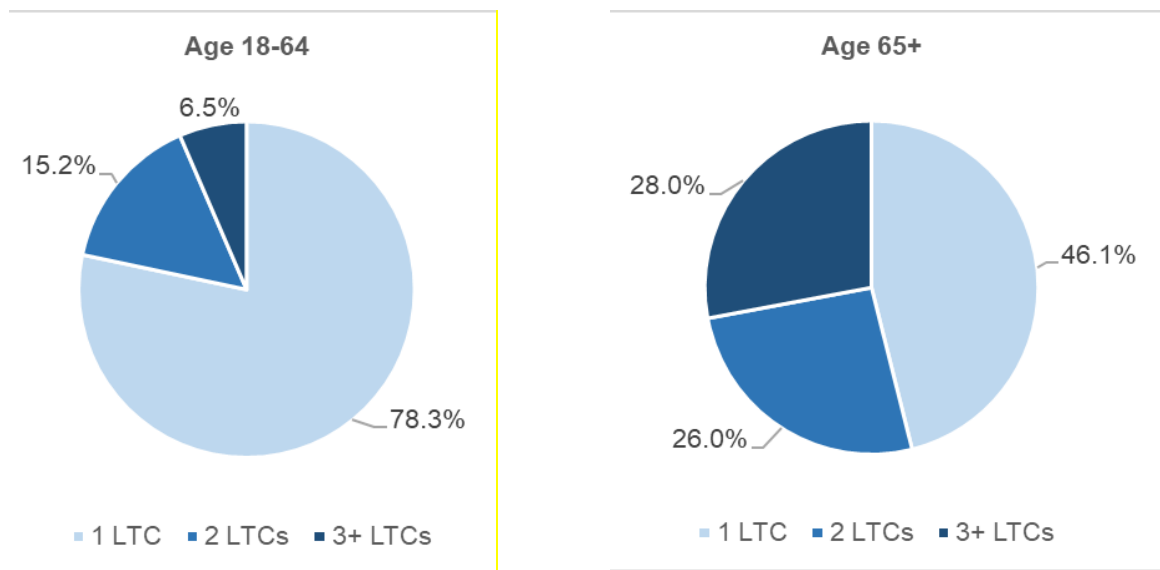
Figure 52: Percentage of Dundee locality residents who have had one or more physical Long Term Conditions* recorded during a previous hospital admission, by age group

Locality of residence	Percentages by age group			
	18-64	65-74	75-84	85+
Coldside	15.0	52.5	67.4	79.4
Dundee East End	18.5	53.1	68.4	75.7
Dundee North East	16.8	49.2	71.6	79.0
Dundee West End	8.7	44.3	62.8	72.4
Lochee	17.1	48.0	62.8	74.9
Maryfield	12.1	44.5	61.6	77.0
Strathmartine	17.3	47.0	66.6	78.7
The Ferry	13.2	41.4	62.5	76.8
Dundee - total	14.4	47.2	65.1	76.6

**A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).*

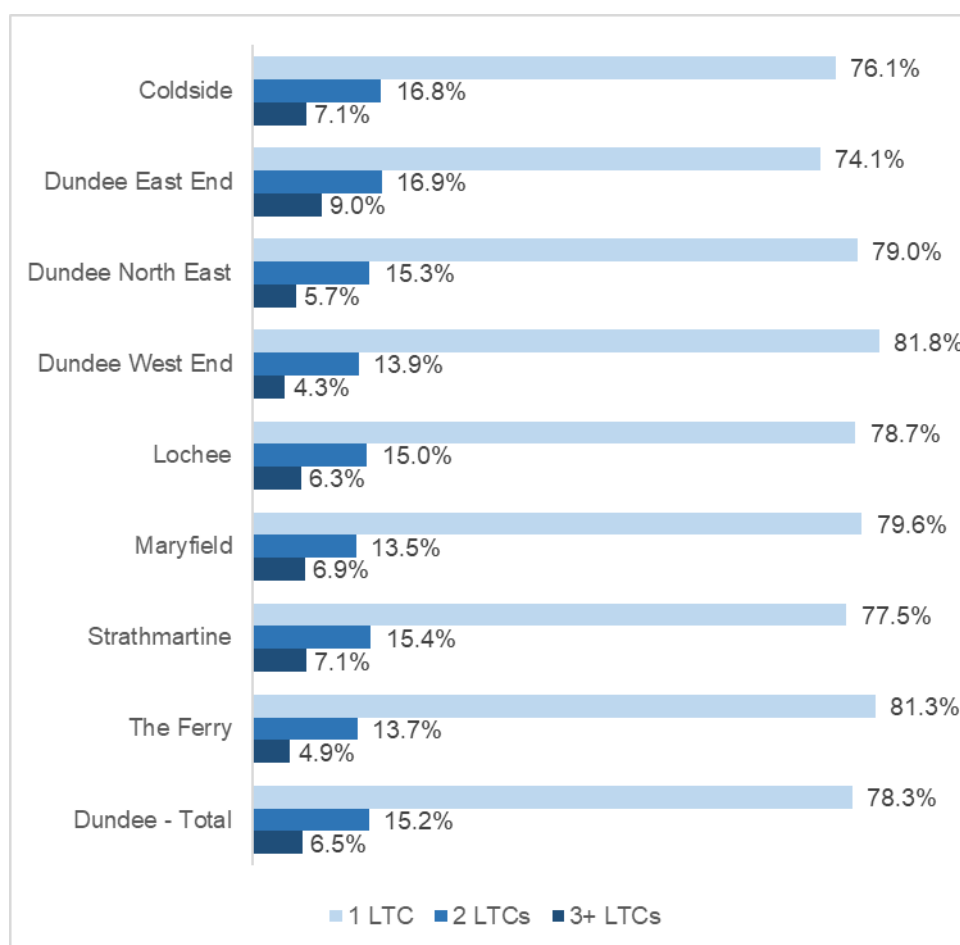
Within the population who have had any of these physical long term conditions recorded during a previous hospital admission, it is also clear that older adults are much more likely to be experiencing multi-morbidity, that is, two or more conditions. For instance, amongst Dundee residents aged 65+ who had had any of these LTCs recorded from a previous hospital admission, over half (54%) had two or more of these conditions. The corresponding percentage in adults aged 18-64 was lower, at 22%. However, these data nonetheless illustrate that it is not uncommon for younger adults to be living with two or more long term conditions. We can also see that there is variation across Dundee's localities. For example, in Dundee East End, people aged 18-64 are more likely to have had two or more LTCs recorded than those living in Dundee West End, or The Ferry.

Figure 53: Dundee residents with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by age group



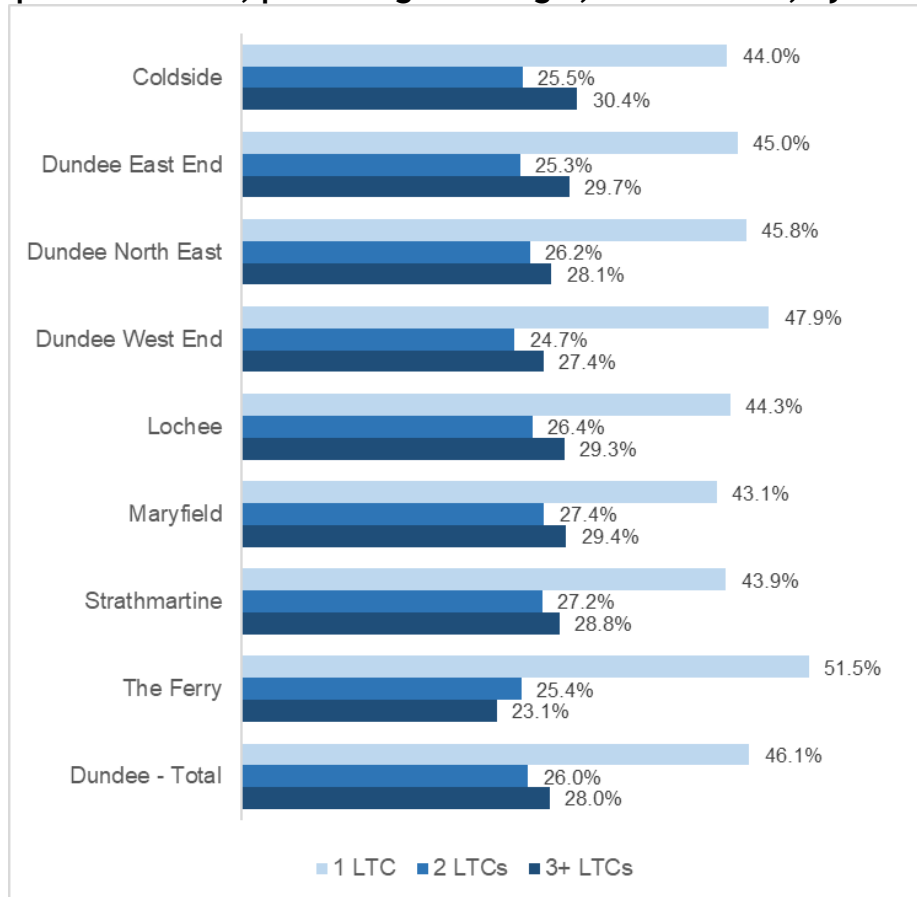
*A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).

Figure 54: Dundee residents aged 18-64 with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by Locality



*A selected set of LTCs: Arthritis, Asthma, Atrial Fibrillation, Cancer, Cardiovascular Disease, COPD, Coronary Heart Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Disease, Multiple Sclerosis, Parkinson's Disease, Renal Failure. Identified based on hospital admissions up to March 2019. Source: Public Health Scotland (Source Linkage Files).

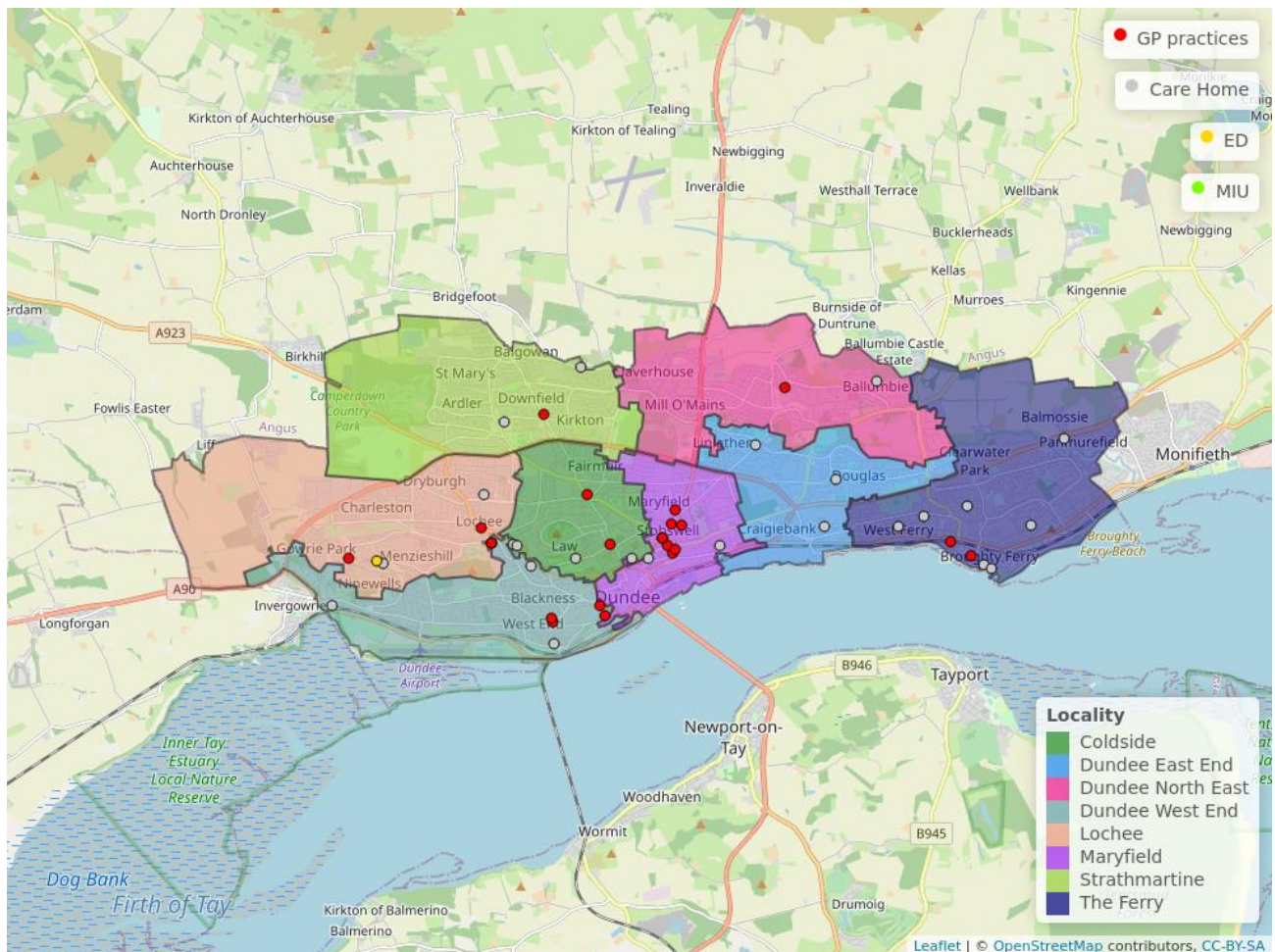
Figure 55: Dundee residents aged 65 and over with a physical LTC* recorded from a previous hospital admission, percentages having 1, 2 or 3+ LTCs, by Locality



In Dundee many people are not registered with the GP practice closest to their home and choose to travel across the city to attend a GP appointment.

Analysis by long term condition prevalence was completed at LCPP area level, however results were found to be flawed for this reason. During analysis, it was found that data was skewed by GP practice populations. Localities with the largest GP practice populations had the highest prevalence rate when calculating rate against the locality population.

Figure 56: Location of Dundee GP Practices



The map in Figure 56 shows the distribution of GP surgeries in Dundee. There are GP practices not shown on the map, as they are out-posted from other GP practices. The Douglas surgery is not shown, as it is run by a GP Practice based in Wallacetown Health Centre, and the Finmill surgery is not shown as it is run by Erskine Practice based at Arthurstone Medical Centre.

The map shows that GP practices are not evenly spread across the city and there is a cluster of practices in the Maryfield LCPP area. Additionally, there are only 3 GP surgeries situated to the north of The Kingsway.

Dundee GP surgeries have unusual registration patterns. Most people are registered with GP surgeries out with the area where they live. Table 2 shows which GP surgeries people are most likely to be registered with, by area where they live.

Figure 57: GP Practices where people are most likely to be registered, by LCPP area in which they live

LCPP area	GP Practices where people are most likely to be registered by LCPP area in which they live
Coldside	Hillbank Health Centre (14%), Coldside Medical Practice (11%)
East End	Wallacetown Health Centre (17%), Mill Practice (10%)
Lochee	Westgate Medical Practice (16%), Lochee Health Centre (14%)
Maryfield	Taybank Surgeries (10%), Nethergate Medical Centre (9%)
North East	Mill Practice (17%), Taybank Surgeries (7%)
Strathmartine	Downfield Surgery (22%), Coldside Medical Practice (8%)
The Ferry	Broughty Ferry Health Centre (35%), Grove Health Centre (22%)
West End	Hawkhill Medical Centre (30%), Nethergate Medical Centre (13%)

The LCPP areas with the highest rates of people with one or more health condition are East End, Coldside and Lochee. However, Figure 57 shows that in Coldside, for example, only 25% of the population choose to attend a GP Practice closest to where they live.

5.2 Prevalence of Multi-Morbidities Experienced at a Younger Age

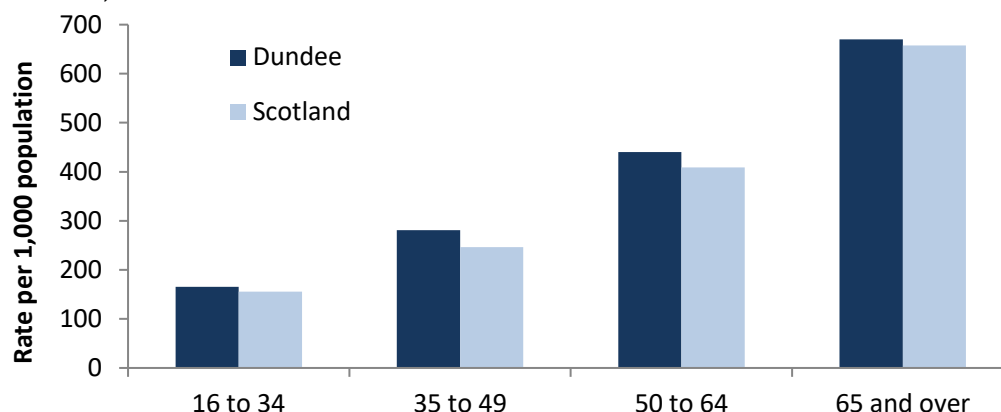
A Scottish cross-sectional study of 1.8 million people found that, while the prevalence of two or more health conditions increased with age, the number of cases under 65 years old was greater than those 65 years and older (Barnett, et al., 2012). In addition, the onset of multi-morbidity was 10 to 15 years earlier for those living in the most deprived areas, with this group experiencing a greater prevalence of mental health disorders. These findings are also consistent with those within the Kings Fund review of long-term conditions and mental health, which reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.

“People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities” (Naylor et al 2012)

While we expect the number of older people to rise over the next 22 years (and therefore the number of people with one or more health conditions) we also know that the effects of deprivation and health inequalities lead to more people in Dundee experiencing age associated morbidities and multi-morbidities (more than one health condition) at a younger age than many people living elsewhere in Scotland. This means that many people enter older age with pre-existing health conditions and that they have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.

Figure 58 shows the rate of people living in Dundee and Scotland who have one or more health condition.

Figure 58: One or more health condition: rate per 1,000 of the population (aged 16 and over) in Dundee and Scotland

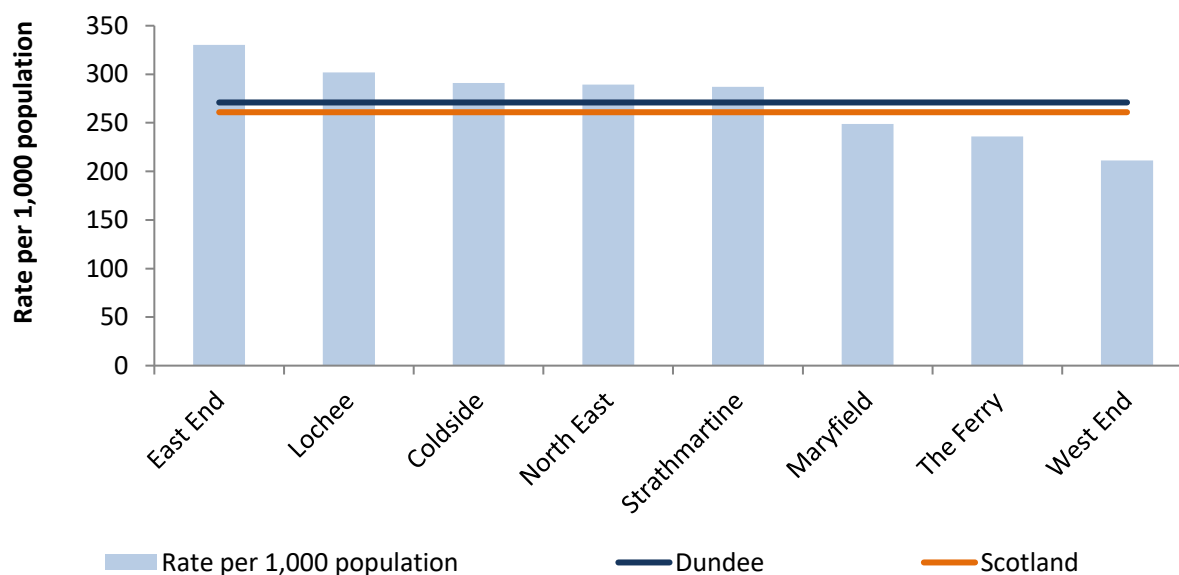


Source: Scotland Census 2011

Figure 58 shows that across each age group the rate of people in Dundee is higher than in Scotland as a whole.

There is however considerable variation in multi-morbidity rates **between LCPP areas** across the city, and not all LCPP areas contribute to this trend. Figures 59 and 60 show the rate of people (aged 16-64, and those over 65) with one or more health condition in each LCPP area, as compared with the Dundee and Scotland average rates.

Figure 59: Number of people per 1,000 of the population (aged 16 to 64) with one or more health condition by LCPP area, Dundee and Scotland

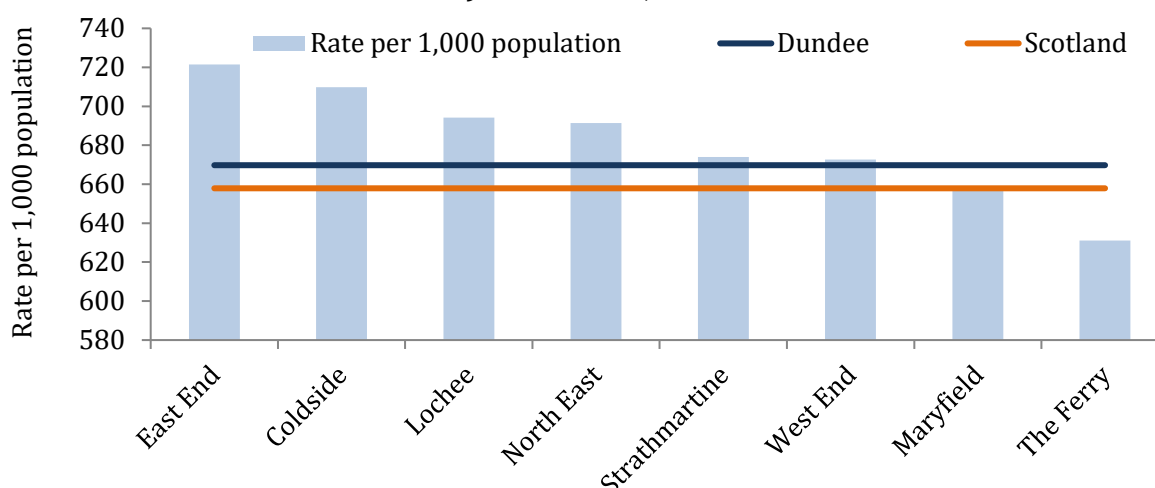


Source: Scotland Census 2011

It has already been noted that the East End and Lochee are the LCPP areas with the highest levels of deprivation and these figures indicate that they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

There is extensive evidence of the relationship which exists between deprivation and health conditions. These figures demonstrate the level of impact deprivation is having on the health of people aged 16-64 living in LCPP areas across the city.

Figure 60: Number of people per 1,000 of the population (aged 65 and over) with one or more health conditions by LCPP area, Dundee and Scotland



Source: Scotland Census 2011

As with the analysis of the 16-64 age group in figure 59, figure 60 shows the level of morbidity and multi-morbidity for people aged 65+ in each LCPP in Dundee, as compared with the average rates in Dundee and Scotland. These figures identify the East End and Lochee (the two LCPP areas with the highest levels of deprivation in the city) as having correspondingly high levels of associated morbidity and multi-morbidity for the aged 65+ group also.

However, it is relevant to note that the same correlation is not in evidence for the Coldside LCPP which has the second highest rate of people aged 65+ with one or more health condition, but only the 5th highest deprivation in the city. This is partly due to the high number of people aged 65+ who live in the cluster of very sheltered housing and housing with care located within this LCPP area.

This population aged 65+ has frequently relocated from other LCPP areas, including those that have the highest levels of deprivation, to live in accommodation with support provided in Coldside. The higher rate of multi-morbidities for the Coldside LCPP area will at least in part reflect the impact of deprivation experienced by those who have previously lived in more deprived parts of the city.

Variation in Deprivation and Multi-Morbidity Levels within LCPP areas

As well as the variation that exists **between** Dundee's eight LCPPs, there is also variation in levels of deprivation and health conditions **within** each of these LCPP areas. Detailed analysis shows that there are neighbourhoods experiencing deprivation and multi-morbidities at even greater rates than presented at LCPP level. Conversely, there are neighbourhoods in some LCPP areas with lower rates of deprivation and health conditions than those shown at LCPP level. This level of variation is evident for example within the Lochee LCPP area, when comparing the Whorterbank

and Clement Park/Foggyley neighbourhoods with the Sutherland and Gowrie Park neighbourhoods, all in the same LCPP area.

More detailed information about the variation within LCPP areas at neighbourhood level is provided in Section 8.

COVID-19

- The outcomes of people with COVID-19 vary by individual and those with morbidities and multiborbidities generally having the worst outcomes and survival rates. The NHS classed individuals as extremely vulnerable if they have had an organ transplant, are undergoing cancer treatment, have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD), have a condition that is associated with high infection risk (such as SCID or sickle cell), are taking medicines such as steroids, have a serious heart condition, a problem with the spleen, have Down's Syndrome or kidney disease.
- The older population is also at greater risk of complications and develop serious illness following COVID-19.
- For some people, COVID-19 can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID". How long it takes to recover from COVID-19 is different for everybody. Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer. The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get COVID-19. People who had mild symptoms at first can still have long-term problems.
- Engage Dundee reported that during the pandemic 4% of the total sample reported difficulties in accessing medication (n=37) and the age group most affected was 55-59yrs (6.7%). 8.3% of carers and 8.6% of those on benefits expressed difficulties and those living alone were slightly more likely to experience difficulties (5.3%). The sub group most likely to be affected was the long term sick and disabled who were four times more likely than average to report difficulties at 16.1%. Only one comment was made in relation to chemists running out of medicine.

Key Findings: Prevalence of Long-Term Health Conditions and Multi-morbidities at a Younger Age

- Long term condition prevalence is high in Dundee compared with Scotland as a whole.
- Prevalence of 4 long term conditions has increased - cancer, diabetes, depression and asthma.
- The population is ageing but as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. They have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.
- The rate of people with one or more health condition is higher in Dundee than Scotland as a whole, for all age groups, and there is variation in rates across, and within, LCPP areas.
- Only 3 of the 8 LCPP areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition.
- Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition.
- The outcomes and survival rate of people with COVID-19 are worse for older adults and those with underlying medical conditions.
- Long COVID-19 can affect anyone, not only those who are already frail and this is likely to increase demand on community health and care services from those not previously receiving care.

5.3 Community Pharmacy Data

Analysis has been undertaken in relation to data collected by community pharmacies to help us further understand population health need in Dundee. Pharmacy data regarding type of prescription and frequency of use can make it possible to determine morbidity and multi-morbidity prevalence.

The top five British National Formulary (BNF) chapters used for prescribing in Dundee are:

- Cardiovascular - Cardiovascular drugs
- Central Nervous System - Antidepressants
- Respiratory - Bronchodilators
- Central Nervous System - Opioid Analgesics
- Central Nervous System - Anti-epileptics

Polypharmacy

Figure 61: The number of people, as a rate per 1,000 population, on 10+ prescribed items in Dundee

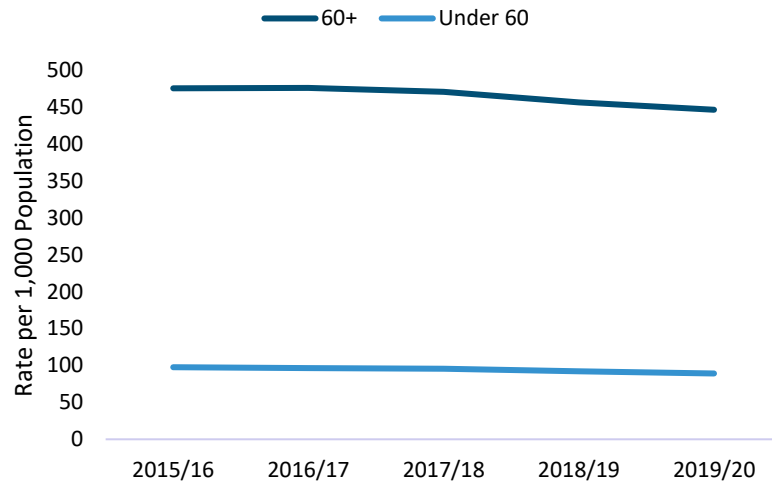


Figure 61 shows the rate of people aged under 60 and 60+ who are on 10+ prescribed items in Dundee and the rate has decreased slightly from 2015/16.

Figure 62: The number of people, as a rate per 1,000 population, prescribed 10+ items in Dundee during 2019-20

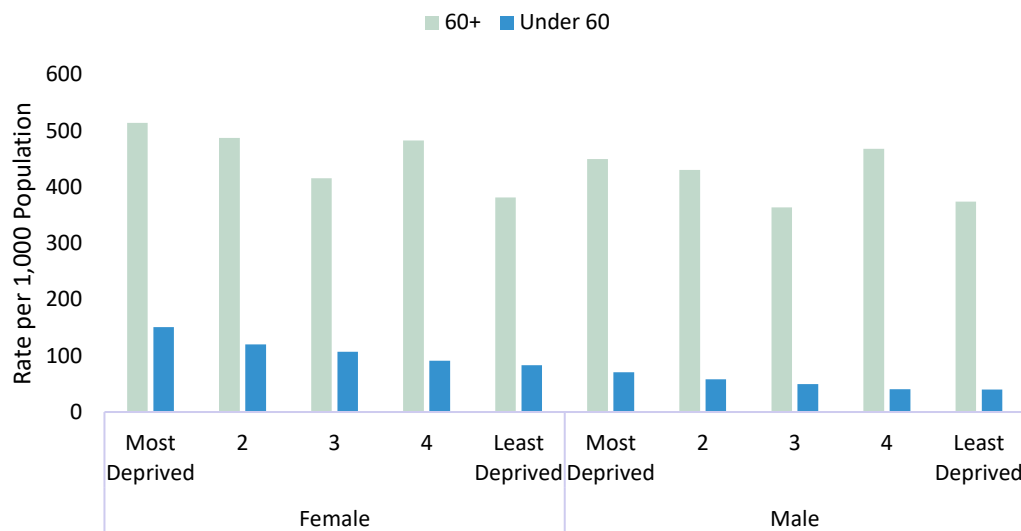


Figure 62 shows the rate of people prescribed 10+ items by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items. There is a deprivation trend with those in the most deprivation being most likely to be prescribed 10+ items and those in the least deprived being least likely.

Diabetes

Pharmaceutical data can be used to provide a proximal indication of disease prevalence.

Figure 63 shows the rate of the population who received a prescription for a drug used in the treatment of diabetes.

Drugs include Insulin, Antidiabetic Drugs, Treatment of Hypoglycemia and Diabetic Diagnostic and Monitoring Agents (BNF chapter 0601)

Figure 63: Drugs include Insulin, Antidiabetic Drugs, Treatment of Hypoglycemia and Diabetic Diagnostic and Monitoring Agents (BNF Chapter 0601), by locality

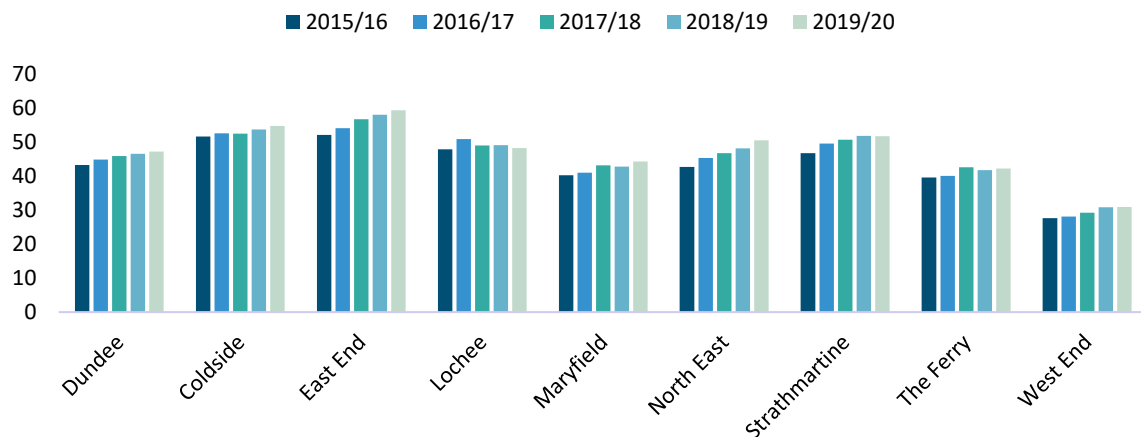
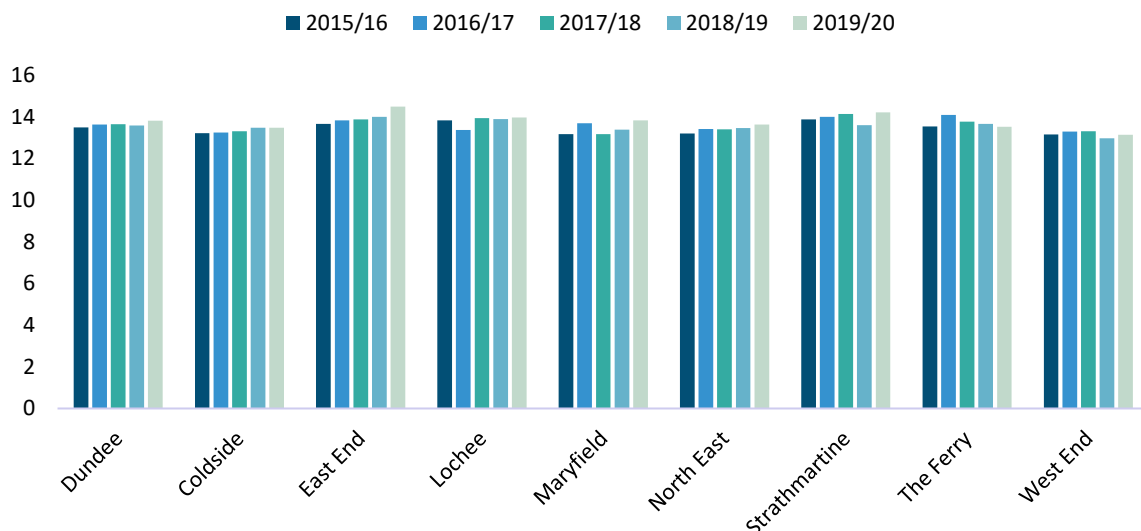


Figure 64: Average number of prescribed items per person for diabetes, by locality



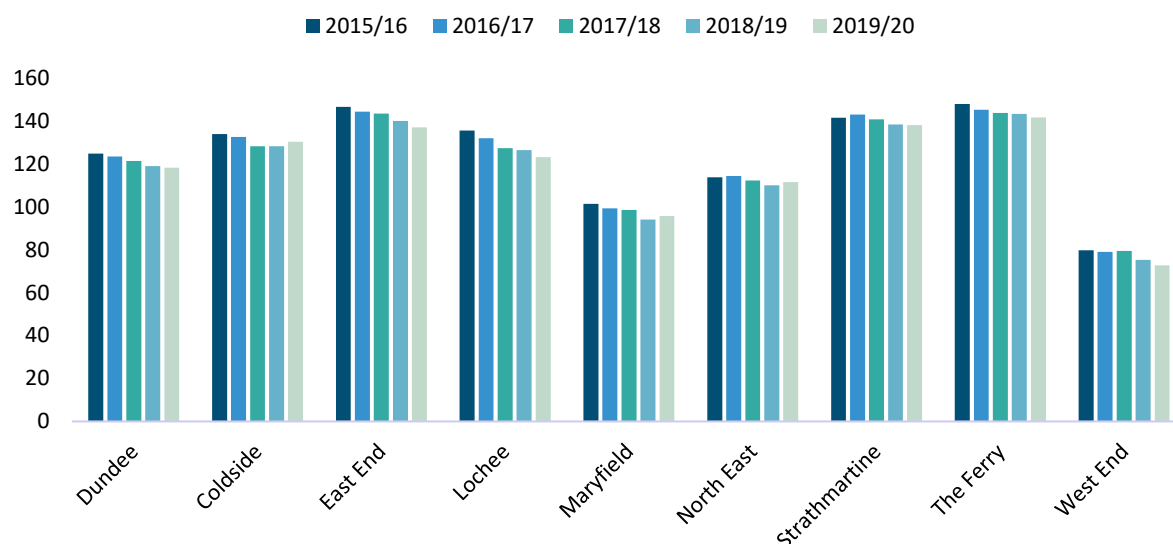
Across all LCPPs the rate of prescriptions for drugs used to treat diabetes has increased since 2015/16. There is variation by LCPP and The Ferry and West End, which are the least deprived LCPPs, have the lowest rates and East End and Coltside have the highest rates.

Figure 64 shows that in most LCPPs the average number of prescribed drugs increased between 2018_19 and 2019_20. Increases were seen in East End, Lochee, Maryfield, North East, Strathmartine and West End.

Figure 65 shows the rate of the population who received a prescription for a drug used in the treatment of hypertension.

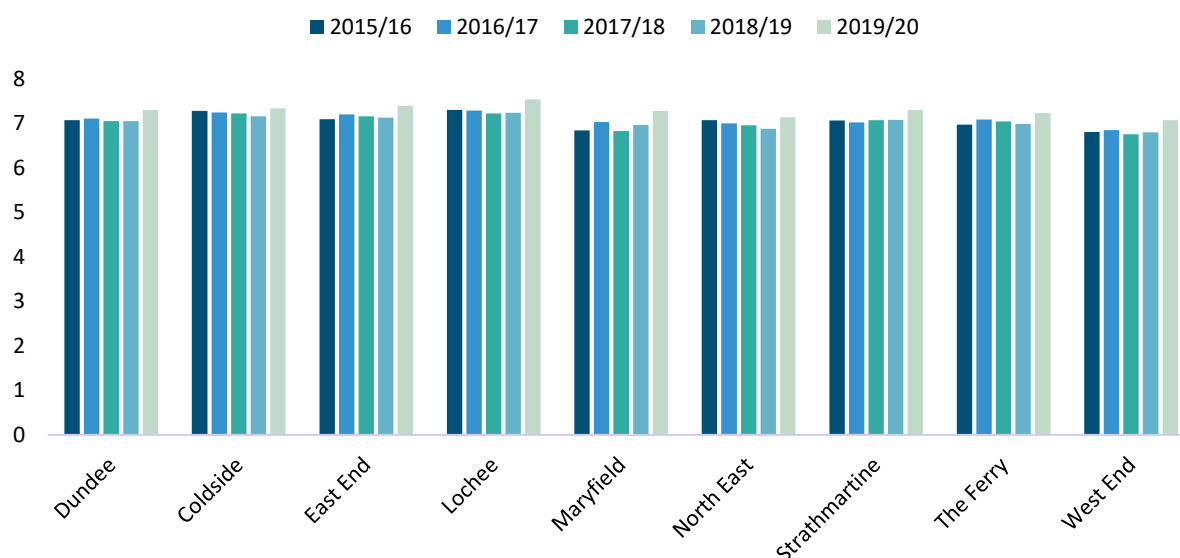
Drugs include Vasodilator Antihypertensive Drugs, Centrally Acting Antihypertensive Drugs, Adrenergic Neurone Blocking Drugs, Alpha-adrenoceptor Blocking Drugs, Renin Angiotensin System Drugs and Other Adrenergic Neurone Blocking Drugs (BNF Chapter 0205)

Figure 65: Number of people prescribed items for hypertension and heart failure, per 1,000 population in Dundee, by locality



Source: PIS Dataset extracted on 9th Dec 2020

Figure 66: Average number of prescribed items per person for hypertension and heart failure in Dundee, by locality



Source: PIS Dataset extracted on 9th Dec 2020

Figure 66 shows that in all LCPPS the average number of prescribed drugs increased between 2018_19 and 2019_20.

Key Findings: Pharmacy Data

- The top 5 BNF chapters most used for prescribing in Dundee are: 1) Cardiovascular (Cardiovascular drugs) 2) Central Nervous System (Antidepressants) 3) Respiratory (Bronchodilators) 4) Central Nervous System (Opioid Analgesics) 5) Central Nervous System (Anti-epileptics).
- The rate of people aged under 60 and 60+ who are on 10+ prescribed items in Dundee decreased slightly from 2015/16.
- The rate of people prescribed 10+ items by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items. There is a deprivation trend with those in the most deprivation being most likely to be prescribed 10+ items and those in the least deprived being least likely.
- Across all LCPPs the rate of prescriptions for drugs used to treat diabetes has increased since 2015/16. There is variation by LCPP and The Ferry and West End, which are the least deprived LCPPs, have the lowest rates and East End and Coldside have the highest rates.
- In most LCPPs the average number of prescribed drugs for diabetes increased between 2018/19 and 2019/20. Increases were seen in East End, Lochee, Maryfield, North East, Strathmartine and West End.
- Across all LCPPs the average number of prescribed drugs for hypertension and heart disease increased between 2018/19 and 2019/20

6.0 PUBLIC PROTECTION

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

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

6.1 Child Protection

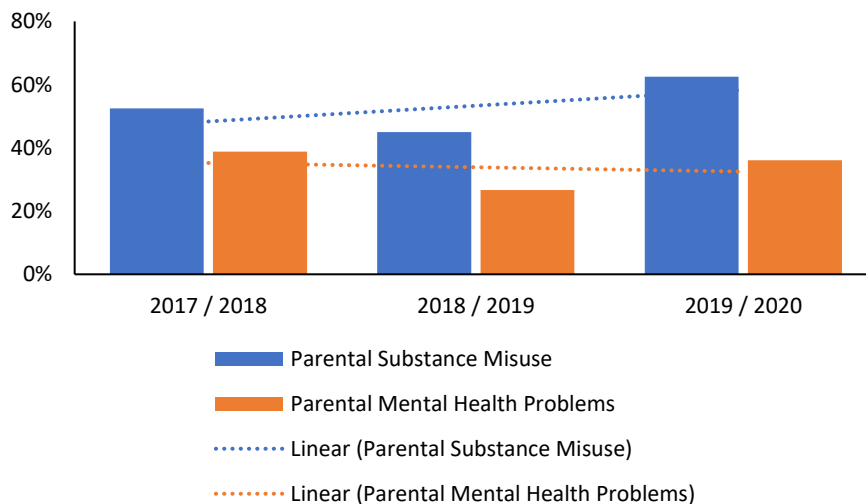
The Protecting People framework includes arrangements to ensure that children and young people at risk of abuse or neglect are appropriately protected.

The responsibility for managing child protection sits with Children and Families Services and is not directly 'in scope' for the Dundee Health and Social Care Partnership. However, the route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for parents and other carers of children and young people.

At 31 July 2020 there were 102 children on the Child Protection Register in Dundee, this was an unusually high number at national snapshot date - Dundee on average has around 70 children on the child protection register. A total of 144 had been placed during the academic year 2019/20. 90 (63%) of these children were placed on the Register as a result of parental substance use and 52 (36%) of these children as a result of parental mental health problems. There is therefore a need for targeted involvement of adult services including substance use, mental health or learning disabilities services (as well as other relevant professionals from across adult services) to address adult treatment and support needs as a component part of each individual Child's Plan.

Figure 67 shows that over a three-year period the percentage of children on the Register due to parental substance use has increased by 10% and due to parental mental health problems, decreased by 3%.

Figure 67: Percentage of children on the Child Protection Register due to parental concerns, 2017 - 2020



6.2 Adult Support and Protection

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

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

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

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

Of the 54 cases in 2020/21, the majority of investigations (63%) were carried out for people aged between 25 to 64 years of age with 30% being carried out for people aged 65+. The primary client groups included were:

Mental Health Problem - 8 clients

Learning Disability - 7 clients

Physical Disability - 8 clients

Other - 31 clients (includes children in need - 2, Community Justice Service - 2, Older People - 9, Sensory Support - 1, Social Support - 5, Substance Use - 2 and other)

Adult abuse takes many forms and includes; financial harm, psychological harm, physical harm, sexual harm and neglect. Referrals for an adult protection response are also made when self-harm, exploitation, harassment, suicide ideation and welfare concern is involved, although depending on the severity of the risk, most of these result in no formal action.

The type of principal harm which resulted in an investigation between 1st April 2020 and 31st March 2021 were:

Financial harm - 6 clients

Psychological harm - 2 clients

Physical harm - 4 clients

Sexual harm - 2 clients

Neglect - 2 clients

Self-harm - 1 clients

Other 37 clients (includes AWI - 1, exploitation - 5, harassment - 2, other - 2, suicide ideation - 3, adult welfare concerns - 16, older people welfare concerns - 8)

56% of principal harm cases took place in the persons own home.

Adult Support and Protection Case Conferences and Protection Orders

Between 1st April 2020 and 31st March 2021 there were 82 Case Conferences; 47 were Initial ASP Case Conferences and 35 were ASP Case Conference Reviews.

There were also 5 Protection Orders granted; 3 Banning Orders and 2 Banning Orders with Power of Arrest.

6.3 Violence Against Women (VAW) and Domestic Abuse

Violence Against Women (VAW) takes many forms, and includes domestic abuse (and coercive control), rape, sexual assault, forced marriage, female genital mutilation, commercial sexual exploitation (CSE) and prostitution.

Whatever form the abuse takes, it can have an immediate and long-lasting impact on the health, well-being and safety of individuals, families and communities. VAW limits freedom and potential and it is a violation of the most fundamental human rights. Those affected by VAW include some of the most vulnerable people in our communities who have a range of complex needs.

VAW in Dundee

During 2018-19 there were 2328 domestic abuse incidents recorded by Police Scotland in Dundee. (Source: Police Scotland)

During 2019-20:

- The Multi-agency Independent Advocacy service (MIA) provided advocacy to 329 women victims of domestic abuse and 5 children;
- Dundee Women's Aid supported 331 women and 189 children and young people;
- The Women's Rape & Sexual Assault Centre (WRASAC) provided a service to 325 women affected by rape and sexual assault and 86 young people;

The Multi-Agency Risk Assessment Conferences (MARAC) are well established in Dundee, playing a key role in sharing information and improving the safety of high-risk victims of domestic abuse. During 2019-20 there were 158 adults discussed at MARAC meetings.

6.4 Levels of Crime and Supervision of Offenders

Community Safety & Justice

The level of poverty in Dundee has impacted on crime and re-offending rates, with the victims of crime more likely to live in areas of multiple deprivation. As reported from the joint City and Council Plan 2020, the strategic highlights from last year are:

- Deliberate fire setting incidents reduced to 443 from 763 in 2016/17;
- Anti-social behaviour complaints decreased to 1,733, which has been a steady decrease over the last 3 years;
- Reconviction rate decreased from 27.8% to 25.2%;
- high proportion of the community (98%) have indicated that they feel their neighbourhood is a safe place to live

A summary of progress of the main Crime Groups over the last year:

- Group 1 Crimes (non-sexual crimes of violence) have increased in 2018/19 compared to 2017/18, including Serious Assault and Robbery;
- Reported Group 2 Crimes (sexual crimes) have notably reduced with considerable reductions in Rape/Attempted Rape, Indecent/ Sexual Assault and crimes Communications Act (Sexual) offences and Sexual Communication offences. Offences of Threatening/Disclosing an Intimate Image have also decreased in number. Historical crimes (>1 year between commission and reporting to Police) decreased in line with the overall reduction in Group 2 crimes;
- Group 3 Crimes (acquisitive crime) reduced compared to 2017/18. Housebreaking to domestic dwellings have increased, but all other offences that occur in any volume have decreased: Domestic Non-Dwelling (Sheds, garages etc.); Housebreakings to Other Property (commercial, religious, educational etc.); Motor Vehicle crime; Shoplifting; Fraud;
- Group 4 Crimes have reduced in all offence types, including vandalism. Also, there have been notable reductions in wilful fire raising and culpable/ reckless conduct (not with firearms). Drugs Offences have increased however supply offences have fallen and possession offences have risen

Dundee's Annual Citizen Survey 2019 shows that the most common responses from people when asked what factors they believe contribute towards crime were:

- alcohol/drugs (18% which is a decrease from 24% in 2018);
- unemployment (1%);
- gangs/youths (1% which remain unchanged from 2018)

Provision of Court Reports

The statutory functions of the Community Justice Service (CJS) include the provision of court reports, and the supervision of offenders on community sentences and on release from prison.

In 2019/20, 1185 Criminal Justice Social Work (CJSW) reports were submitted to the courts (955 male, 230 female). Analysis of these shows:

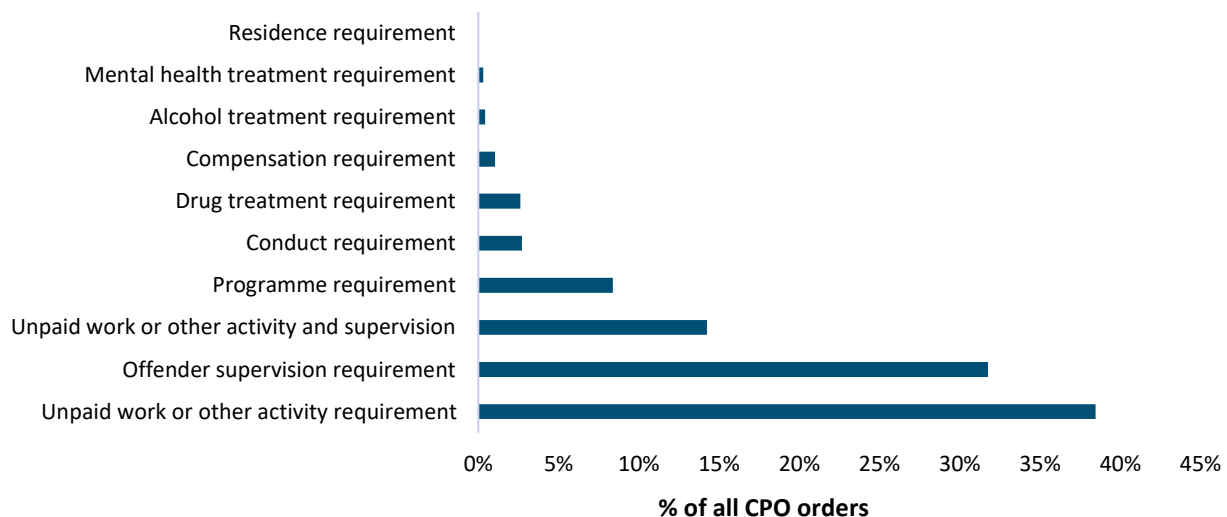
- 81% of the CJSW reports were in relation to males, 19% to females
- 2% of the CJSW reports were related to 16-17 year olds, 8% to 18 - 20 year olds and 31% of the reports were for the 21-30 age group and largest group was 31-40 years with 38% of the CJSW reports.
- 12% of the CJSW reports were in prison, the percentage in prison has fallen
- For those with a community address, 18% lived in Lochee and 15% in Coldsides
- 56% of the reports were for people who lived in SIMD Quintile 1 and 73% lived in either SIMD Quintile 1 or 2
- 53% were unemployed and 14% not seeking employment

Community Payback Orders (CPOs)

For those who re-offend, Community Payback Orders (CPO) have been available to the Court since their introduction in 2011. The CPO is designed to ensure that offenders 'pay back' to the community. This is done in two ways: by requiring an offender to make reparation, often in the form of unpaid work, or by requiring them to address and change their offending behaviour. This improves the safety of local communities and provides opportunities for re-integration for offenders themselves.

A CPO may contain a number of different requirements. In 2019-20, 534 CPO orders were imposed, 12 were made to 16-17 year old and 56 were made to 18-20 year olds. Figure 68 shows the different requirements imposed as part of these orders.

Figure 68: Percentage breakdown of CPO Requirements



Source: Criminal Justice Social Work Statistics, www.gov.scot, 2019-20

The use of the CPO is now well embedded and as Figure 69 illustrates, 2017-18 showed the highest percentage of people subject to an Order, had completed it successfully, however figures have decreased the past two years.

Figure 69: Completion of CPO orders from 2013-2014 to 2019-2020

Year	% completing order
2013-14	72%
2014-15	76%
2015-16	70%
2016-17	79%
2017-18	81%
2018-19	69%
2019-20	68%

Source: Criminal Justice Social Work Statistics, www.gov.scot, 2019-20

Research suggests CPO type interventions which target types and levels of risk and need in the community are more likely to reduce re-offending. It is possible that this has made a significant contribution to reducing re-offending in Dundee in previous years. The reduction (2018-19 and 2019-20) appears to have been caused by a higher number of Orders being breached and the Sheriff Court imposing an alternative sentence, including custody.

CJS provides voluntary assistance and resettlement for short term prisoners. There were 174 cases in 2019/20 (10 of these were for people aged 16-20 years), an increase from 2018/19 figures, which totalled 164.

The Public Protection Team (PPT) currently supervises all statutory through care of long-term prisoners serving more than four years, as well as all sexual and violent offenders subject to post custodial supervision requirements. The team is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory through care arrangements.

Figure 70: Offenders in Prison who will be subject to Statutory Supervision on Release

Through care in Prison	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Number of New Admissions	78	71	76	69	67	86	72
	31/03/14	31/03/15	31/03/16	31/03/17	31/03/2018	31/03/2019	31/03/20
Total Number of Open Cases	157	165	154	144	153	156	163

Source: Criminal Justice Social Work Statistics, www.gov.scot, 2019-20

Figure 70 indicates that the number of new throughcare in prison cases and the total number of open cases have remained broadly the same since 2013/ 2014.

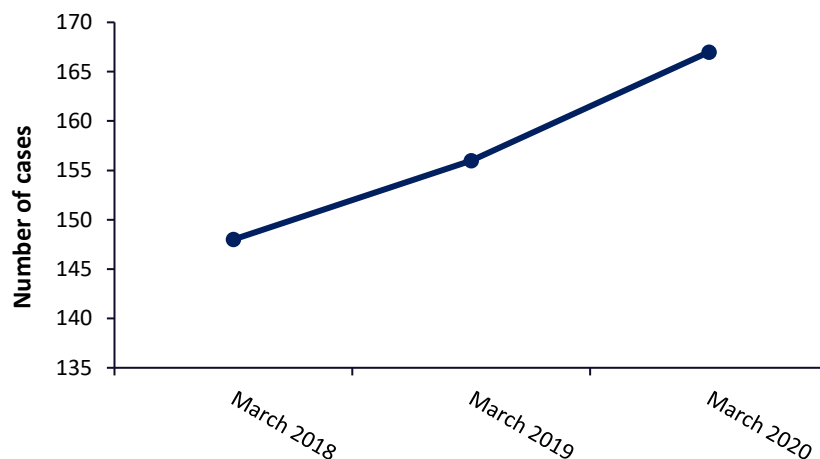
In addition to providing statutory post-custodial supervision the service also assesses and manages registered sex offenders who are subject to community and post-custodial supervision requirements. This is in line with the jointly established Multi-Agency Public Protection Arrangements (MAPPA).

Multi-Agency Public Protection Arrangements (MAPPA)

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

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

Figure 71: Number of cases managed through MAPPA, as at 31st March 2020



Young Offenders

Figure 72: Number of Court reports for young offenders, 2016/17 to 2019/20

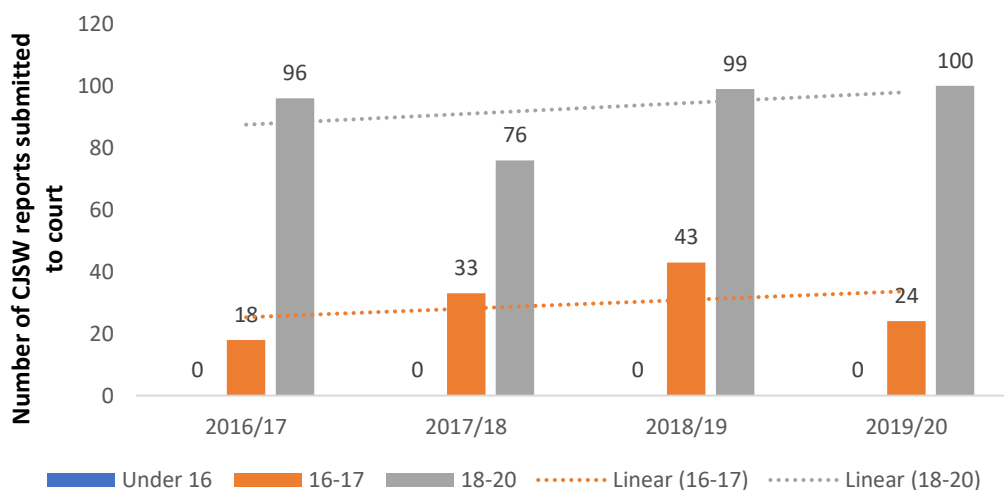


Figure 72 shows that there haven't been any reports submitted for under 16's over the past 4 years. There had been a year on year increase for reports submitted for those aged 16-17 however the past year (2019/20) shows a sharp decrease of 19 cases from 43 cases in 2018/19. Reports submitted for those aged 18-20 has overall increased, however the chart does show a decrease in 2017/18 - figures then continued to increase in the years following.

COVID-19

We know that the pandemic and the increased isolation of some vulnerable groups has further increased their vulnerability and risk of being targeted by perpetrators. Accurate data to evidence this is not currently available and it will be some time before the true effects are seen through need for services and supports.

Key Findings: Public Protection and Supervision of Offenders

- There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.
- The Protecting People framework includes the arrangements in place to ensure that children at risk of abuse or neglect are appropriately protected. The route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for those adults who are responsible for their safety and wellbeing.
- Unusually high numbers have been recorded on the Child Protection Register in 19/20 - 90 (63%) of these children were placed on the Register as a result of parental substance use and 52 (36%) of these children as a result of parental mental health problems. There for a need for targeted input including other relevant adult services.
- The number of referrals received regarding Adult Support and Protection (ASP) has increased considerably over the last 4 years and the main types of harm identified were: Welfare Concerns, Financial Harm, Exploitation, Physical harm and Suicide Ideation.
- Reconviction rate decreased from 27.8% to 25.2%
- A high proportion of the community (98%) have indicated that they feel their neighbourhood is a safe place to live
- In 2019/20 the number of Court reports submitted for those aged 16-17 has decreased significantly to 19 cases from 43 cases in 2018/19.
- The majority of young offenders are sentenced to Community Payback Orders, with at least one of the specified requirements and the figures have decreased over the past two years
- At 31st March 2020 167 registered sex offenders were being managed through MAPPA; there has been an increase in internet related offending and there haven't been any Court reports submitted for under 16's over the past 4 years
- We know that the pandemic and the increased isolation of some vulnerable groups has further increased their vulnerability and risk of being targeted by perpetrators. Accurate data to evidence this is not currently available and it will be some time before the true effects are seen through need for services and supports.

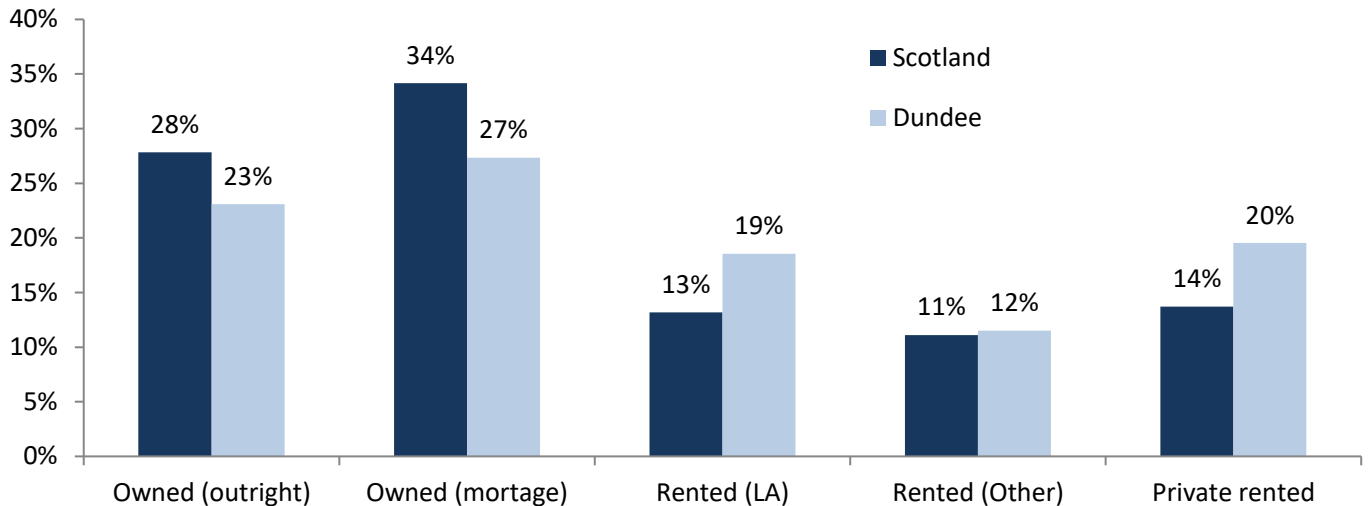
7.0 HOUSING AND HOMELESSNESS

7.1 Housing Tenure in Dundee

At the time of the 2011 Census, Dundee had just over 69,000 households.

The Census asked whether the householder owned or rented the accommodation they occupied. The self-reported information in this section is based on the answers to this question.

Figure 73: Household tenure in Dundee and Scotland, 2011

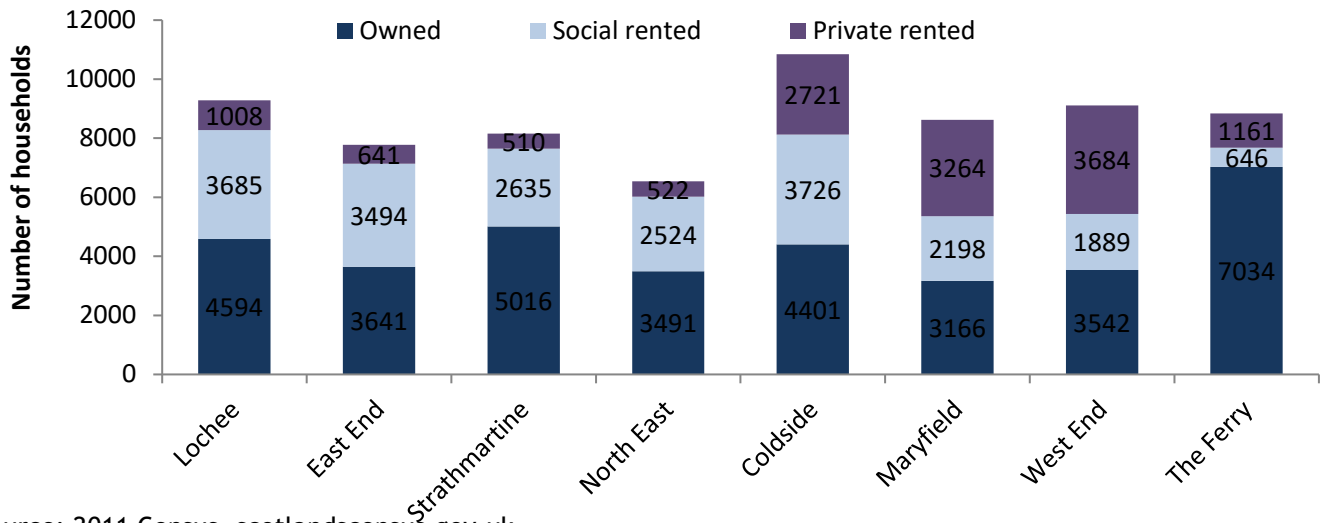


Source: 2011 Census, scotlandscensus.gov.uk

Compared with Scotland as a whole, Dundee had fewer people who owned their own house (either with a mortgage or owned outright) and a higher percentage who lived in rented accommodation. Over half the householders in Dundee lived in rented accommodation, compared to 38% in Scotland as a whole. Dundee had a high percentage of people who lived in private rented accommodation, with 19% renting from the Local Authority.

Figure 74 profiles household tenure by locality, in The Ferry the majority of people owned their own homes (80%) and only a fifth rented their homes. In Maryfield 37% owned their homes and 63% rented their homes. The East End had the largest percentage of Local Authority lets, and Maryfield and West End had the highest proportion of lets from private landlords.

Figure 74: Household tenure by LCPP area



Source: 2011 Census, scotlandscensus.gov.uk

There is a link between deprivation and household tenure as people in the most deprived LCPP areas are most likely to live in social rented accommodation and people in the least deprived LCPPs areas are most likely to own their home. However, a high proportion of people who live in West End live in private rented accommodation, as this is the accommodation type preferred by the significant student population that resides in this LCPP area.

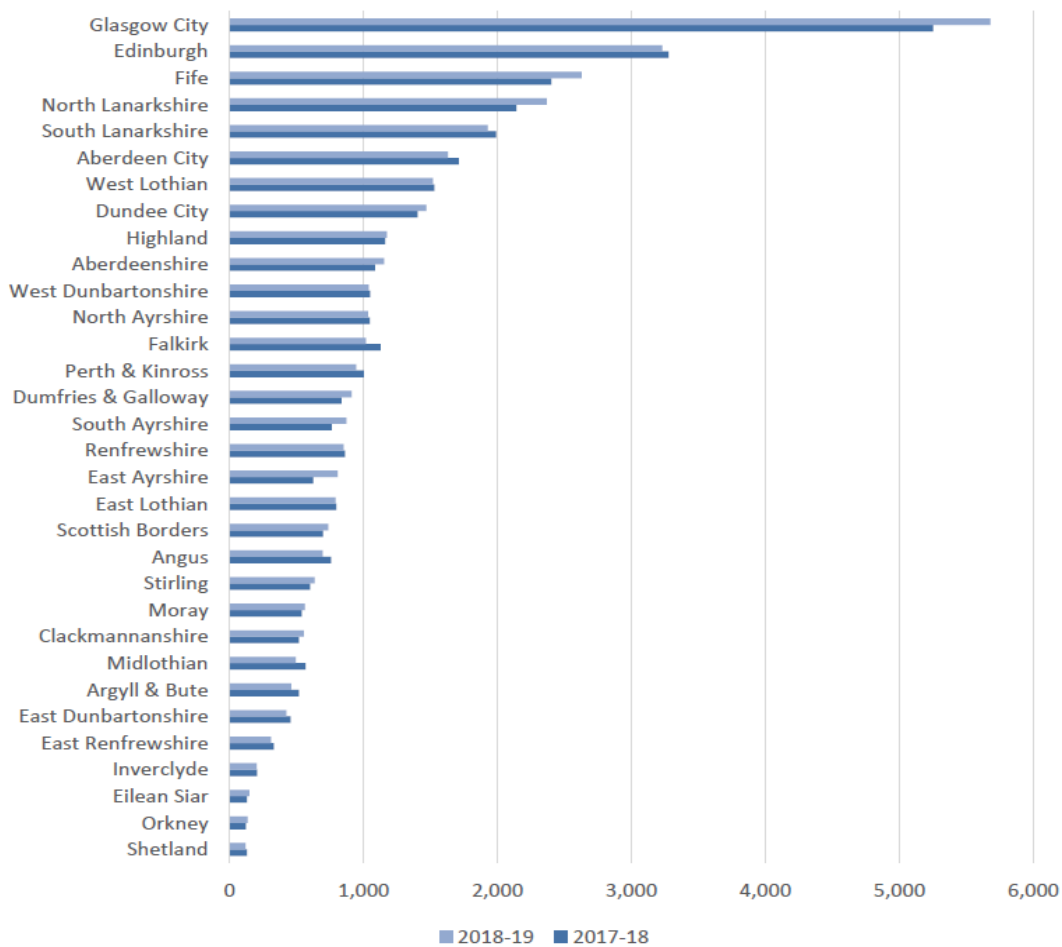
7.2 Homelessness in Dundee

Between 1 April 2018 and 31 March 2019, Local Authorities received a total of 36,465 homelessness applications. This is an increase of 892 (3%) applications compared to the previous year.

- The number of applicants who experienced rough sleeping at least once during the last 3 months before their application increased by 201 (8%) to 2,876, compared to the previous year.
- The most common reason cited as the main reason for making a homelessness application was being 'asked to leave' their previous accommodation, which accounted for 25% of applications. The second most common reason was 'Dispute within the household / relationship breakdown: non-violent' (18%), followed by 'Dispute within the household: violent or abusive' (13%).
- There were 10,989 households in temporary accommodation as at 31 March 2019, an increase of 56 households (1%) since last year.
- Of these households in temporary accommodation, 3,315 had children or a pregnant woman - an increase of 65 households (2%) compared with one year earlier.
- The number of children in temporary accommodation increased by 180 children (3%), to 6,795 compared with the same date one year ago.

Figure 75 shows the number of applications to each local authority.

Figure 75: Homeless Applications across Scotland 2017/18, & 2018/2019



Source: Scottish Government/ONS

Figure 75 shows that Dundee had approximately 1400 homeless applications in 2018-19. This equated to approximately 9 people in every 1,000 of Dundee's population, a rate which is much higher than the Scotland rate. Dundee had the eighth highest rate of homeless applications across at Partnerships

There were 6,205 applications from households living in the private rented sector, a decrease of 385 applications (6%) compared to 2017/18. Whilst the proportion of applications from the private rented sector in Scotland increased from 13% in 2007/8 to 19% in 2013/14, this proportion has since remained stable to 2018/19.

Over the past decade the characteristics of applicants have not changed much, fluctuating at most by only a few percentage points. The majority of applicants tend to be single, younger males, of White Scottish ethnicity.

Figure 76: Last known address, prior to becoming homeless

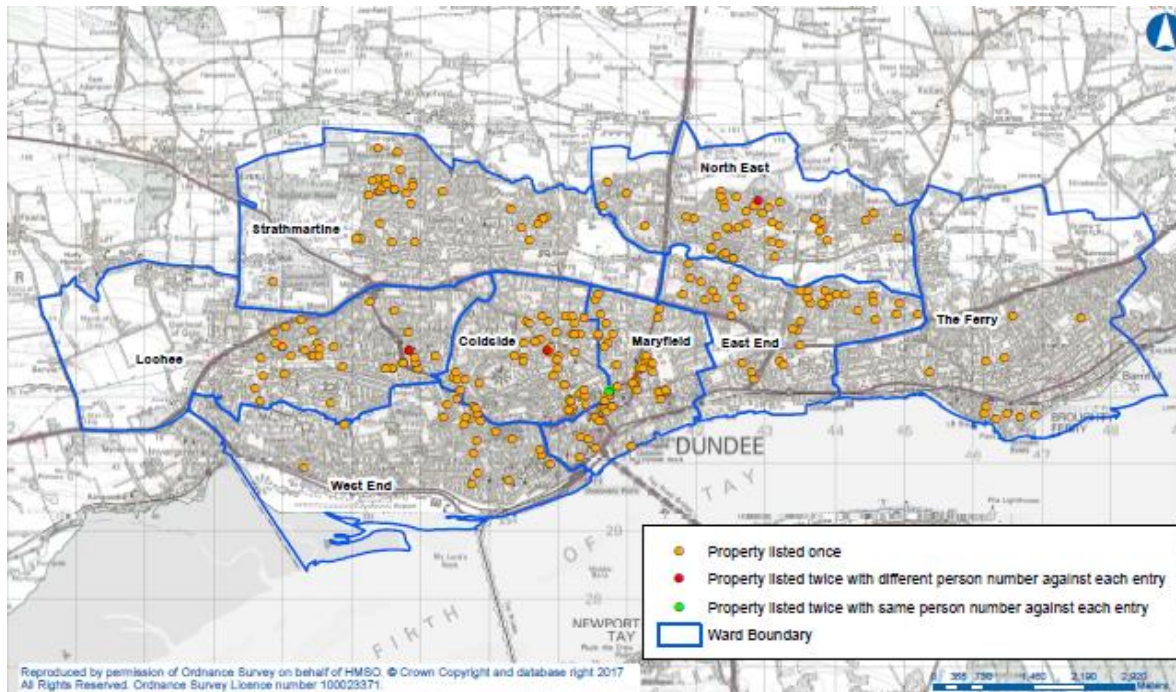


Figure 76 illustrates the spread of homelessness across Dundee. This is based on the persons last known address for 2015-16 (Taking from the Scottish Government's HL1 statistics). It is clear that homelessness affects people in all LCPP areas of Dundee, including the most affluent areas.

In line with findings from national research, homelessness is not exclusively related to poverty, even although it has a strong relationship with it. There are many causes of homelessness, such as negative life experiences, death of a loved one, loss of a job, leaving prison, fleeing home due to domestic violence, mental health issues, debt, substance use. These issues combined with the person's ability to cope and whether or not they have strong support networks around them to support them all contribute to whether or not someone will become homeless.

Figure 77: Percentage of homelessness applicants in 2018/19 (Scotland) who slept rough the night before applying

In 2018/19, 5% of applicants (1,643 in total) slept rough the night before applying for assistance.

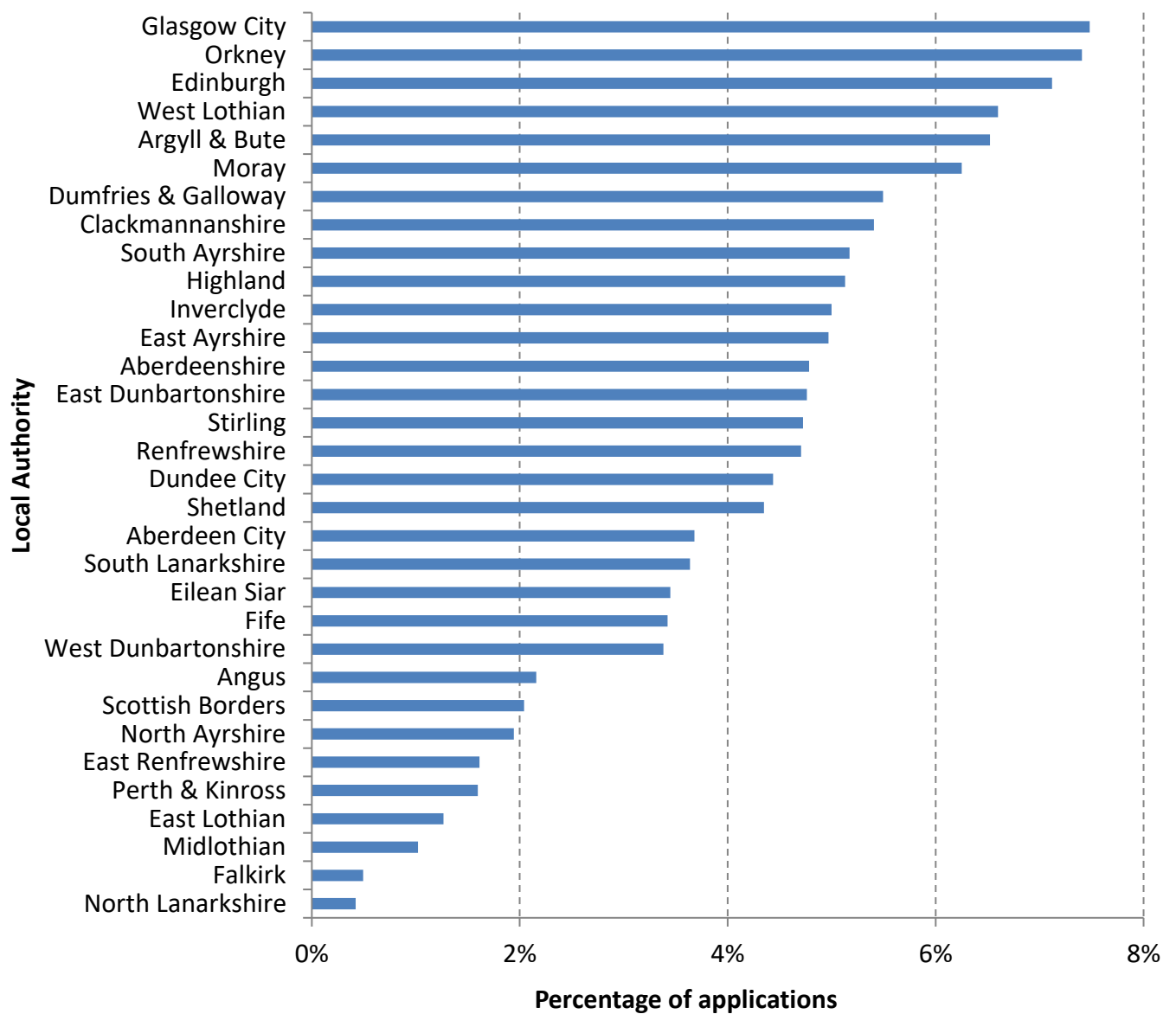
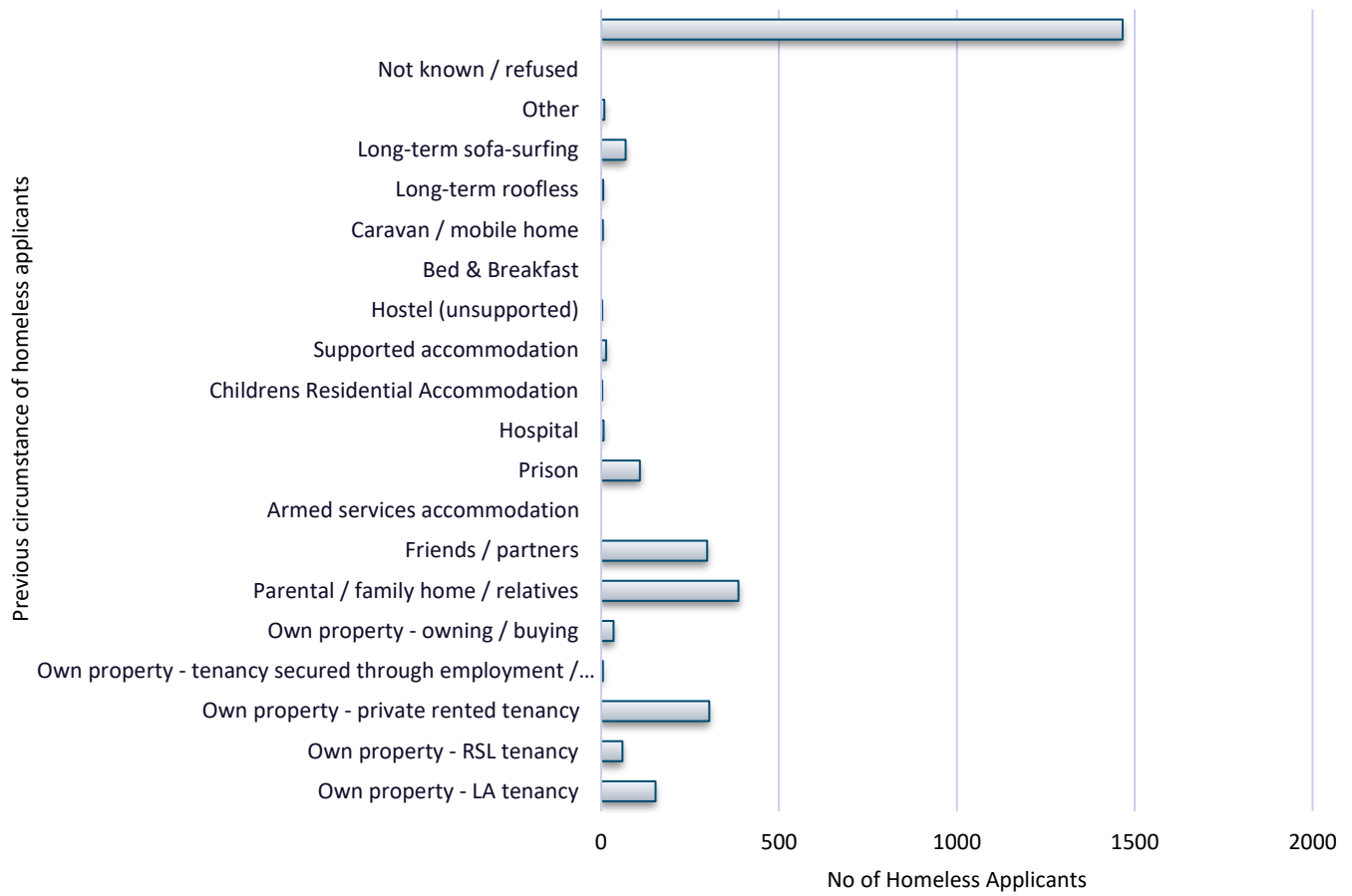


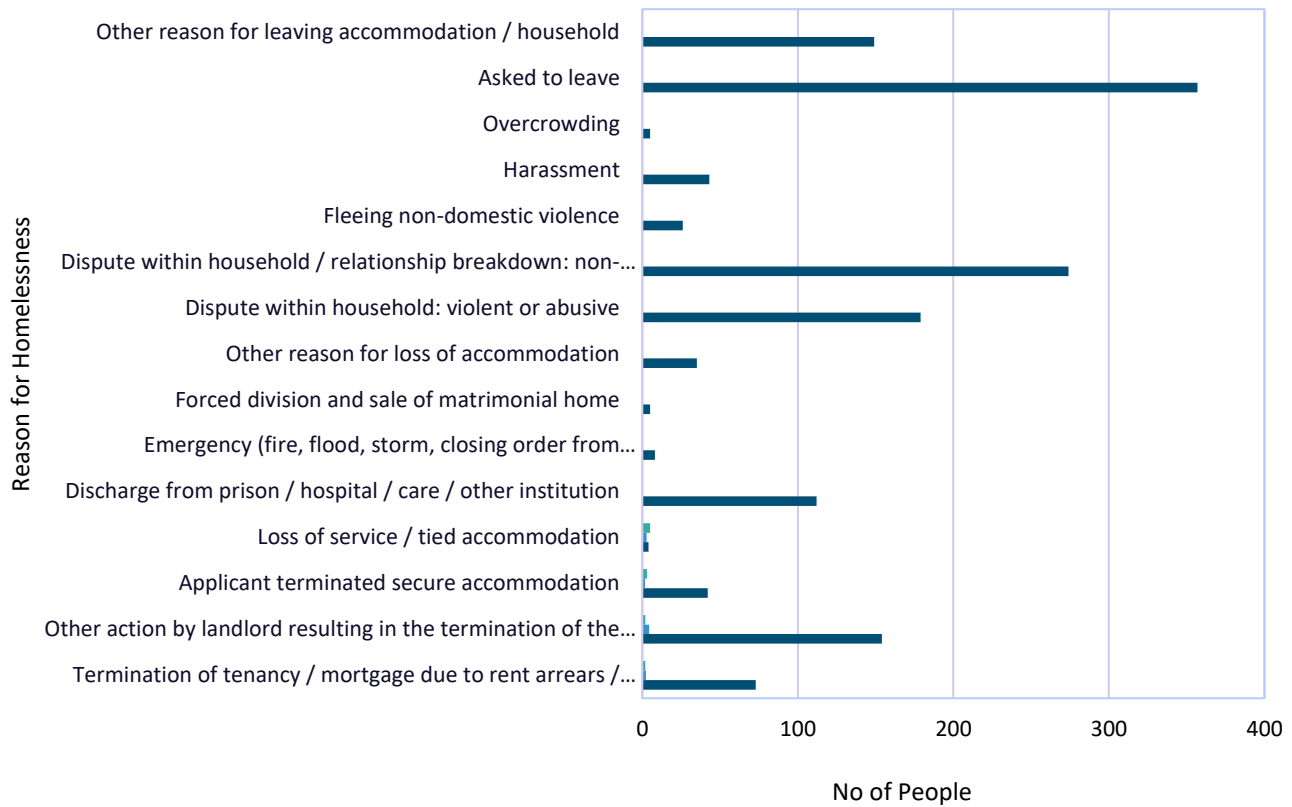
Figure 78: Previous circumstances of homeless applicants, 2018/2019



Source: Scottish Housing Return, Dundee City Council

Figure 78 shows that most homeless applications were from people who had previously been staying with parents/family or relatives. Only slight less applications were received from people who had previously owned a property or rented through the private tenancy route.

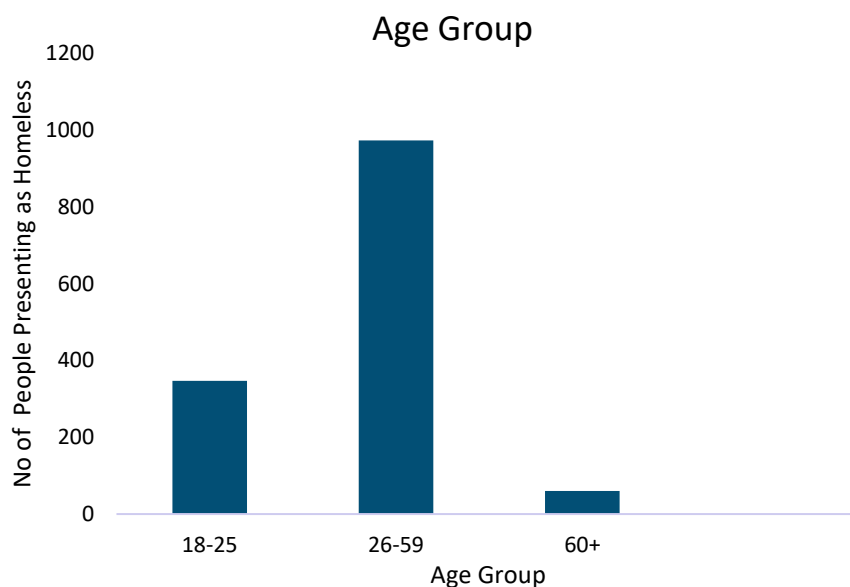
Figure 79: Homeless Applications by Reason, 2018/2019



Source: Scottish Housing Return, Dundee City Council

Figure 79 shows that the main reason for homeless applications in Dundee in 2018/2019 is related to the applicant being asked to leave by family or friends. The second highest reason involved a dispute within the household or relationship breakdown.

Figure 80: Homelessness presentation by age group, Dundee



The majority of people presenting as homeless were between the ages of 26 and 59. The numbers and proportions of people presenting as homeless who are under the age of 25 are also significant, particularly given the changes under Welfare Reform for them. Out of a total of 1380 presentations approximately one quarter (347) were under the age of 25. Some of these younger adults may be leaving care, however the majority become homeless due to being asked to leave home by their parents. Given that there is no access to benefits under Welfare Reform for this age group, this has serious implications for accommodating this group of people as they have no way of funding their accommodation, including refuge, hostel or other temporary accommodation.

COVID-19

People experiencing homelessness, particularly those who are rough sleeping, are in severely vulnerable during the pandemic. They are three times more likely to experience a chronic health condition including respiratory conditions such as COPD. It is not possible to self-isolate or follow sanitation guidance if you are sleeping rough or living in shared homelessness accommodation. (Crisis, 2020)

8.0 SHIFTING THE BALANCE OF CARE

8.1 Unscheduled Care

There is a strong link between the levels of deprivation in each of the eight LCPP areas, the prevalence of health and social inequalities and the impact on the use of health and social care services in Dundee. Such variation can be measured by comparing the rate of 'unscheduled care' provided by NHS Tayside for people in Dundee.

The term 'unscheduled care' is defined as referring to:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional.....or is out with the core working period of NHS Scotland.

Scottish Government, Building a Health Service Fit for the Future Volume 2:
A guide for the NHS 2005

Unscheduled care includes emergency admissions to hospital, as well as the length of stay in hospital required by those admitted on an emergency basis. By definition the demand for unscheduled care can occur at any time, and services must be available to respond to the need for care 24 hours a day, 7 days a week.

As in other parts of Scotland, the rise in the level of unscheduled care has been one of the biggest pressures on services in Dundee in the last 20 years. There is however, a significant difference in the level of unscheduled care in Dundee compared with other areas in Scotland. This is shown in the emergency 'bed day rate', which refers to the rate of occupation of hospital beds per 100,000 people in Dundee. With the increasing ageing and frail population there will inevitably be a need for some people to be admitted to hospital.

Unscheduled Care Rates in Dundee

In 2020 the bed day rate in Dundee for people admitted to hospital as an emergency totalled 97,449 bed days, which was lower than the Scotland average of 101,852 bed days, per 100,000 of the population. The bed day rate has decreased steadily since 2015/16 and the bed day rate was abnormally low during 2020, when pathways for emergency care shifted to create capacity for COVID positive patients.

Dundee has a slightly higher proportion of NHS Tayside emergency admissions in comparison to Perth & Kinross and Angus. The Dundee population accounts for 36% of the Tayside population, however 38% of NHS Tayside hospital episodes are from people who live in Dundee.

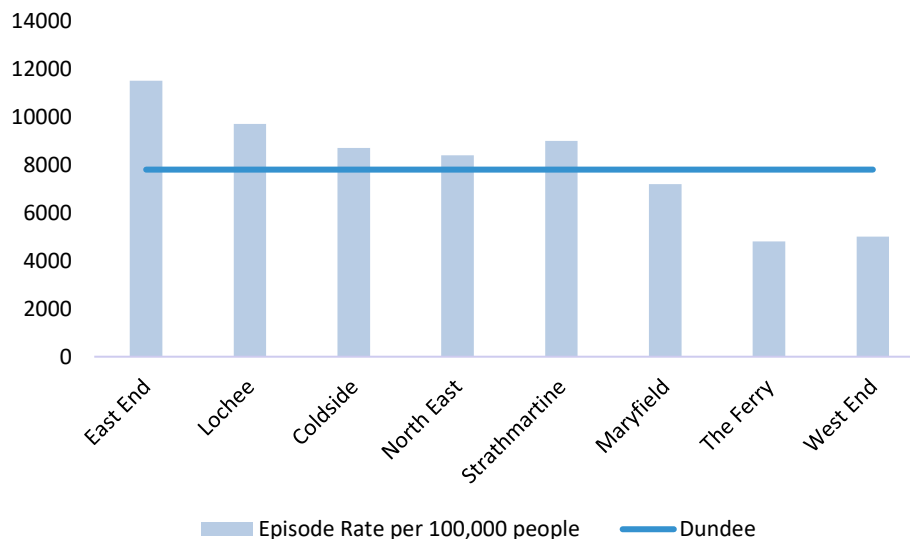
Dundee residents had an additional 1,245 NHS admissions out with NHS hospitals in Tayside: 33 were in Fife (2.65%), 11 were in Forth Valley (0.88%), 169 were in Grampian (13.57%) and 1,032 were in another NHS area (82.89%).

8.2 Variation in Unscheduled Care Rates between LCPP Areas

People aged 18-64

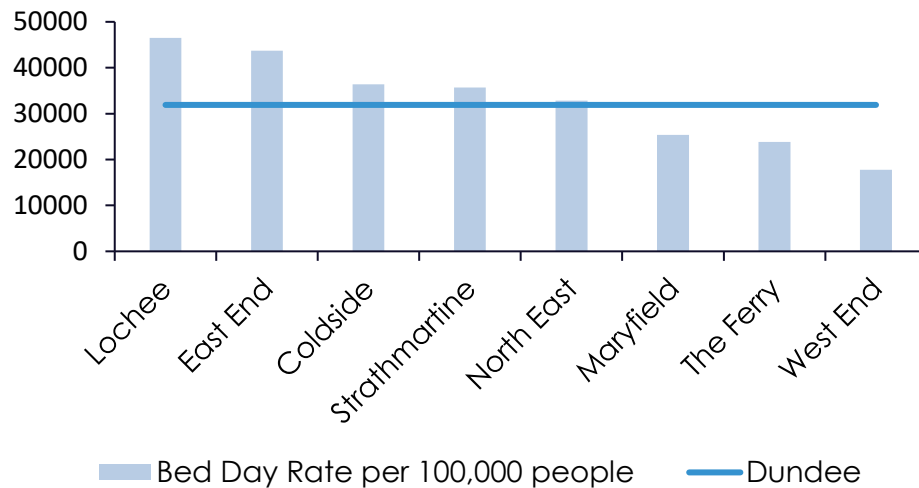
When comparing the rates of unscheduled care at LCPP level for people **aged 18-64**, the most deprived areas are shown to have higher admission and bed day rates than the least deprived LCPP areas. This is illustrated in Figures 81 and 82.

Figure 81: Number of emergency admissions per 100,000 population 2019/20 (people aged 18-64), by locality



Source: NHS Tayside BSU 2020

Figure 82: Number of emergency bed days per 100,000 Population 2019/20 (people aged 18-64), by locality



Source: NSS TAYSIDE BSU, 2020

Figures 81 and 82 show that there is a link between admission rate and bed date rate for emergency hospital admissions for most LCPPs, with the exception of the East End.

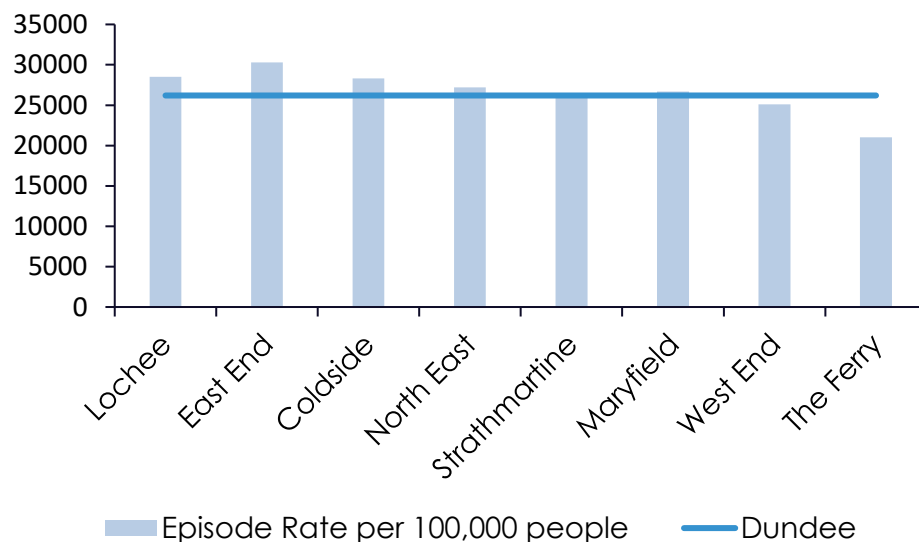
Taken together Figures 81 and 82 show a trend across most LCPP areas between emergency admission rates, emergency bed day rates and the deprivation ranking of the LCPPs, with the most deprived LCPPs having the highest emergency admission and bed day rates.

People aged 65+

Figures 83 and 84 show the emergency admission and bed day rates by LCPP areas for people aged 65 and over.

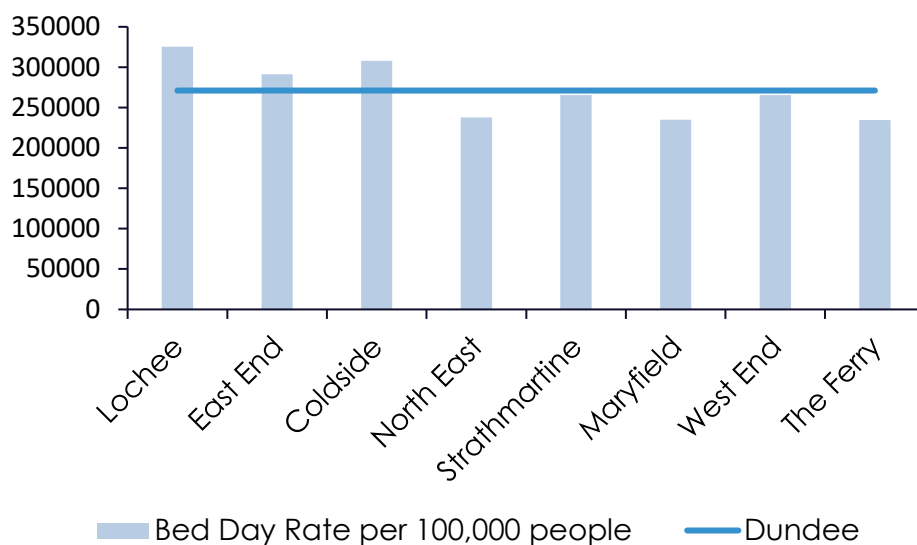
There is a strong link between number of emergency admissions and deprivation ranking of the LCPP where the person resided prior to admission. There is however no such link for emergency bed days, however the 3 most deprived LCPPs do have the highest total number of emergency bed days.

Figure 83: Number of emergency admissions per 100,000 population 2019/20 (people aged 65+)



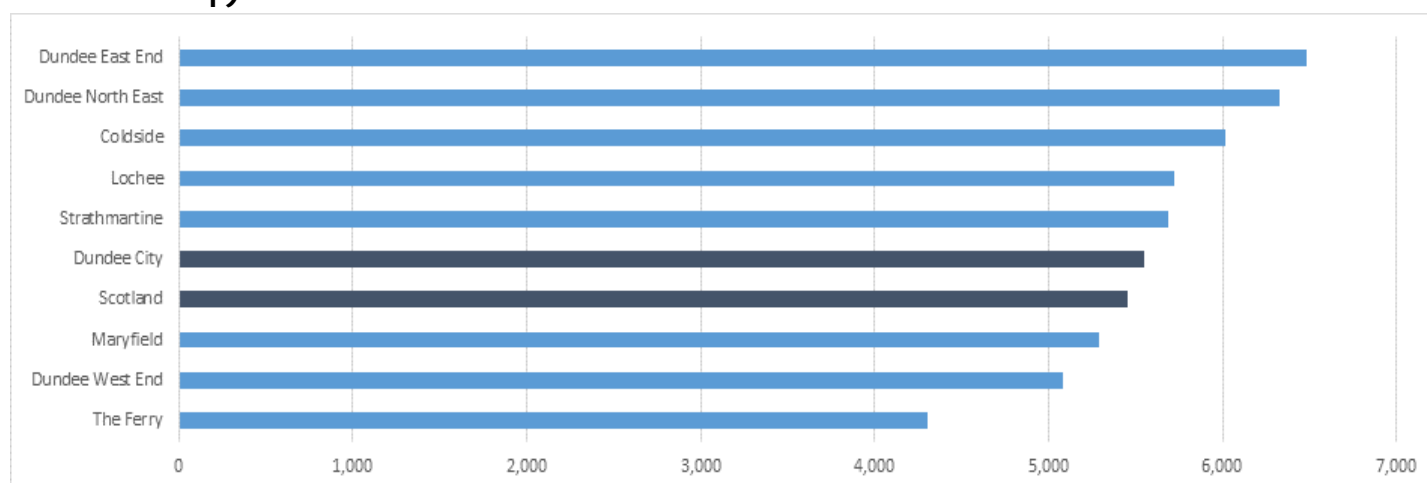
NSS TAYSIDE BSU, 2020

Figure 84: Number of emergency bed days per 100,000 Population 2019/20 (people aged 65+)



NSS TAYSIDE BSU, 2020

Figure 85: Dundee City patients (aged 65+) with multiple (2+) emergency hospitalisations 2013/14 (age standardised as a rate per 100,00 people) 3-year aggregate 2017-19



Source: SCOTPHO 2021

Figure 85 shows the rate per 100,000 people in each LCP area who had two or more admissions to hospital 2017-19. The data has been standardised by age which means that any trend cannot be attributed to a greater proportion of people aged 65+ living in any LCP area. A person is deemed to require additional support when they have had two or more emergency admissions to hospital.

Figure 85 shows that East End had the highest rate of people with 2+ hospital admissions and The Ferry had the lowest rate compared with other LCP areas. The remaining six localities have similar rates and are quite close to both the Dundee and Scotland rates.

The National Delayed Discharge target, from April 2015, is for no person to wait more than 14 days to be discharged from hospital into a more appropriate care setting.

Figure 86: Number of days people aged 75+ spent in hospital when they were ready to be discharged, per 1,000 population 2020/21

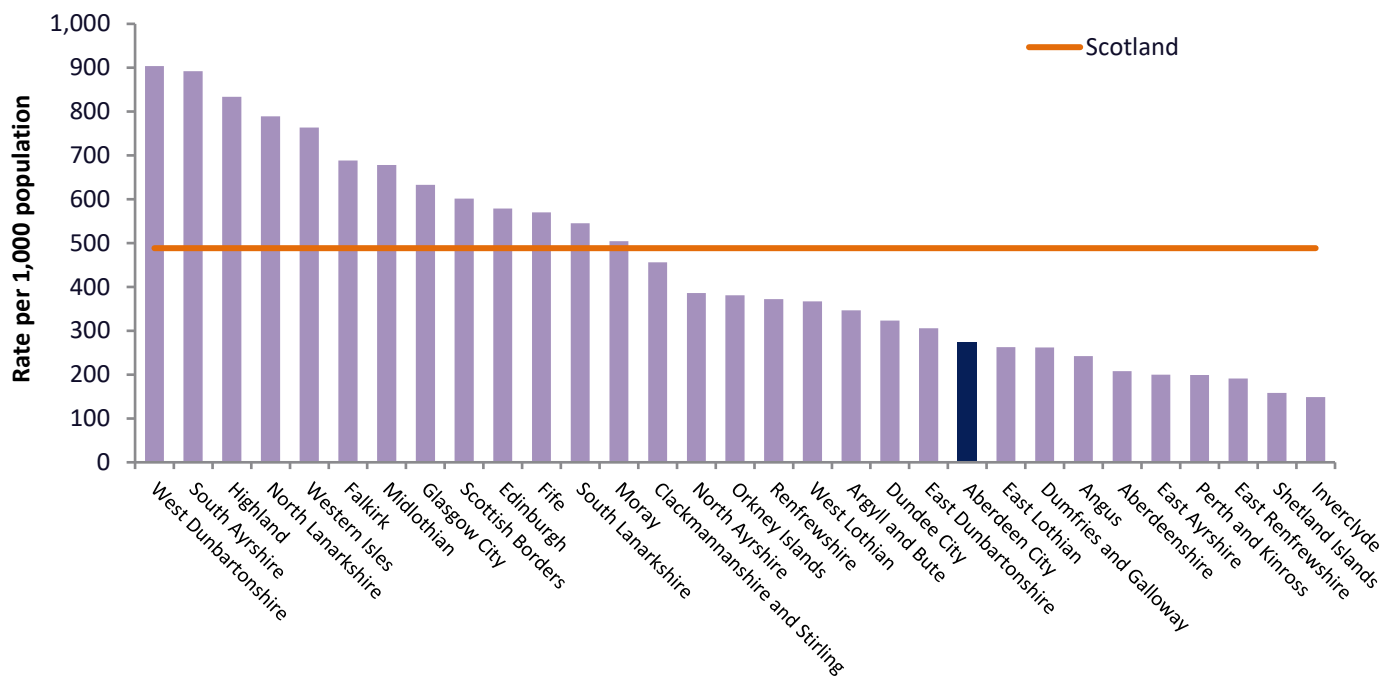


Figure 86 shows the number of days people spent in hospital when they were ready for discharge, as a rate per 1,000 population. In 2020/21 Dundee had the 10th lowest rate in Scotland.

Figure 87: Delayed Discharge Bed Day Lost Rate per 1,000 75+ (standard), by locality

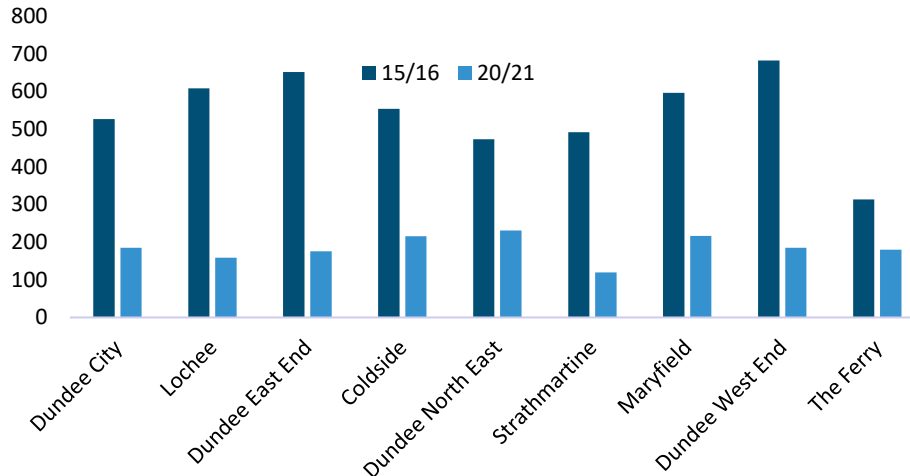
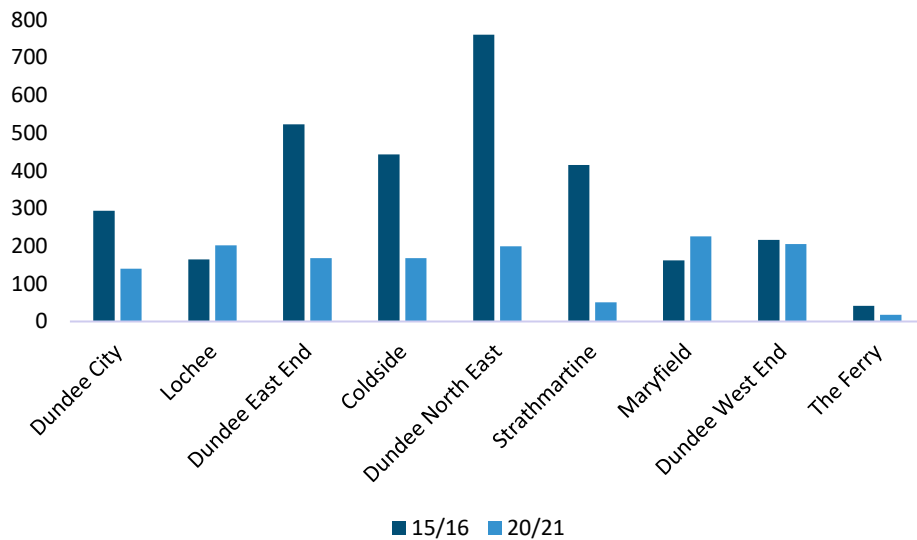


Figure 88: Delayed Discharge Bed Day Lost Rate per 1,000 75+ (code 9), by locality



The number of bed days lost to delayed discharge has decreased across most LCPPs and for standard and code 9 delays between 2015/16 and 2020/21. Further analysis can be viewed on the Discharge Management PAC reports and PAC quarterly performance reports.

The increase in Lochee and Maryfield LCPPs for code 9 delays can be attributed to age, complexity of need and existing arrangements for unpaid care to support people on their return home.

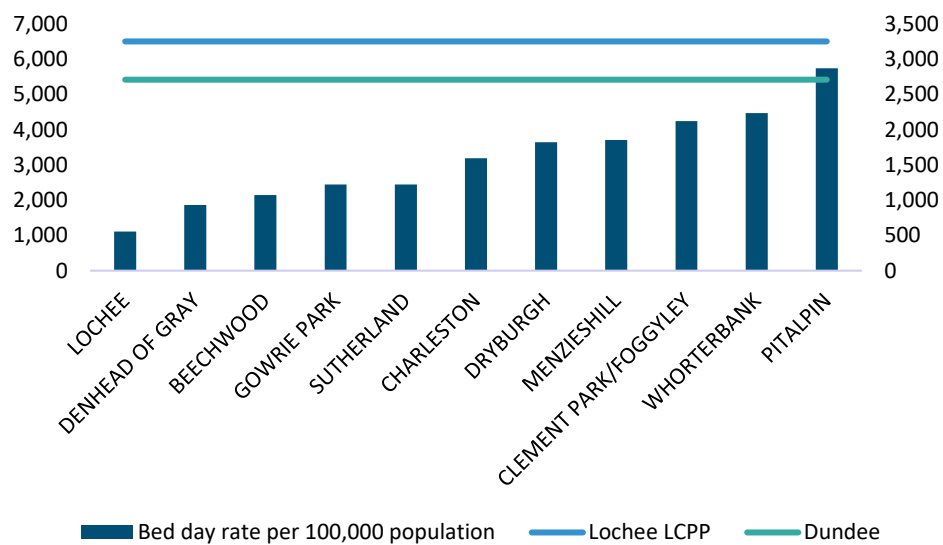
The main reason for delayed discharges relates to the need for, and lack of availability of, suitable long-term residential care placements at the time when they are needed. There are other factors which can delay hospital discharge. These include issues relating to the requirements of the Adults with Incapacity Act, external funding for places, and personal/family choice about where a person is to be placed.

8.3 Variation in Unscheduled Care Rates within LCPP Areas

As well as variation between LCPP areas, there is also variation **within** each of Dundee's LCPP areas in the use of unscheduled care.

The LCPP area with the highest variation in unscheduled care **for over 65's** is Lochee. As shown in figure 89, there is a neighbourhood within the Lochee LCPP, which is also called Pitalpin. This neighbourhood has the highest bed day rate per 1,000 of the population for people aged 65+ (5,746 bed days). The neighbourhood in the Lochee LCPP with the lowest bed day rate for those aged 65+ is Lochee (1,107 bed days).

Figure 89: Number of emergency bed days per 1,000 population for Lochee LCPP neighbourhoods (people aged 65+)



Source: ISD Scotland, unpublished data: emergency bed days

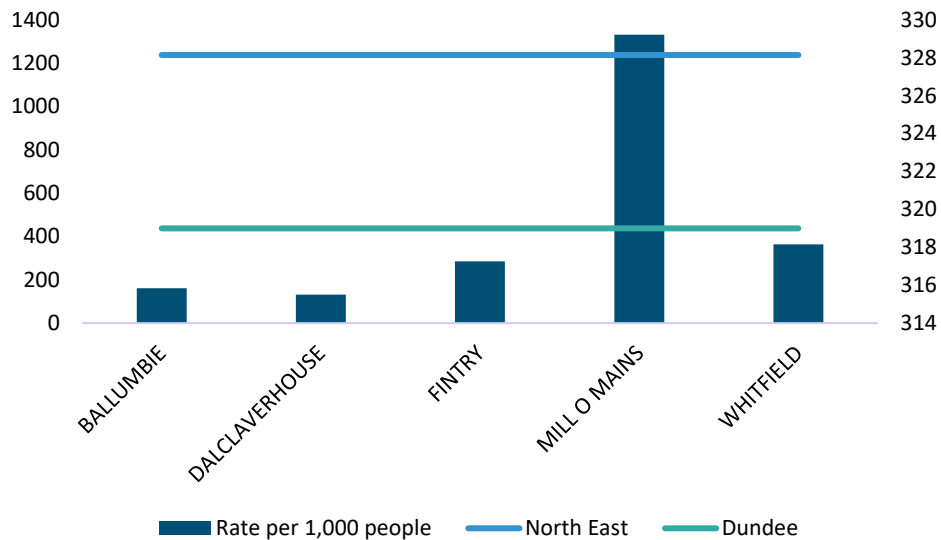
The high bed day rate in the Lochee neighbourhood can be related, at least in part, to the high rate of multi-morbidities of the frail, older population living there.

The LCPP area with the highest variation in bed day rates for people **aged 65 and under** is North East. Within North East the neighbourhood with the highest bed day rate for this age group per 1,000 of the population is Mill O'Mains (1,332 bed days) and the neighbourhood with the lowest bed day rate is Dalclaverhouse (131 bed days).

Balumbie is an area with significantly less deprivation than the other North East Neighbourhoods and this has the lowest bed day rate.

This significant variation can be attributed to the high level of deprivation, substance use, mental illness and multiple long-term health conditions, which are known to be prevalent in these deprived neighbourhoods in the Lochee North East area.

Figure 90: Number of emergency bed days per 100,000 population in North East LCPP neighbourhoods (people under age 65)



Source: ISD Scotland, unpublished data: emergency admissions and bed days

Analysis shows that not only does the need for unscheduled care differ across LCPP areas, but also there can be significant differences in the level of need between neighbourhoods in some LCPP areas. This increases the challenge in ensuring that available health and social care resources are distributed in a fair and effective way for the Dundee population.

Key Findings: Unscheduled Care Rates and Deprivation

- There are high rates of emergency admissions and bed days, with variation linked to deprivation, across LCPP areas and neighbourhoods.
- There is a higher proportion of NHS Tayside emergency admissions in Dundee than in Angus or Perth & Kinross.
- The average number of days delayed in hospital varies by the LCPP area in which people live, and there is a link with the ageing population.
- There is high variation in emergency admissions and bed days within LCPP areas, with greatest variation for under 65 age groups living in the most deprived LCPP areas.

8.4 Homecare Services

Approximately 2300 people receive adult social care services in Dundee, and nearly three quarters of these people received home care services in 2020.

Home care services are services which assist people to function as independently as possible and/or continue to live in their own homes. Examples are:

- Routine household tasks within or outside the home (basic housework, shopping, laundry, paying bills)
- Personal care of the service user, as defined in Schedule 1 of the Community Care & Health Act 2002
- Respite care in support of the service user's regular carers e.g. delivered by Crossroads Care Attendance Schemes funded by the local authority

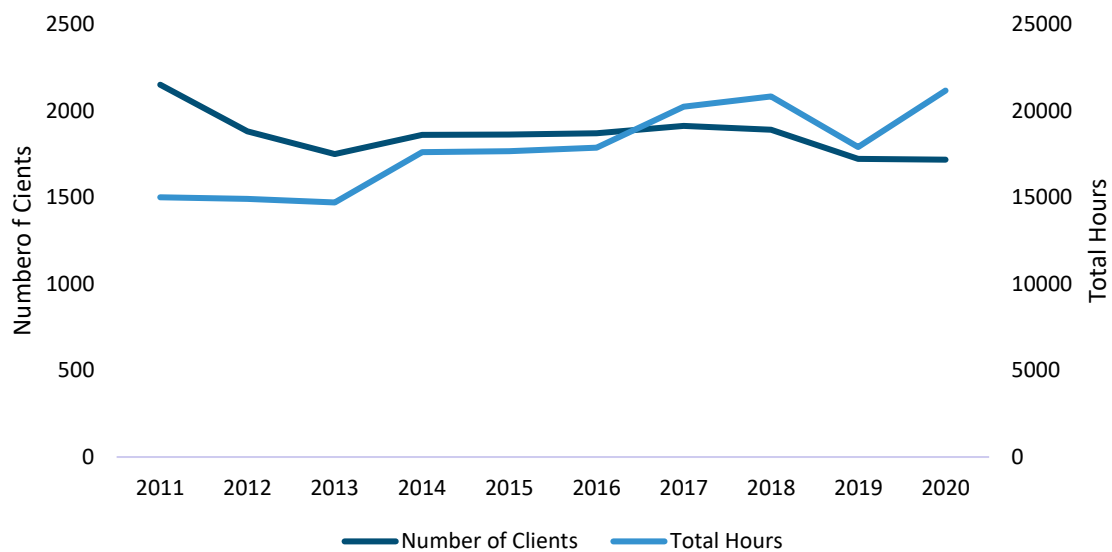
Personal care is a type of homecare service and includes:

- Personal hygiene - bathing, showering, hair washing, shaving, oral hygiene, nail care.
- Continence management - toileting, catheter/stoma care, skin care, incontinence laundry, bed changing.
- Food & diet - assistance with the preparation of food and assistance with the fulfilment of special dietary needs.
- Problems with immobility - dealing with the consequences of being immobile or substantially immobile.
- Counselling & support - behaviour management, psychological support, reminding devices.
- Simple treatments - assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy.
- Personal assistance - assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist.

Homecare Services - All Ages

For the snapshot week at end of March 2020, 1,717 people received homecare services, with a total of 21,161 homecare hours delivered (as shown in Figure 100). This is an average of 12.3 hours per person, per week.

Figure 91: Number of people who received homecare and number of hours - snapshot weeks, in the past ten years



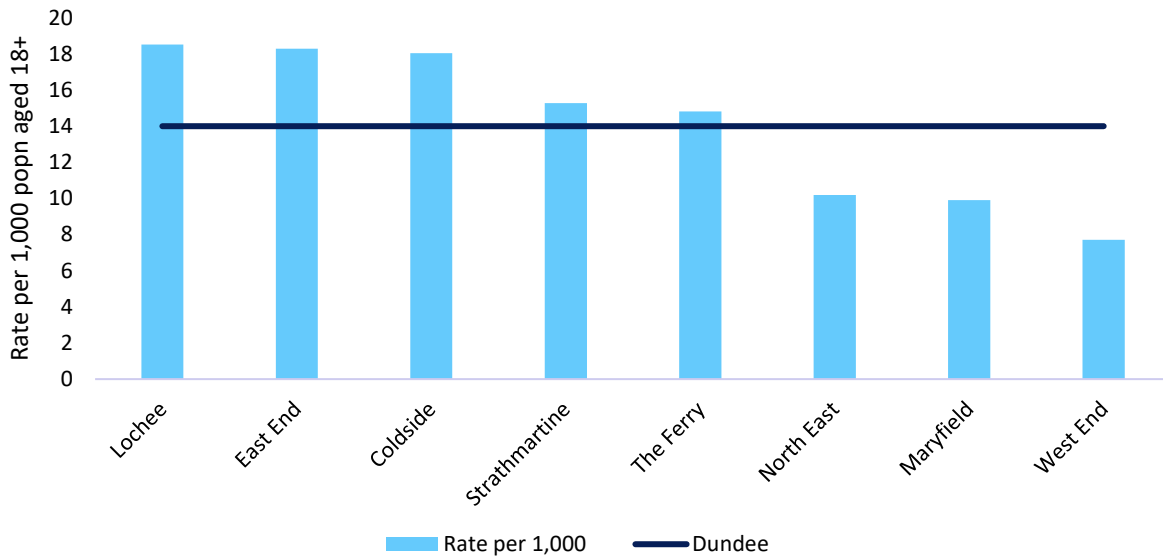
Source: Social Work Information Systems Mosaic (2020 data), previous data for Social Work System K2

51% of the care is provided by Private sector, 29% by the local authority and the remaining by the voluntary sector. 16% of the homecare clients are under 65, 17% in the 65-74 age group, 31% in the 75-84 age group and 36% in the over 85 age group.

Figure 92 shows the rate per 1,000 people (18+ population) who received homecare, by LCPP area where they lived.

Lochee is the LCPP area where the highest rate of homecare is delivered. There is variation in the level of homecare delivered across LCPP areas and this is likely to be linked with the age of the population and corresponding levels of need. An analysis of SIMD quintiles, shows that 62% of the homecare clients live in SIMD Quintile 1 and 2. For those in the SIMD quintile 1 and 2, 18% are under 65 and 29% are 85 and over. While for SIMD quintile 4 and 5, 10% are under 65 and 53% are 85 and over.

Figure 92: Rate per 1,000 people (18+ population) who received homecare 2020 (snapshot week)



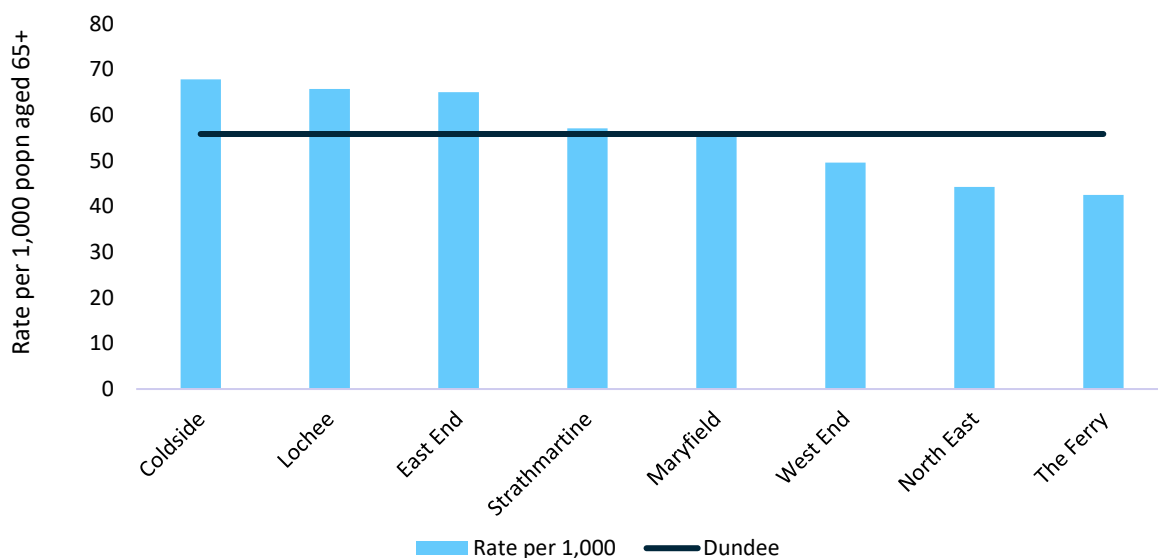
Source: Social Work Information System (Mosaic) 2020

Homecare Services - Aged 65+

There were 1,444 people aged 65+ who received homecare totalling 16,398 hours in 2020. This is an average of 11.4 hours per person, per week.

In 2020 1,318 people aged 65+ received personal care totalling 15,699 hours. This is an average of 11.9 hours of care per person, per week.

Figure 93: Rate of people aged 65+ who received 10 hours or more of homecare



Source: Social Work Information System (Mosaic) 2020

Key Findings: Homecare Services

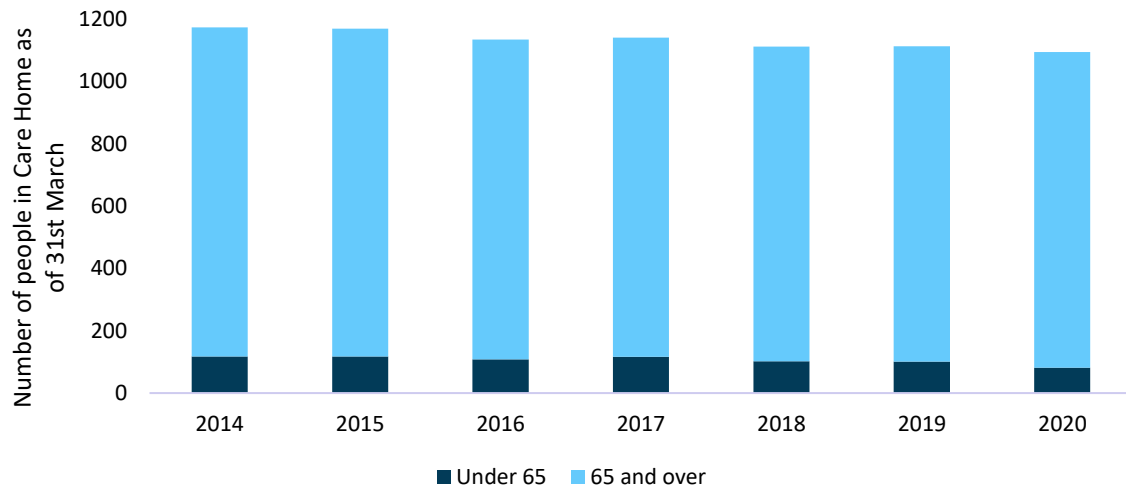
- Nearly three quarters of those who received adult Social Work services received homecare as part of their care package.
- 1,717 people received homecare services in 2020, on average 12.3 hours were provided per person, per week.
- Lochee and East End are the LCPP areas where the highest rate of homecare is delivered and this reflects the high levels of care and support need in these areas.
- For people aged 65+, Coldside: and Lochee have the highest rate of homecare being delivered and the North East and The Ferry have the lowest

8.5 Care Homes

On 31st March 2020, there were 1094 people in Care Homes. Figure 94 shows that 1012 (92.5%) of care homes residents were aged 65 and over and 82 (7.5%) were under 65 years of age. The average age was 82.7 years.

The majority of the people are in private Care Homes (86%), 7% in local authority Care homes and 7% in Voluntary Care homes. 80% of the people are in Care Homes within Dundee and a fifth out with Dundee. 774 (71%) were receiving nursing care.

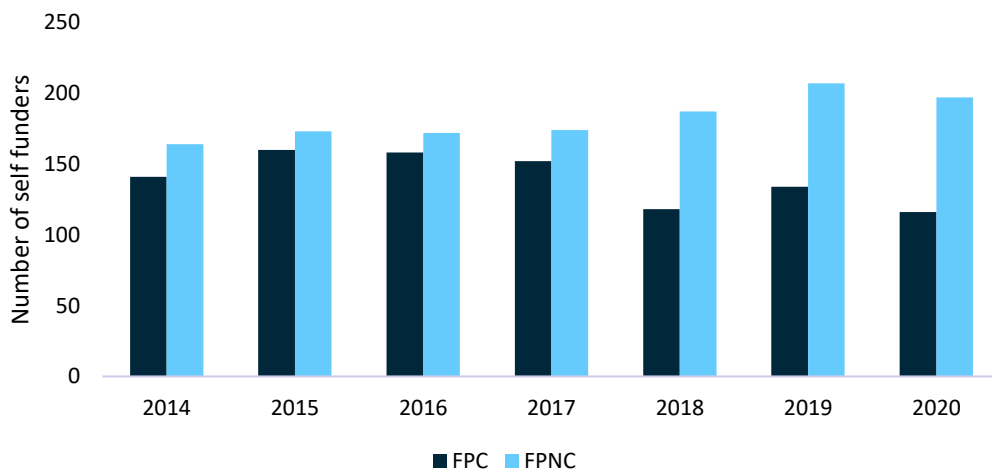
Figure 94: Care homes trends over a seven-year period, ages over 65 and under 65



Source: Social Work Information Systems, K2 and Mosaic

The main disability/ health characteristic for those in Care homes was 36% with physical disabilities, 34% who were frail/elderly, 23% with dementia, 4% with learning disabilities and 3% with mental health.

Figure 95: Number of self-funders in Care Homes at 31st March

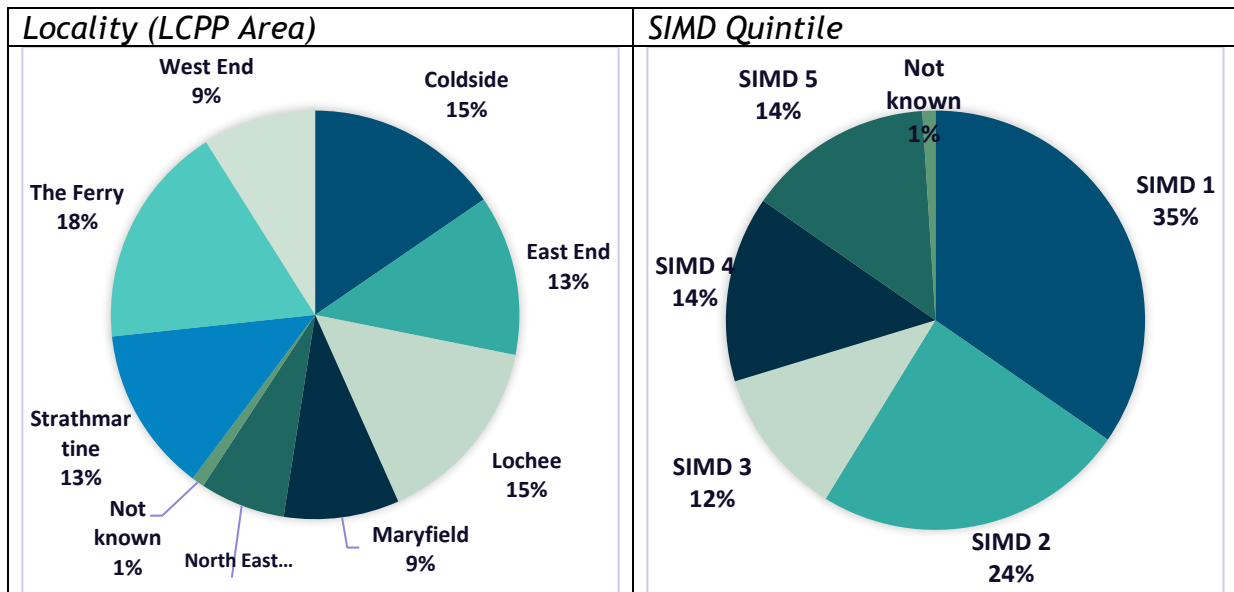


Source: Social Work Information Systems, K2 and Mosaic

On 31st March 2020, there was 313 people on Free Personal Care or Free Personal and Nursing Care (self-funders), this is 29% of all Care Homes residents. From the 1st April 2019, the Scottish Government extended Free Personal Care to all people who require it, regardless of age or condition. There is a very small number of self-funders in the under 65 age group.

The average weekly charge for those who are self-funded in 2020 was £177 for free personal care and £257 for free personal and nursing care. Excluding self-funders, the average weekly cost for under 65 was £1023 and £551 for people who were 65 and over.

Figure 96: Previous location before admission to Care Home



Source: Social Work Information Systems, K2 and Mosaic

Figure 96 shows where the person lived before being admitted to the Care Home. 18% were admitted from The Ferry, 15% from Coldsides and Lochee. Over a third previously lived in SIMD quintile 1, the most deprived quintile and just over a quarter were from the last deprived quintiles, 4 and 5. The average of those who were admitted from SIMD quintile 1 was 81 years and 85 years for those from the least deprived quintiles.

COVID-19

Care Home residents are a high-risk group for contracting COVID-19. This is a group of people who are likely have multi-morbidities and be in the older age group.

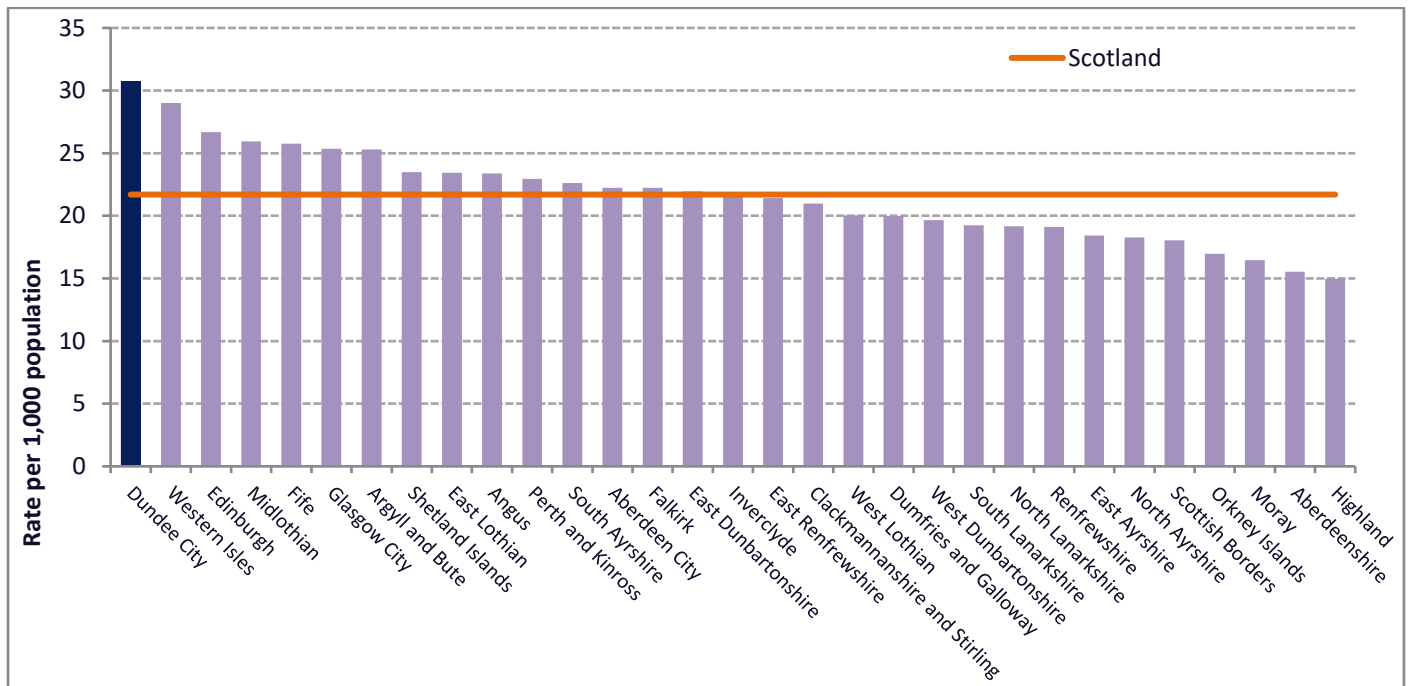
8.6 Falls

Dundee has the highest admission rate for falls in Scotland. As at 2020 the fall hospital admission rate was 30.7 per 1,000 population aged 65+.

Hospital Discharges

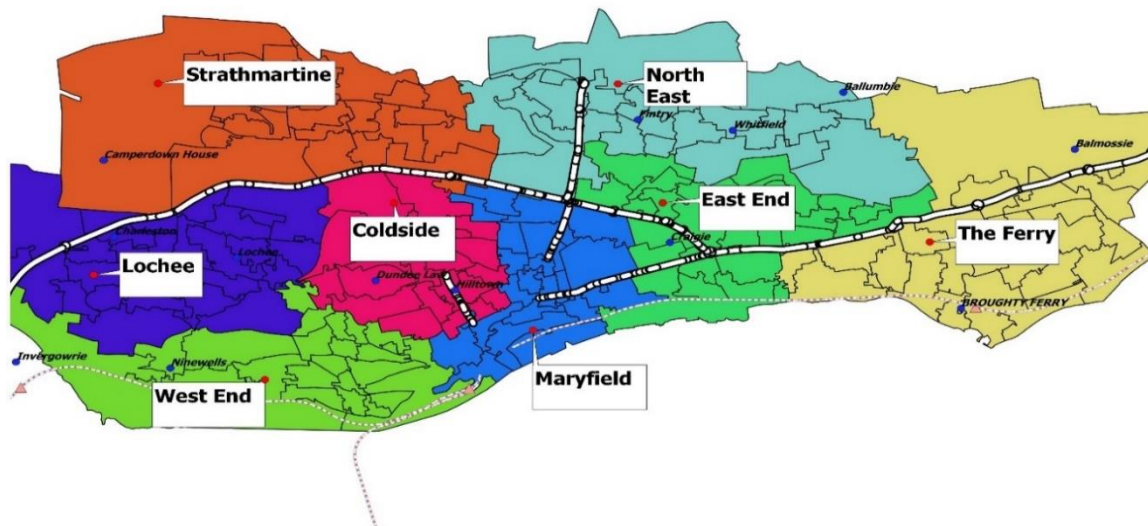
Figure 97 shows the rate of falls related hospital admissions for people aged 65+.

Figure 97: Fall hospital admission rate per 1,000 65+ population in Scotland during 2020/21



The health cost of falls in adults to Dundee H&SCP during 2015/16 was around £6.5 million. Lochee was the costliest LCPD area due to falls whilst Maryfield and North East had the lowest costs.

Figure 98: Map of Dundee Localities



East End is one of the most deprived areas of the City and had the highest fall hospital admission rate in Dundee during 2020/21 with 36 per 1,000 population for people aged 65+.

Figure 99: Falls admission rate per 1,000 65+ population in Dundee between 2015/16 and 2020/21

LCP	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Dundee	24.7	26.0	27.8	30.2	30.4	31.7
Coldside	29.6	28.7	33.6	37.4	39.4	35.3
East End	27.4	29.0	28.8	34.9	28.0	36.0
Lochee	26.6	28.7	29.2	27.2	31.4	35.7
Maryfield	23.2	25.2	29.9	26.9	26.5	27.8
North East	20.5	25.1	22.7	19.0	25.1	17.5
Strathmartine	25.2	23.6	19.5	28.3	30.0	27.2
The Ferry	19.3	19.8	24.2	29.3	29.3	33.6
West End	27.2	32.7	37.7	36.1	30.7	35.0

Source: ISD SMR01

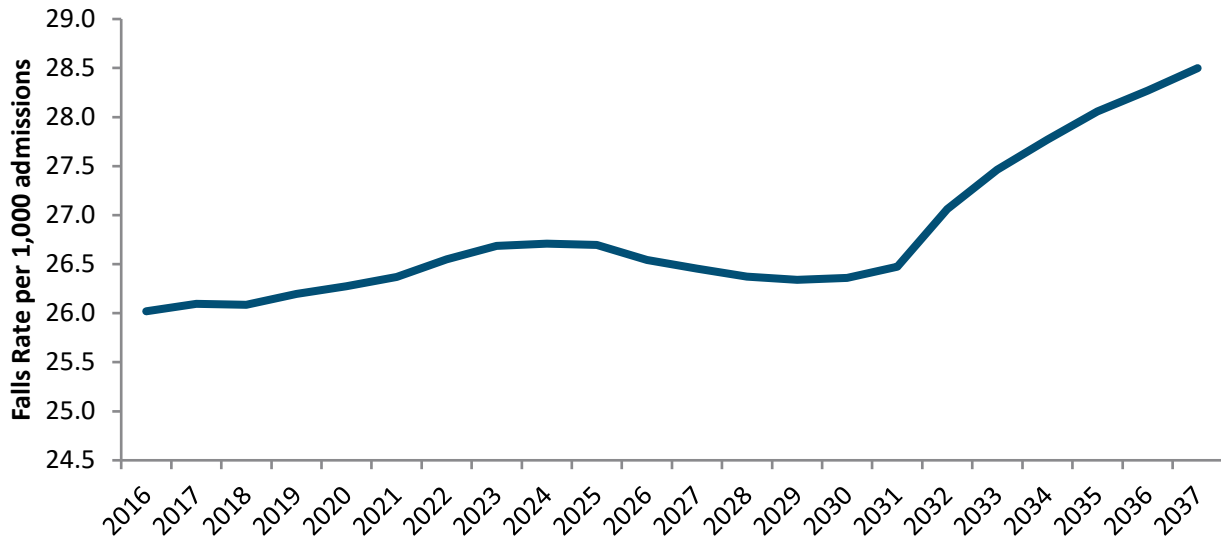
Figure 100: Total Net Cost of falls admissions for all Adults aged 18+ in Dundee during 2015/16 split by acute and A&E

Locality	Acute Admissions	A&E Attendances	Total Cost
Dundee	£5,701,607	£635,322	£6,336,930
Coldside	£895,527	£98,906	£994,434
East End	£812,543	£84,158	£896,701
Lochee	£933,413	£97,130	£1,030,543
Maryfield	£379,551	£64,669	£444,220
North East	£369,400	£56,868	£426,269
Strathmartine	£752,225	£83,516	£835,741
The Ferry	£884,567	£75,039	£959,606
West End	£674,381	£75,036	£749,416

Source: ISD Source

The 65+ age group is one of the fastest growing age groups in Dundee. Currently, the number of people aged 65+ is estimated by National Records of Scotland to be 25,967 (almost the same number as 0-17 year olds). By 2037, the 65+ population is expected to increase by 28% to 33,138. If the current age-specific admission rates persist then the fall admission rates for people age 65+ will only slightly increase to 26.5 per 1,000 population in 2027 but will start to increase at a faster rate post 2032 and reach 29 admissions per 1,000 population in 2037.

Figure 101: Projected falls admission rate per 1,000 65+ population between 2016 and 2037 in Dundee H&SCP

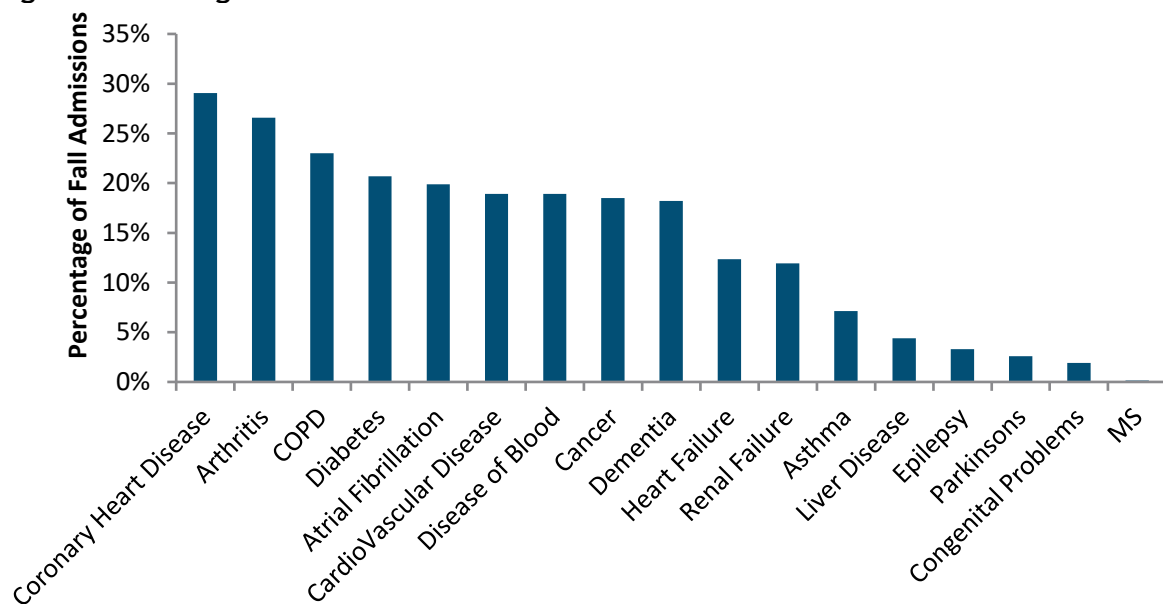


Source: ISD SMR01 and NRS

In most LCPP areas, the largest proportion of people who were hospitalised as a result of a fall were in the 75-84 age group, except in The Ferry where there were more people aged 85+ hospitalised as a result of a fall. The reasons for this are multi-factorial and include the higher life expectancy, the high number of older people living in their own homes, and the lower rate of unpaid carers who provide large amounts of care, for people living in more affluent LCPP areas such as The Ferry, compared with other LCPP areas in Dundee.

Coronary Heart Disease (CHD), Arthritis and COPD are the most common chronic illnesses underlying a fall admission. Approximately 29% of all people aged 65+ who are admitted due to a fall have CHD, 27% have arthritis and 23% have COPD. Figure 102 shows the breakdown of all long-term conditions associated with fall admissions in 2015/16.

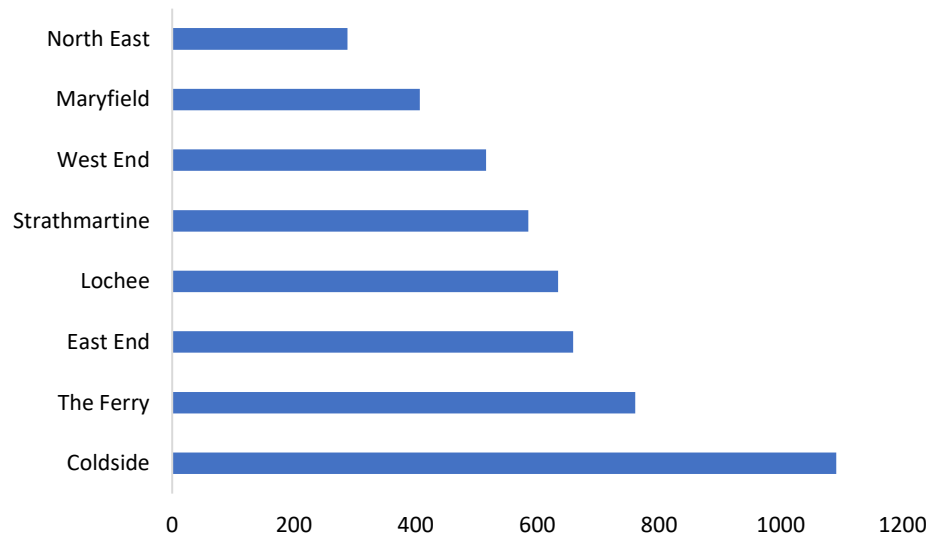
Figure 102: Underlying long-term conditions that are prevalent in fall hospital admissions for people aged 65+ during 2015/16



Social Care Response Service

The Social Care Response Service responds to people who are at risk of falling in their own homes.

Figure 103: Rate per 1,000 people aged 65+ who are supported by a Social Care Response alarm in their own home or sheltered house



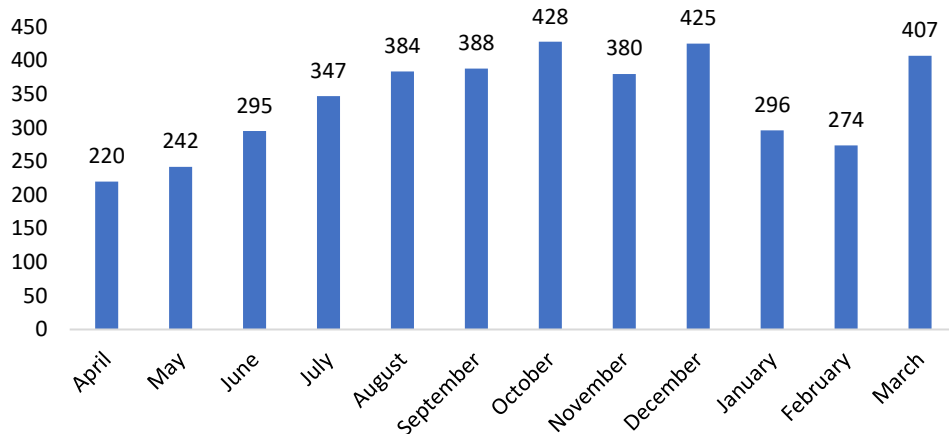
Source: PNC6

- West End has the 3rd highest rate of people aged 65+ who are supported by the Social Care Response Service, but the 4th lowest rate of hospital discharge for treatment of a fall. In the previous needs assessment West End had the 3rd lowest rate of hospital admissions. This may have indicated that the Social Care response service was contributing to a reduction in the rate of hospital admissions due to a fall, however isolation due to COVID-19 and lower activity levels may have reversed this trend.
- North East has the lowest rate of people supported by the Social Care Response Service, and the lowest number of people discharged for treatment following a fall. This is the LCPP with the lowest proportion of older people.
- The Ferry has the second highest rate of people aged 65+ who are supported by the Social Care Response service and the 4th highest number of discharges following treatment for a fall. This may be an indication of a higher demand for the Social Care Response service in The Ferry.

Occupational Therapy Service

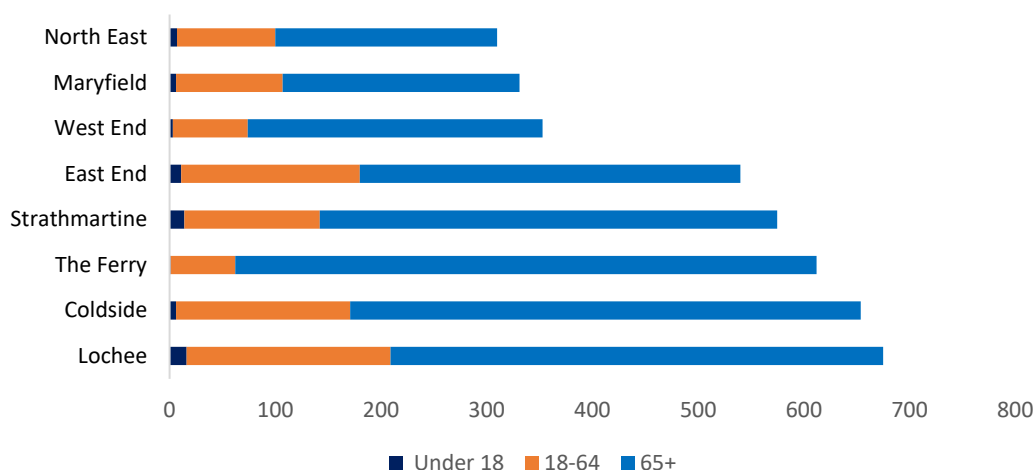
The Community Occupational Therapy Service is part of Dundee Community Independent Living Services. Occupational Therapists and Support Workers from the Dundee Health and Social Care Partnership offer a service to the city, to promote independence within the home that includes assessment for and provision of equipment, adaptations and rehabilitation as appropriate to the individual client and according to criteria.

Figure 104: Number of completed Occupational Therapy Assessments between 1st April 2020 and 21st March 2021



There were 4,086 Occupational Therapy (OT) Assessments completed between 1st April 2020 and 31st March 2021. Figure 104 shows the number of assessments completed on a monthly basis and in October, December and March there were significantly more assessments completed than other months.

Figure 105: Number of completed Occupational Therapy Assessments between 1st April 2020 and 21st March 2021, by age and locality



When we compare the number of completed assessments by locality, Lochee, Coldside and The Ferry had the highest number of OT assessments completed, the chart above also shows that within these localities the majority of people were aged 65+. The Ferry had 89.9% of people aged 65+ with only 10% aged 18-64. Lochee had 69% of people aged 65+, 28.6% aged 18-64 and a small 2.4% of people aged under 18.

North East, Maryfield and West End had the lowest number of OT assessments completed, within these localities the majority of people were also aged 65+. 30% of Maryfield and the North East clients were aged between 18 and 64 which is higher than most of the other localities.

Overall, the majority of OT clients (74%) are aged 65+, 24% are aged 18-64 and a small percentage (2%) are aged under 18.

COVID-19

The isolation and reduced activity and mobility of people who were already frail increased demand for support by many people who were already receiving services and also those who previously didn't require support.

Key Findings: Care Homes, Social Care Response Service, and OT Services

- The average age at admission was 82.7 years. This reflects the ageing, but increasingly frail population in Dundee.
- The main disability/ health characteristics for those in a Care Home were physical disabilities, frailty, dementia, learning disability and mental health
- Over a third of people admitted to a Care Home previously lived in SIMD quintile 1, the most deprived quintile and just over a quarter were from the last deprived quintiles, 4 and 5.
- Dundee has the highest rate of admissions due to a fall in Scotland.
- East End is one of the most deprived areas of the City and had the highest fall hospital admission rate in Dundee during 2020/21 with 36 per 1,000 population for people aged 65+.
- There were 4,086 Occupational Therapy Assessments completed between 1st April 2020 and 31st March 2021. North East, Maryfield and West End had the lowest number of OT assessments completed, within these localities the majority of people were also aged 65+.
- The majority of OT clients (74%) are aged 65+, 24% are aged 18-64 and a small percentage (2%) are aged under 18.

9.0 PERSONALISED SERVICES

9.1 Self-directed Support

The Social Care (Self-directed Support) Act 2013 came into force on 01 April 2014. Self-directed Support (SDS) is the support a person purchases or arranges to meet agreed health and social care outcomes. SDS allows people to choose how their support is provided, and gives them control of their individual budget.

SDS offers a number of options for accessing support. Individual (or personal) budgets can be:

- Option One:** Taken as Direct Payment
- Option Two:** Allocated to a provider the individual chooses
- Option Three:** Local authority arranges a service

People can also choose a mixture of all 3 of these different arrangements for support. Personalised services delivered under SDS, are homecare, respite, day services, enabler services, housing support and in-college support. 86% of the people receive one of these services and 14% receive 2 or more services. 75% receive home care services.

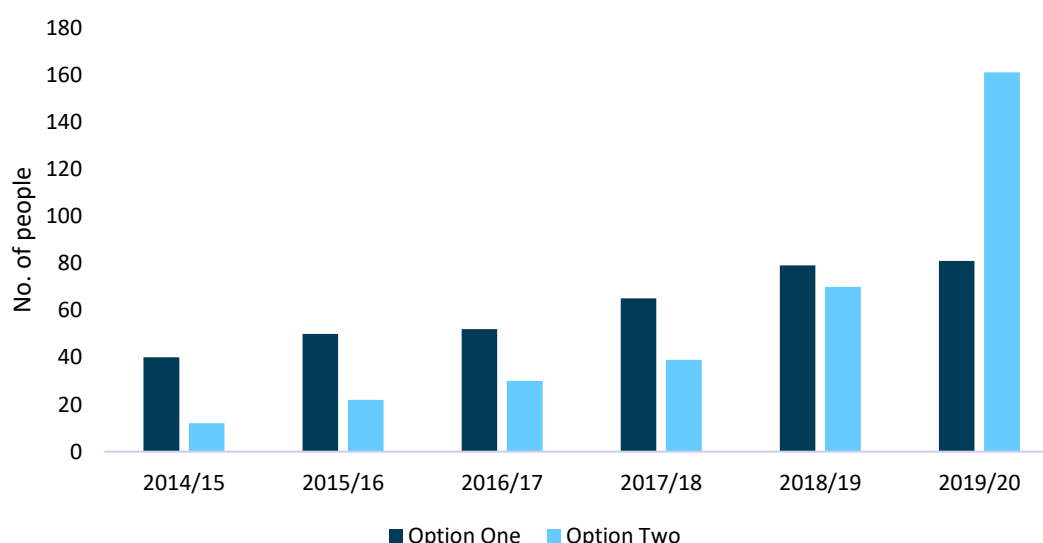
Figure 106 gives a breakdown of Options One and Two in 2019/20. There has been a gradual increase for Option one and two over the years. In 2019/20 5% of Dundee's social work spend was on direct payments, an increase on previous years but still lower than the Scottish average spend of 9%.

Figure 106: Option One and Option Two uptake and costs in Dundee, 2019/20

Option	No. of people	Cost	Dundee Rate per 100,000 population
Option One	81	£2,701,004	66
Option Two	161	£2,062,732	131

Source: Social Work Information System (Mosaic), 2019-20

Figure 107: Number of people receiving Option One or Two, 2019/20



Source: Social Work Information System (Mosaic), 2019-20

10.0 CARERS

10.1 Carers in Dundee

The Scottish Government's latest figures report an estimated total of around 690,000 carers in Scotland⁹. Overall it is estimated that in Dundee there are around 18,300 adult carers (aged 18+) and around 830 young carers (aged 4-17).

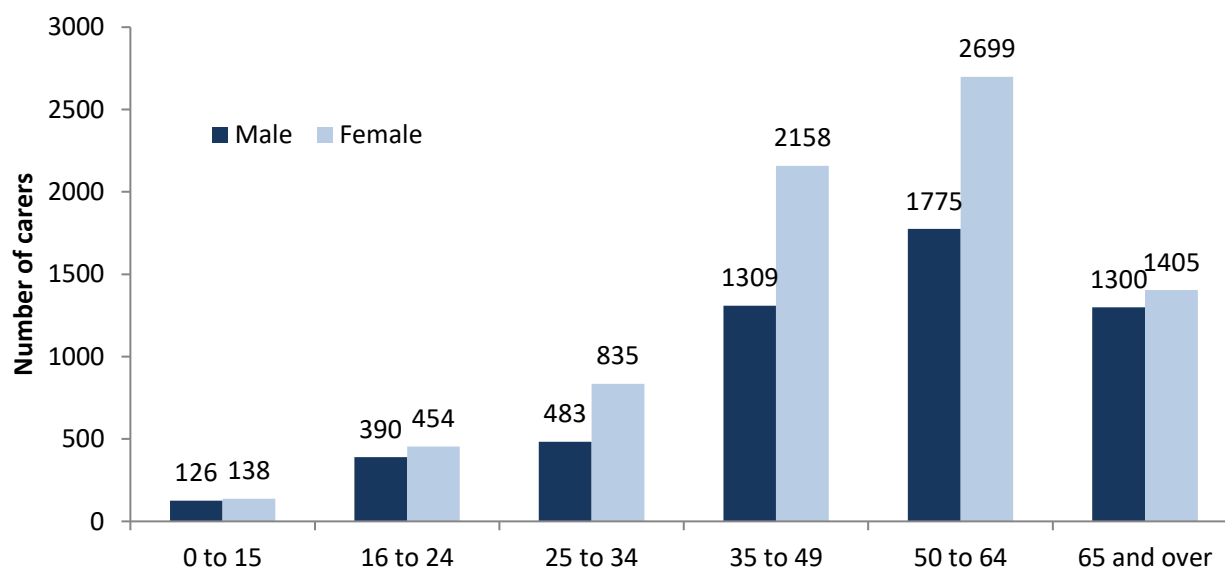
The most recent Census was carried out in 2011 and provides some extra information, it asked people whether they look after, or give any help or support to other family members, friends, neighbours or others because of either long term physical and/or mental ill-health, disability or challenges related to old age. The definition did not include paid employment.

The information provided in this section is taken from the Census and is sourced through self-reporting. It may not provide a full picture, as some people do not recognise themselves as being a carer.

In 2011 13,072 people in Dundee identified themselves as being a carer; this is 8.9% of Dundee's population and a rate of 89 people per 1,000 population. The rate for Scotland is 93 people per 1,000 population.

Between 2001 and 2011 there was a 16% increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

Figure 108: Known carers by gender and age group, 2011 Census



Source: Scotland's Census 2011, scotlandcensus.gov.uk

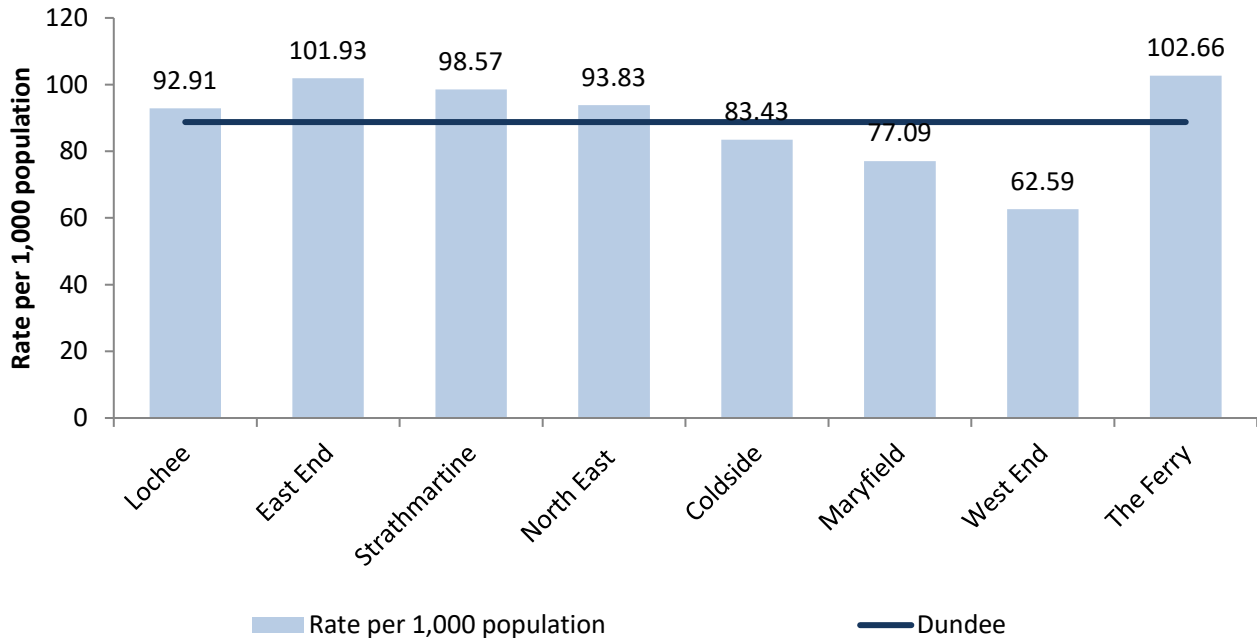
Figure 108 shows that the largest group of carers were in the 50-64 age group. It also shows that just over a third of all carers were in the 35 to 49 age group and nearly 60% were women. Approximately a fifth of carers were aged 65 or over and 8% were young carers (0 to 24 age group).

⁹ <https://www.gov.scot/publications/scotlands-carers-update-release/>

10.2 Known Carers by LCPP areas

Figures 109 and 110 show the LCPP areas in Dundee which are the most deprived (on the left) and the least deprived (on the right). The information is based on where the carer lives, as distinct from where the cared for person lives. The cared for person may live in another LCPP area or even another local authority area.

Figure 109: Known carers by LCPP per 1,000 population



Source: Scotland's Census 2011, scotlandcensus.gov.uk

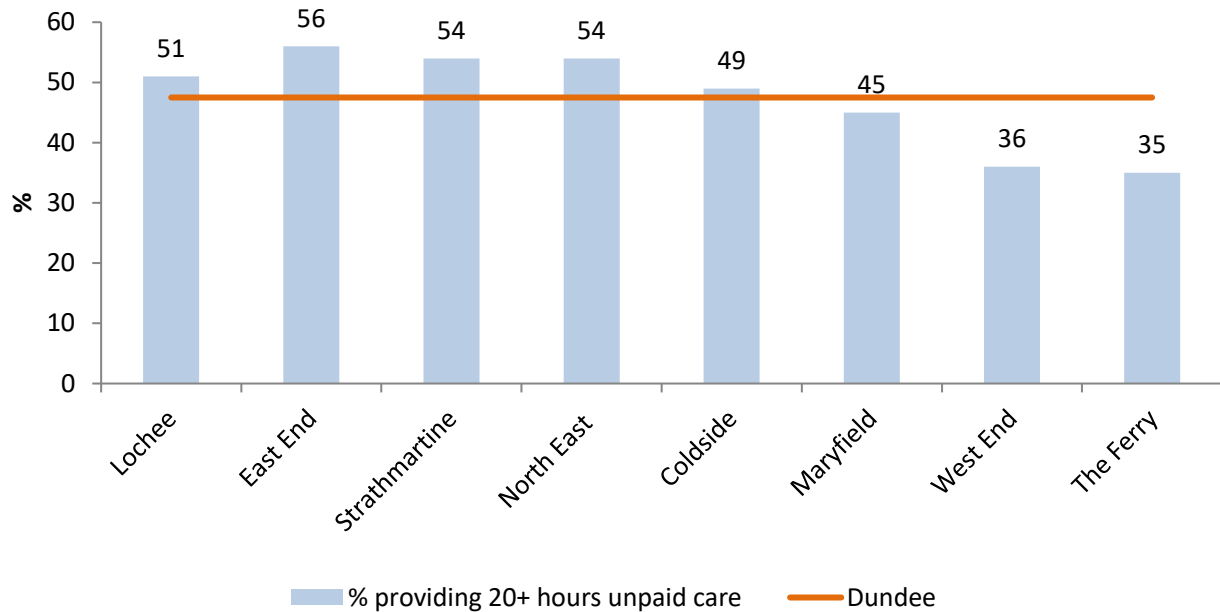
The Ferry has the highest rate of people who identified themselves as being a carer, and West End has the lowest rate. The Ferry also has the highest population of people who are aged 65+.

The East End has the second highest rate of carers. The East End also has the highest proportion of people who have one or more health conditions, as well as the highest proportion of people with sensory impairment, physical disabilities and mental health conditions.

Figure 110 below shows that those living in the most deprived areas in Dundee were more likely to be providing more than 20 hours of care, in comparison with carers living in the least deprived areas.

East End had the highest proportion of people who provided 20 hours or more of care, and just over a third of carers in the East End provided 50 hours or more of unpaid care.

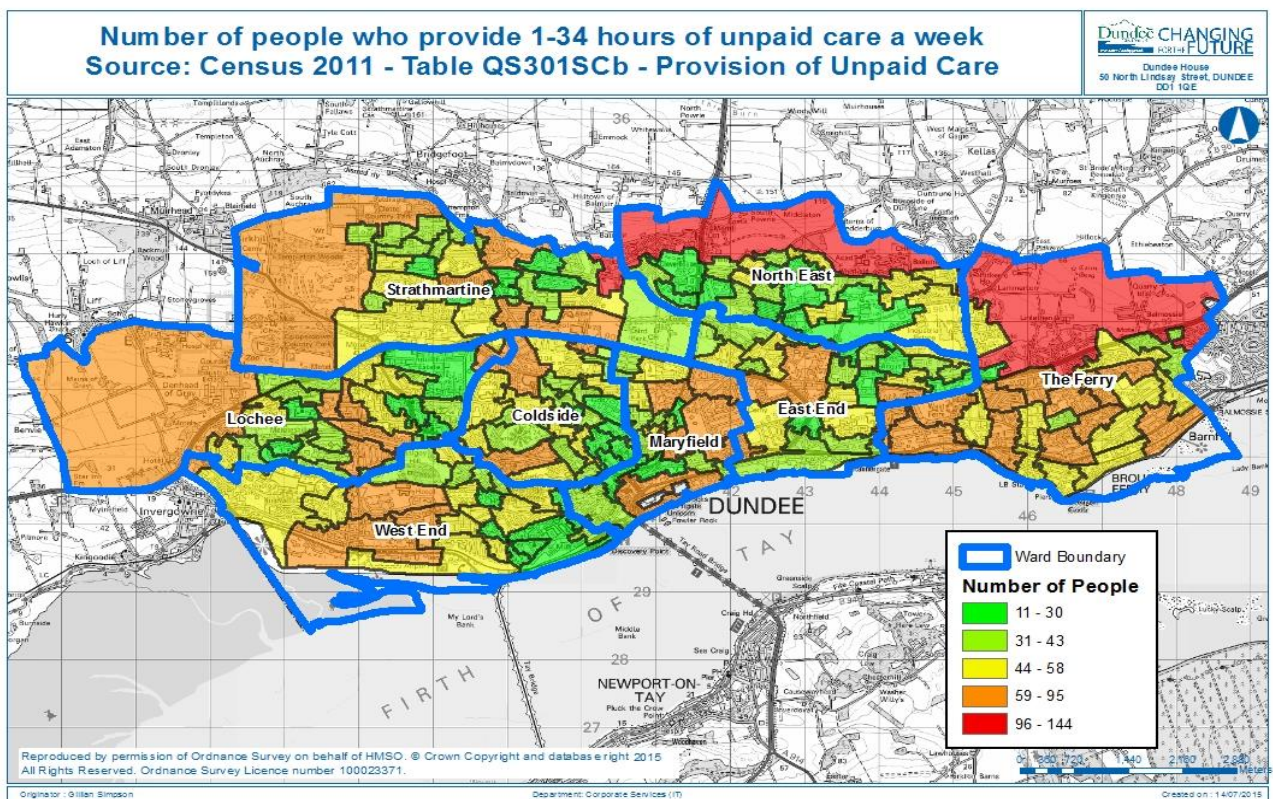
Figure 110: Percentage of Carers in each LCPP who provide over 20 hrs of unpaid care



Source: Scotland's Census 2011, scotlandcensus.gov.uk

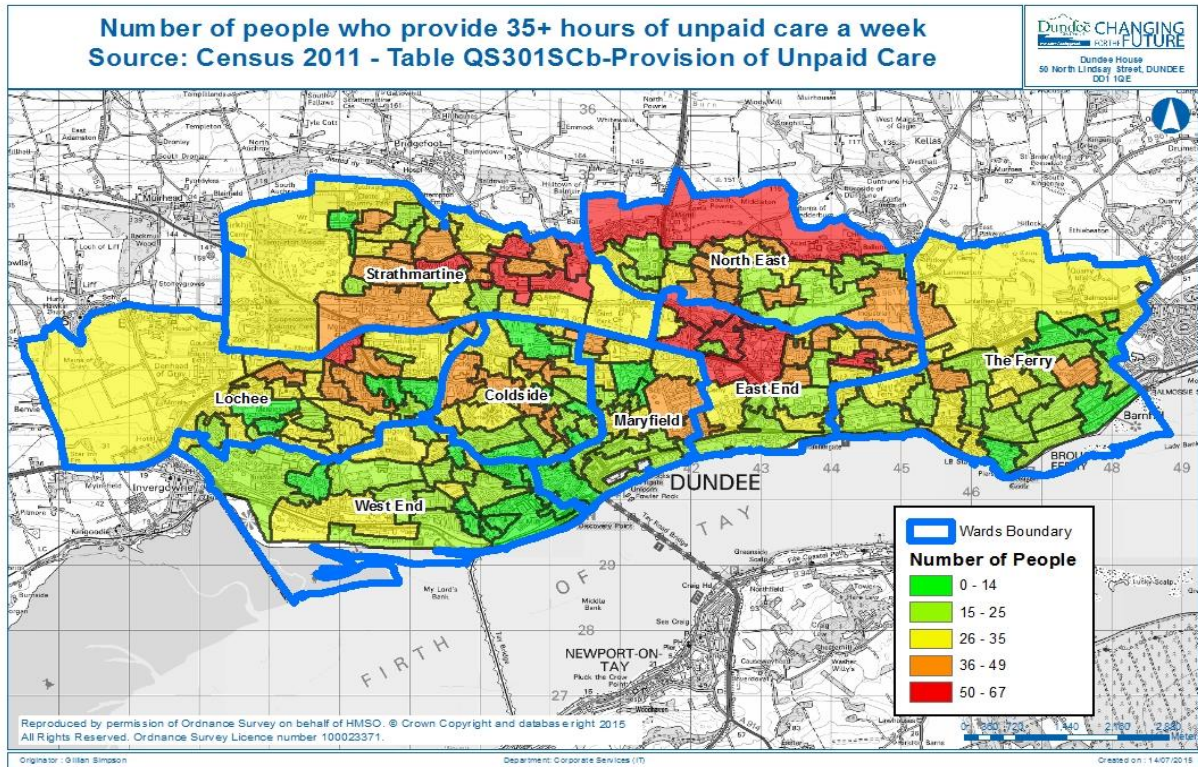
Figures 111 and 112 show maps which highlight the areas in Dundee where people who provide unpaid care live. The maps are colour coded with the highest concentrations of carers highlighted in red and the lowest concentrations highlighted in green.

Figure 111: People providing 1 to 34 hours of care in Dundee



Source: Census data 2011 by datazones, scotlandcensus.gov.uk

Figure 112: People providing 35 hours or more of care in Dundee



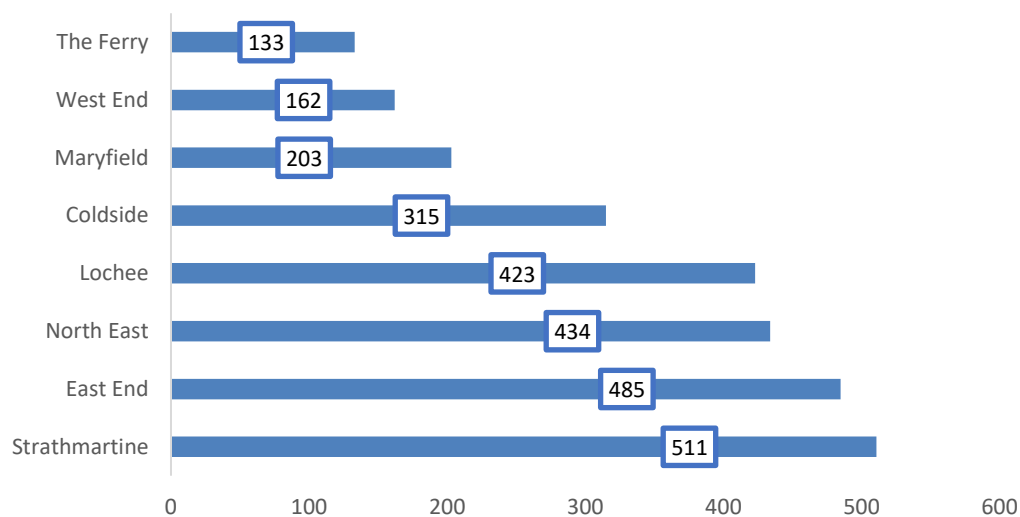
Source: Census data 2011 by datazones, scotlandcensus.gov.uk

10.3 Benefits for Carers in Dundee

The information presented in Figure 113 shows the number of recipients for Carers Allowance between September and November 2020. Carers Allowance is a benefit for people who look after a person for at least 35 hours per week, not gainfully employed nor in full-time education.

Dundee had 2,663 carers in receipt for Carers Allowance, we can see the break down for each locality and by quarter. Figure 113 (below) shows that Strathmartine had the highest number of claimants followed by East End (19% and 18% respectively), and The Ferry and West End had significantly less claimants (5% and 6% respectively). There are higher numbers of Carers Allowance claimants in locality areas that have high levels of deprivation.

Figure 113: Number of Carers Allowance recipients by Locality area, September - November 2020

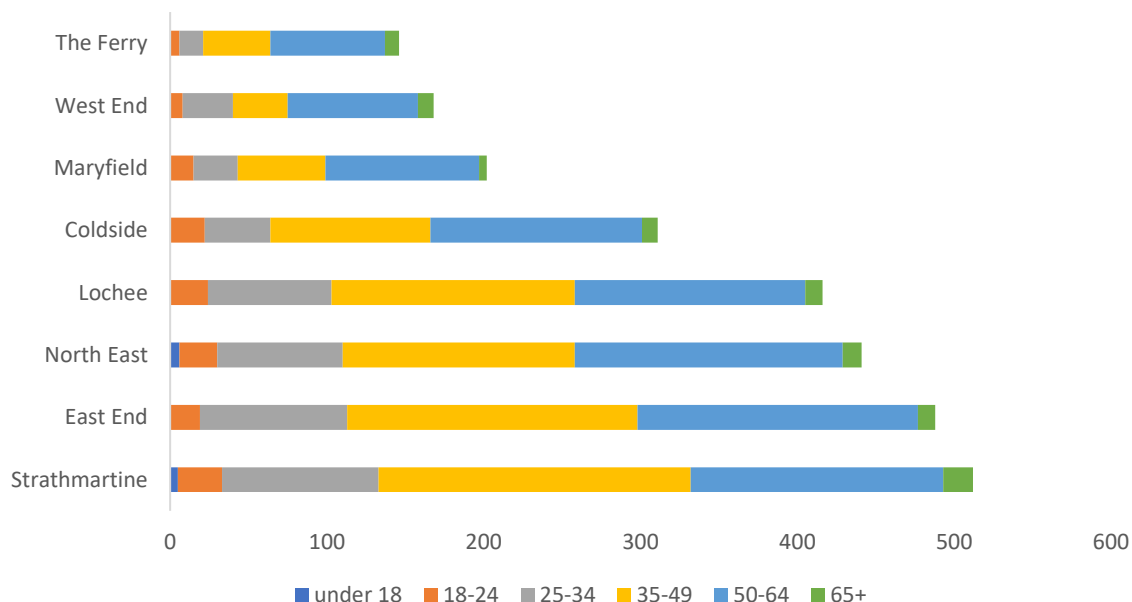


Source: Stat Xplore

Figure 114 shows the number of Carer Allowance claims by locality and by age group breakdown. The majority of claimants are between the ages of 35 and 64 years old, this is across the board for all localities. Strathmartine and North East are the only localities where there are people under the age of 18 claiming Carers Allowance.

While there is no upper age limit for claiming Carer's Allowance, you cannot receive the full amount of both Carer's Allowance and your State Pension at the same time¹⁰.

Figure 114: Number of Carers Allowance claimants by Locality area and age split, September - November 2020

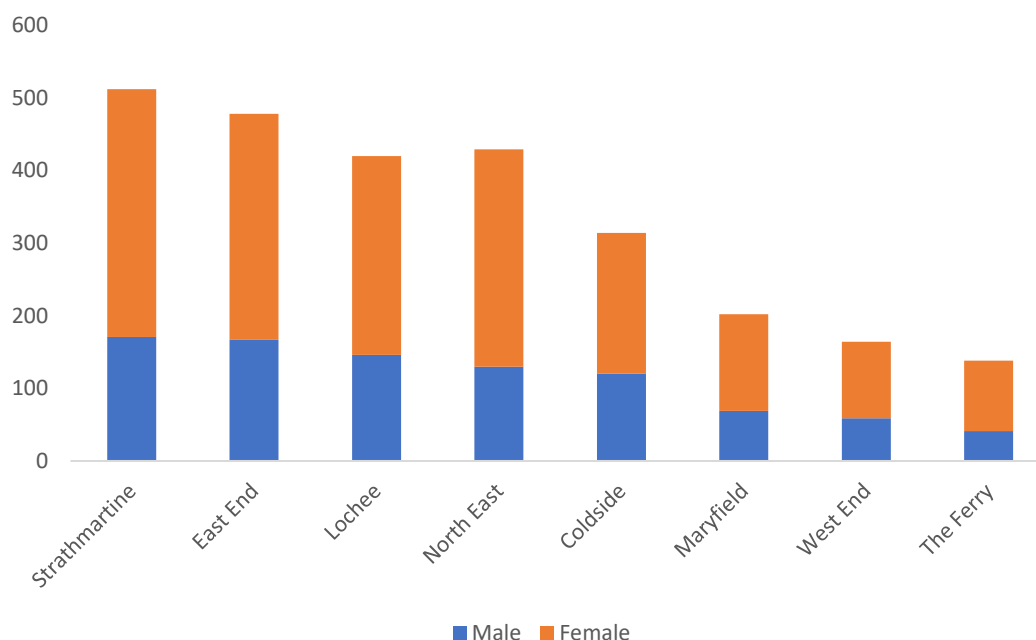


Source: Stat Xplore

¹⁰ <https://www.carersuk.org/help-and-advice/financial-support/help-with-benefits/other-pension-age-benefits>

Figure 115 shows the breakdown of claims made by gender for each locality, there is a clear difference between the number of female claimants to male. Overall there are significantly more female claimants than male (by around 850 more) 66% of all claimants are female.

Figure 115: Number of Carers Allowance claimants by Locality area and gender split, September - November 2020



Source: Stat Xplore

Carers Allowance Supplement was introduced in 2018. It is an extra payment for people in Scotland who are receiving Carers Allowance, the payment is made twice a year and eligibility is determined by if a carer is living in Scotland on a particular date and receiving Carers Allowance payments on a particular date¹¹.

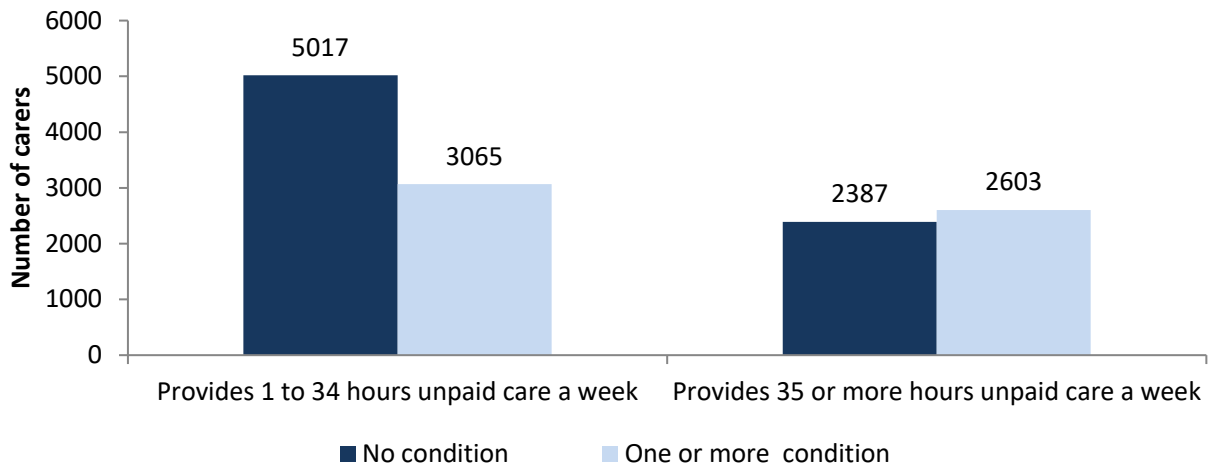
Carers received a one-off Coronavirus Carer's Allowance Supplement in addition to standard Carer's Allowance Supplement in 2020, to provide more support for carers during the pandemic.

Since the Supplement was introduced there has been an increase of 7,605 (10%) payments made from 2018-19 to 2020-21 across Scotland. The number of payments made for Dundee over the same 3-year period shown an increase of 270 (11%) payments made from 2,535 payments in 2018-19 to 2,805 payments in 2020-21.

It is worth noting that the number of carers in receipt of Carer Allowance and Carer Allowance Supplement were similar, however the figures that are published differ due to factors such as; different reporting periods, eligibility and backdating adjustments.

¹¹ <https://www.mygov.scot/carers-allowance-supplement/who-can-get-carers-allowance-supplement>

Figure 116: Unpaid carers who have health conditions by the number of hours of care they provide, 2011



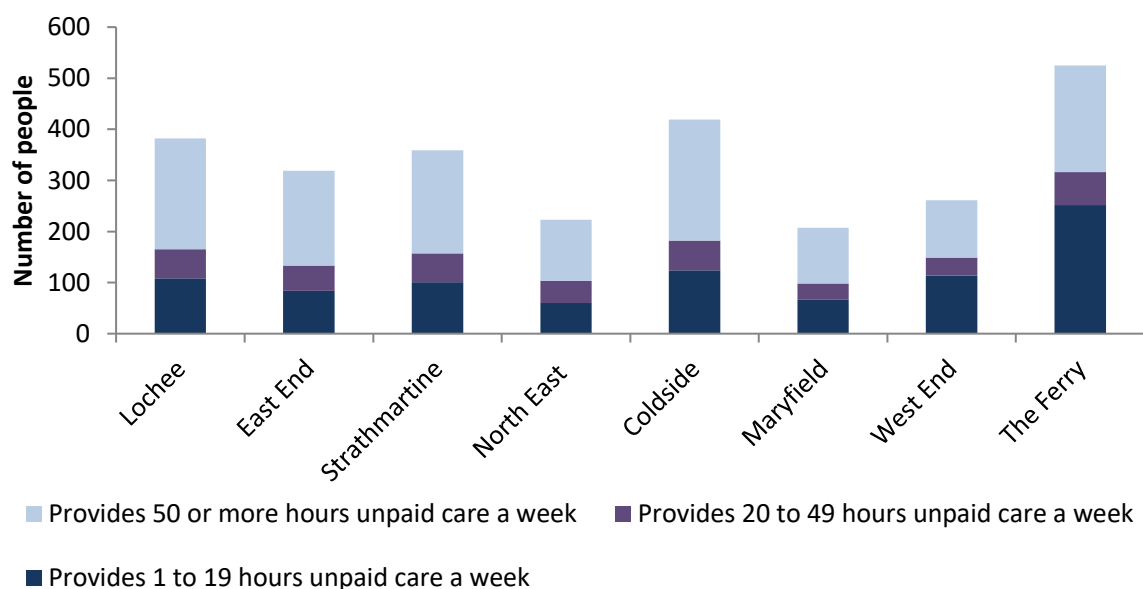
Source: Scotland's Census 2011, scotlandcensus.gov.uk

Figure 116 shows that over half of those who provided 35 or more hours of unpaid care a week have one or more health conditions.

10.4 Older Carers Aged 65+ Years

One fifth of carers in Dundee are over 65 years of age. Figure 117 shows the number of carers in each LCPP area by the number of hours of unpaid care they provided each week.

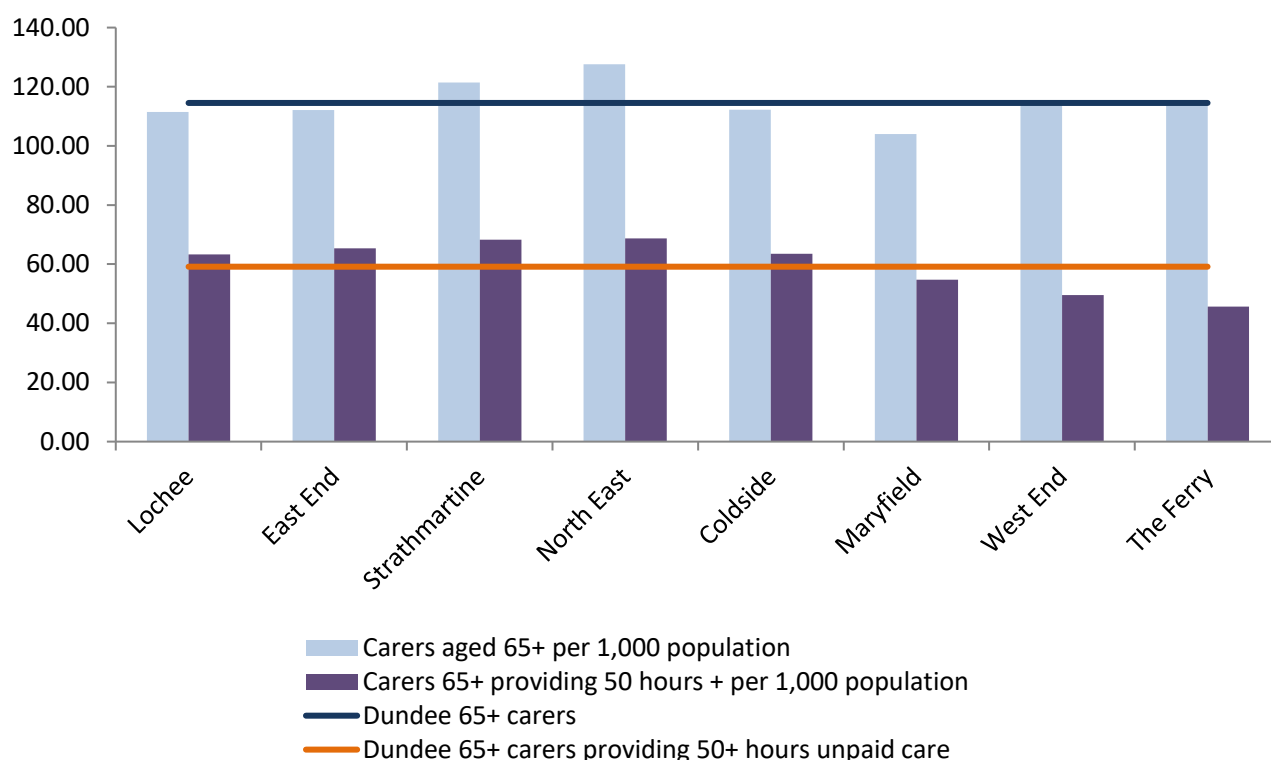
Figure 117: Number of older unpaid carers by LCPP area, 2011



Source: Census 2011, scotlandcensus.gov.uk

The Ferry had the highest number of older carers, although it should be noted that The Ferry also has the highest population of people aged 65+ years. For older carers in the East End, 58% provided 50 hours or more of unpaid care.

Figure 118: Older unpaid carers per 1,000 population, by LCPP, 2011



Source: Census 2011, scotlandcensus.gov.uk

The North East older population provided the highest rate of unpaid care in comparison to the other LCPP areas. Carers who were aged 65+ in North East were more likely to provide 50+ hours of care, in comparison to the other LCPP areas.

Strathmartine and Coldside LCPP areas had higher rates of older people who provided 50 hours or more unpaid care than the Dundee average. Although The Ferry has a high number of older carers, standardising the data shows that they had the same rate per 1,000 population as the Dundee average, and there is a lower rate of older carers who provided 50+ hours of care in The Ferry.

COVID-19

87% of Scottish carers (Carers UK, 2020) and 84% of Dundee carers (Dundee Carers Partnership Engagement, 2020) provided more care than they were prior to the outbreak. Carers UK reports that this was due to either a reduction in care packages or due to concern that the person they care for would be exposed to the virus from paid care staff. (Carers UK, 2020).

The Office of National Statistics (ONS) reported that almost half (48%) of people in the UK said that they provided help or support to someone outside of their household in the first month of lockdown in April 2020. Of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic. Those aged 45 to 54 were the most likely group to provide support - 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children. (ONS, 2020)

More than a third (36%) of Scottish carers (Carers UK, 2020) and 63% of Dundee carers (Dundee Carers Engagement, 2020) felt unable to manage their caring role and struggled to balance commitments alongside their caring role.

During the pandemic, 71% of unpaid carers have not had a break from their caring role. Only 23% of unpaid carers in Scotland are confident that the support they receive with caring will continue following the COVID-19 pandemic (Carers UK)

Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this (Dundee Carers Engagement, 2020). More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

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

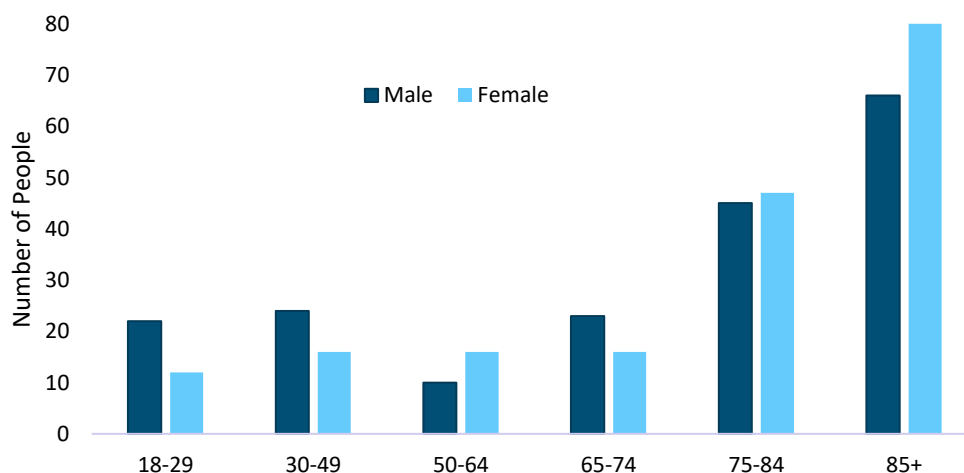
(Dundee Carers Engagement, 2020)

10.5 Respite Care

One way of supporting carers is to offer them a period of respite, where the cared for person is cared for away from their main carer, for an agreed period of time. This can be in their own home or in a residential respite or care home.

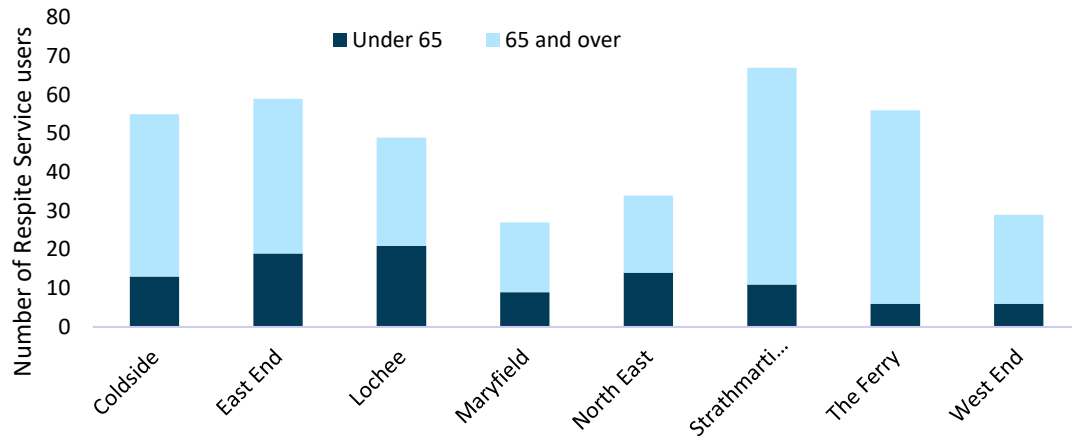
In 2019-20, overnight respite was provided to 377 people with a total of 1198 periods of respite, providing 10234 nights of respite to carers. In 2019-20, an average of 27 night of respite was provided for each person. Figure 119 shows the age and gender of those who received Respite.

Figure 119: Age and Gender of Respite service users, 2019-2020



Source: Social Work Information system 2019-20, Mosaic

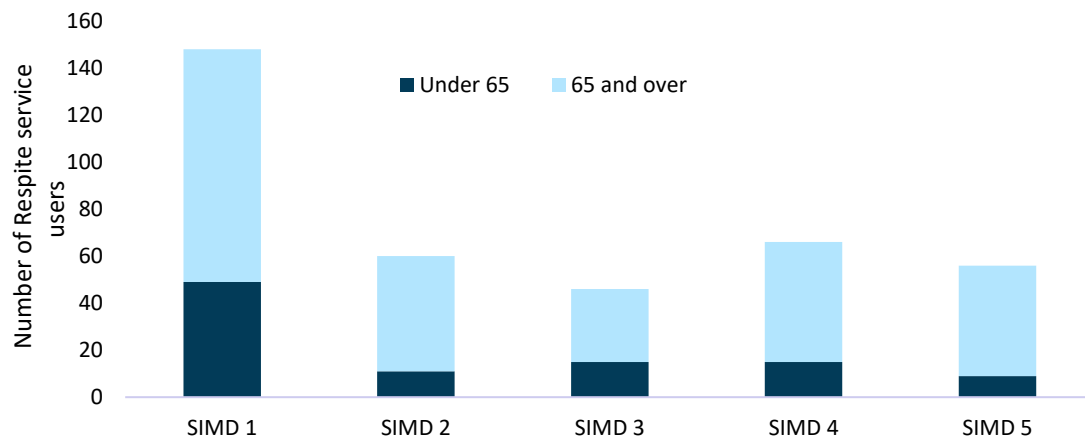
Figure 120: LCPP Areas of Respite Service User, by age group, 2019-2020



Source: Social Work Information system 2019-20, Mosaic

Figure 120 shows that just under a fifth (18%) of service users lived in Strathmartine. Lochee and East End had the highest proportions of under 65 and The Ferry had the highest proportion of people aged 65 and over.

Figure 121: SIMD Quintile of Respite Service User, 2019-2020

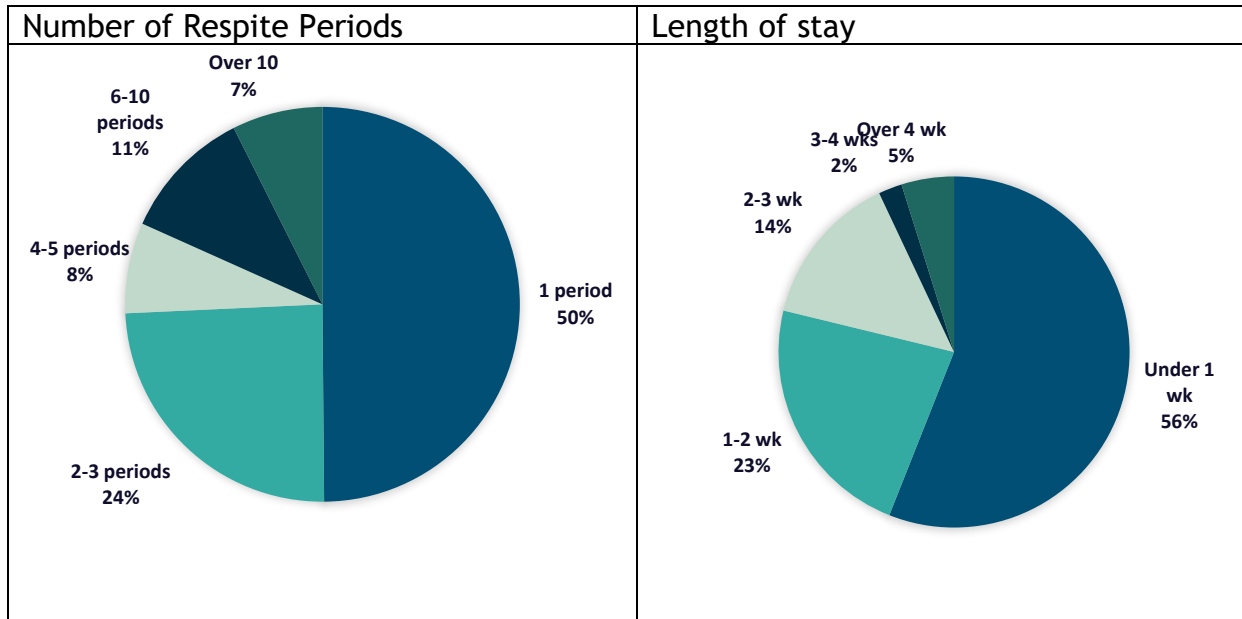


Source: Social Work Information system 2019-20, Mosaic

The majority of the service users were in the most deprived quintile SIMD 1. This was especially the case for people who are under 65.

The following charts show the number of periods of respite and length of respite.

Figure 122: Number of respite periods with length of stay



Source: Social Work Information system 2019-20, Mosaic

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

Over half of the respite service users had respite periods of under a week. The correlation with age, shows that the younger service users had shorter periods of respite and older residents had longer respite stays.

Key Findings: Carers

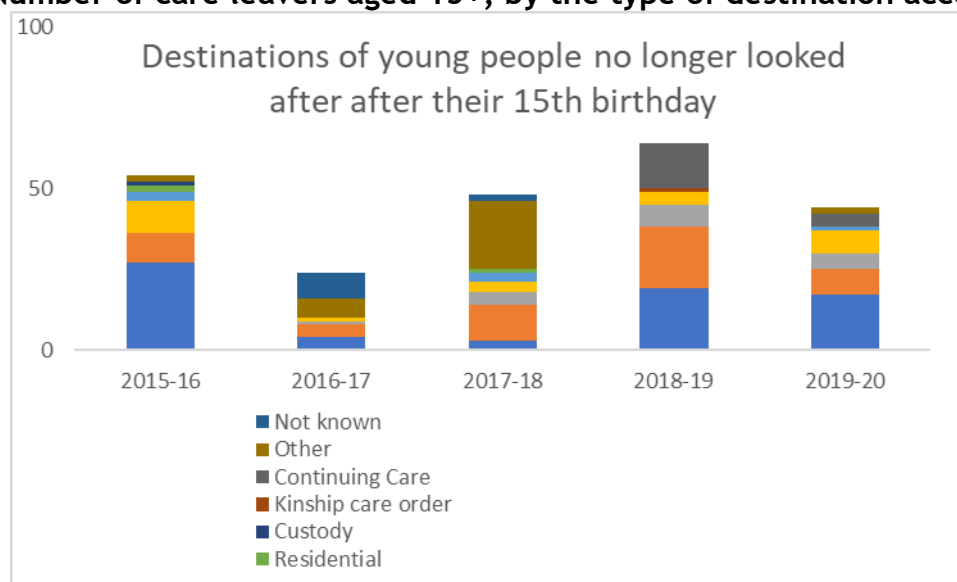
- A high proportion of the Dundee population provides unpaid care for a family member, friend or neighbour.
- The majority of carers were aged 50+ and one in five carers were aged 65+.
- There is variation in the proportion of carers providing 20+ hours of unpaid care across LCPP areas, with the carers who live in the most deprived LCPP areas providing the greatest proportion.
- Over half of carers who provided 35+ hours of unpaid care per week had one or more health condition themselves.
- Respite care provision in Dundee has increased over the last 3 years for the 18 to 64 age group, although there has been a fall in respite for people who are aged 65+.
- In 19/20 Strathmartine had the highest number of Carers Allowance claimants and The Ferry had the lowest.
- 63% of Carers Allowance claimants are female
- The Ferry had the highest number of older carers with 40% providing 50 hours or more of unpaid care per week
- East End had 58% of older carers providing 50 hours or more of unpaid care per week
- In 19/20 respite was provided to 377 people, an average of 27 nights per person

11.0 CHILDREN AND YOUNG PEOPLE

11.1 Care Leavers

Figure 123 shows the number of children ceasing to be looked after (at home or away from home) who were aged 15+ on the day they left care. In line with Scottish Government guidance numbers under 5 are suppressed.

Figure 123: Number of care leavers aged 15+, by the type of destination accommodation



Source: Social Work Information Systems 2019-20

The number of young people leaving care at age 15+ is relatively stable around 50 per year. Young people born after 1st April 1999 are now eligible for continuing care and some choose to remain with former foster or kinship carers or even in residential accommodation with support by the local authority until the age of 21.

Please note that the graph above shows destination accommodation on the day they ceased to be looked after but many care leavers will change accommodation sooner after and together with the eleven young people living in independent living/supported accommodation require continued support to reduce their risk of homelessness, mental health issues and/or being exposed to increased risk of substance use.

Throughcare and Aftercare Services

The Throughcare and Aftercare (TCAC) Team in Dundee provides assessment, care planning and support to looked after young people and care leavers of school leaving age and beyond to support them into independence. The following are some key service statistics in relation to the TCAC service in Dundee:

- The total number of young people who receive a service from the Throughcare and Aftercare (TCAC) Team fluctuates. At national snapshot date 31st July 2020 there were 127 young people being supported, compared to 157 on 31st July 2019, and 104 on 31st July 2018.
- On 31st July 2020, 15 young people were in supported accommodation, compared to 11 on the same day in 2015.

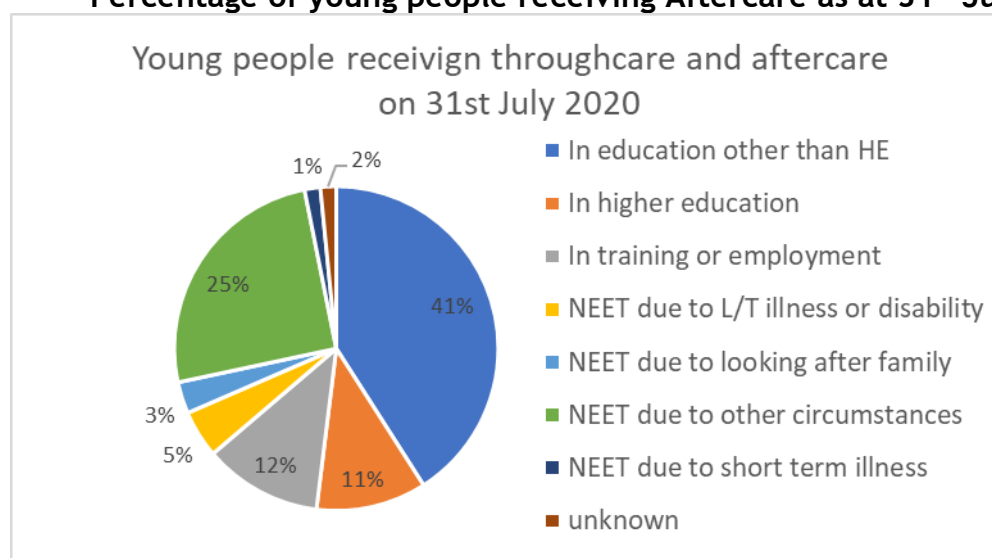
- 58 young people were living in their own tenancies on 31st July 2020, supported by a partnership between TCAC Team, Housing Services and Carolina Trust.

It is anticipated that the number of young people in need of TCAC services will continue to fluctuate, not least as this is a voluntary, not a statutory service and young people can choose to disengage.

Young people who are receiving support from the TCAC Team are a vulnerable group who can sometimes find themselves unable to manage independently and can become homeless. Twelve of the 127 young people eligible for aftercare had experienced one episode of homelessness (many not in the most recent year), a further four young people had experienced more than one episode of homelessness.

64% of young people receiving Aftercare on 31st July 2020 were in further education, training or employment. This is a great improvement on 54 in 2016 and below 50% in years before then.

Figure 124: Percentage of young people receiving Aftercare as at 31st July 2020



11.2 Children with Disabilities

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

Looked After Children with Disabilities

Between 15% and 20% of all looked after children have a disability (17.3% on 31st July 2020). This is lower for babies and young children and rises to between 10% and 25% of older young people, as some disabilities are only recognised or recorded later in a child's life. On 31st July 2020, 24% of young people in aftercare had a disability.

Key Findings: *Care Leavers and Children with Disabilities*

- The number of young people leaving care at age 15+ is relatively stable around 50 per year
- Young people who are looked after and who opt for continuing care will now be supported by the local authority until the age of 21.
- 58 young people were living in their own tenancies on 31st July 2020, supported by a partnership between TCAC Team, Housing Services and Carolina Trust
- Young people who are receiving support from the TCAC Team are a vulnerable group of people who can sometimes find themselves unable to manage independently and may find themselves homeless.
- On average, around 9% of young people will experience one episode of homelessness
- 64% of young people receiving Aftercare are in further education, training or employment.
- Between 15% and 20% of looked after children have a disability. This rises to approximately 25% at the older end of the young person age range.

12.0 STRATEGIC PLANNING CARE GROUPS

Strategic planning and commissioning by care group is currently directed by care group Strategic Planning Groups (SPG). Dundee has the following SPGs:

- Older People (including Older People with Dementia)
- Learning Disability and/or Autism
- Physical Disabilities
- Sensory Impairment
- Mental Health and Wellbeing
- Carers
- Homelessness
- Dundee Alcohol and Drug Partnership

Data for each of these care groups is set out in this section, except for data about drug and alcohol use, which is set out in Section 3.

COVID-19

Access to Services

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

There were varying degrees of satisfaction expressed for using services; highest was for websites/self-help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use / alcohol support (16.3%). (Engage Dundee, 2020)

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

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

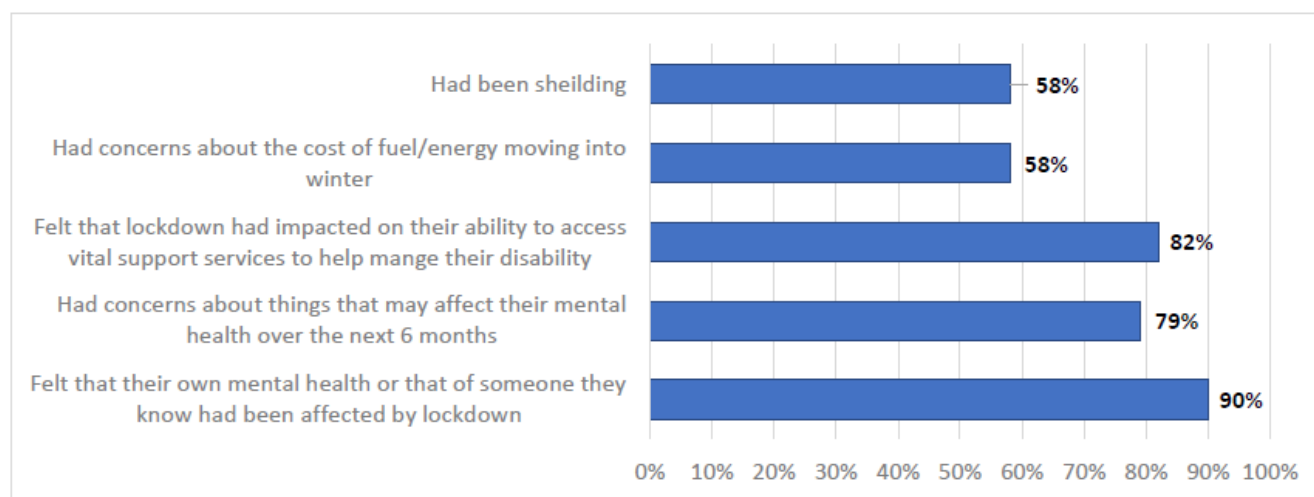
As highlighted in the Fairness Commission survey, respondents reported difficulties in getting appointments for health services including medical and dental care, optical and audiology, hyperbaric, physiotherapy and cancer services with some treatments being cancelled or postponed due to Covid-19 restrictions.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

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

Engage Dundee asked respondents with a disability to think about the next 6 months and state concerns about things that might affect their day to day life due to the nature of their disability.

Of the 159 respondents who stated they had a disability, 144 (72%) had concerns as follows:

Figure 125: Reasons that people stated would affect their day to day life due to their disability



108 individuals gave information regarding causes for their concerns and although not all were expressed as being directly related to disability many were complex and multifactorial. 40 respondents highlighted concerns related directly to the Covid-19 virus and being fearful of travelling on public transport, social distancing and hygiene measures. Of these, 14 people expressed anxiety about going out and about whilst the virus is still around.

"I have also physical health problems and have stopped treatment as I do not feel safe going to hospital."

Ten respondents reported specific concerns about using public transport generally or to attend hospital/other appointments.

"I am afraid to have any social interaction until a vaccine has been introduced. I am not confident in travelling on public transport, as a result I feel isolated, lonely and depressed, I am frightened to tell the doctor about any health concerns because I am scared that she will refer me to the hospital and I am TERRIFIED of visiting the hospital."

Nine people expressed anxieties about the virus principally in relation to others' lack of care around social distancing, hygiene measures or infection control whilst others expressed concerns about the future particularly the unknown nature of the pandemic and fear of another lockdown.

"I just feel mentally I will not cope with another lockdown, and also I need to feel safe but see my family"

Thirty respondents expressed ongoing concerns around accessing support, services, therapy or treatment, including hospital, medical or dental appointments, social work or other types of support.

“As lockdown eases and more people return to normality, the impact on services will be horrendous and I'd imagine waiting lists have increased greatly during lockdown, so no telling how long we will have to wait for appointments and treatment.”

“I used to be able to just pop into brooksbank and could usually get advice or use of phone, but they are having to keep doors locked and control entry appointment only. The staff are busy and I worry that when I need help setting up council tax and rent payments along with my debts that I can't get a face to face appointment after 5”

Many of the themes that emerged were interrelated particularly around impact on mental health. Thirteen individuals specifically highlighted their mental health worries whilst social isolation was a common theme mentioned by 18 respondents. The reasons for this included being distanced from family and friends and other social support networks no longer in place.

“Missing Family who live further away and fear of travelling and being stranded away from home”

Financial worries were a concern and 11 respondents expressed worries for the months ahead. The consequence of this on people's mental health were apparent in responses.

“The condition of my house - no insulation, cracks in the walls, can't retain heat, affects my autoimmune condition and means the kids are cold all the time. This affects money as I can't heat the house”

“I'm concerned about applying for jobs, the market was scarce prior to covid and is even worse now. The job centre have tried to push me into jobs that I cannot do due to my chronic fatigue and threaten to cut my benefit off.”

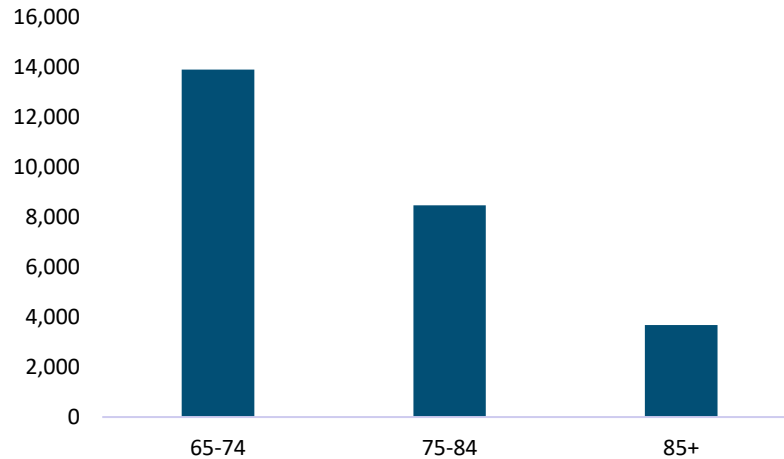
One significant anxiety was from an individual who was in quarantine in a care home and was unable to see their daughter or go home. They reported being upset, extremely confused, anxious and worried, particularly whilst their daughter tried to find a permanent care home when they could not visit. This resulted in the individual feeling deprived of making decisions about their own future.

“The lockdown has had a detrimental impact on my already deteriorating cognitive abilities.” There were also unresolved issues around costs and liability for payment, which impacted on the daughter's own physical, mental and emotional health. (Engage Dundee, 2020)

12.1 Older People

There are 25,967 people aged 65 and over living in Dundee. This is approximately 18% of the population, the same as Scotland as a whole. 10% of the over 65 population is female and 8% is male.

Figure 126: Population of Dundee aged 65 and over



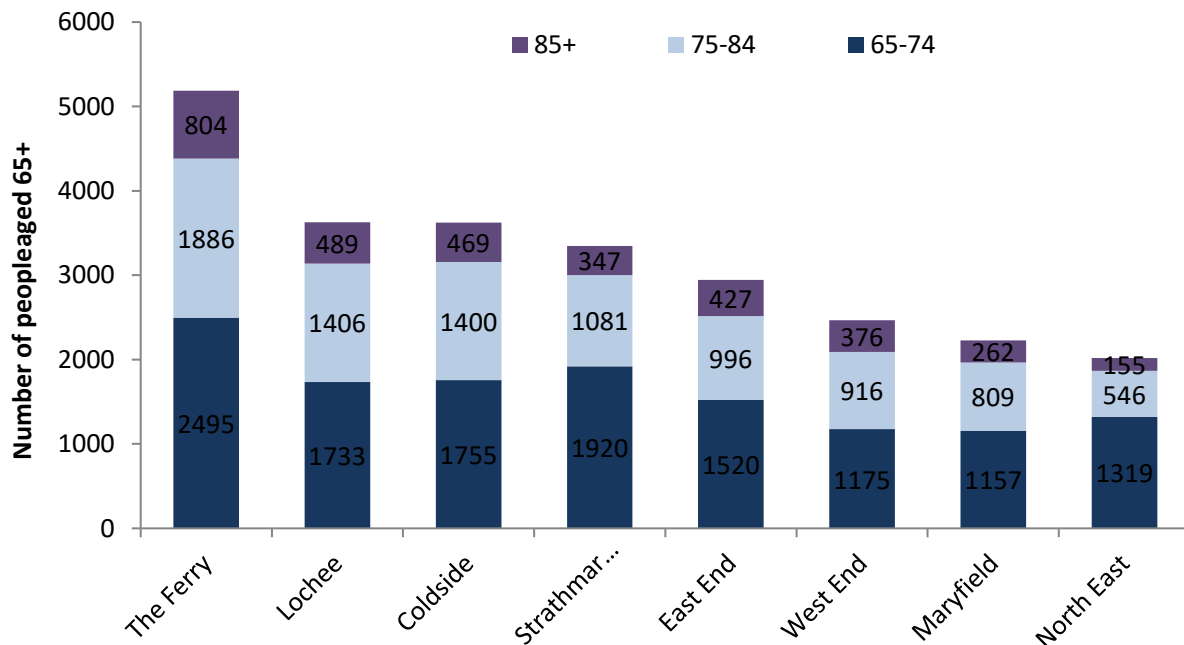
Source: Mid 2020 Population Estimates, NRS, 2020

By 2043, the Dundee 65+ population is projected to increase by 3.9%. The Dundee 75+ population is projected to increase by 37.5%.

Across most LCPP areas, the population is ageing. People are living longer, however the effects of deprivation will ensure that more people will develop one or more long term condition and many will require support at home to live independently.

Figure 127 shows the 65+ population, broken down into age groups, by LCPP area.

Figure 127: 65+ Population of Dundee by LCPP areas

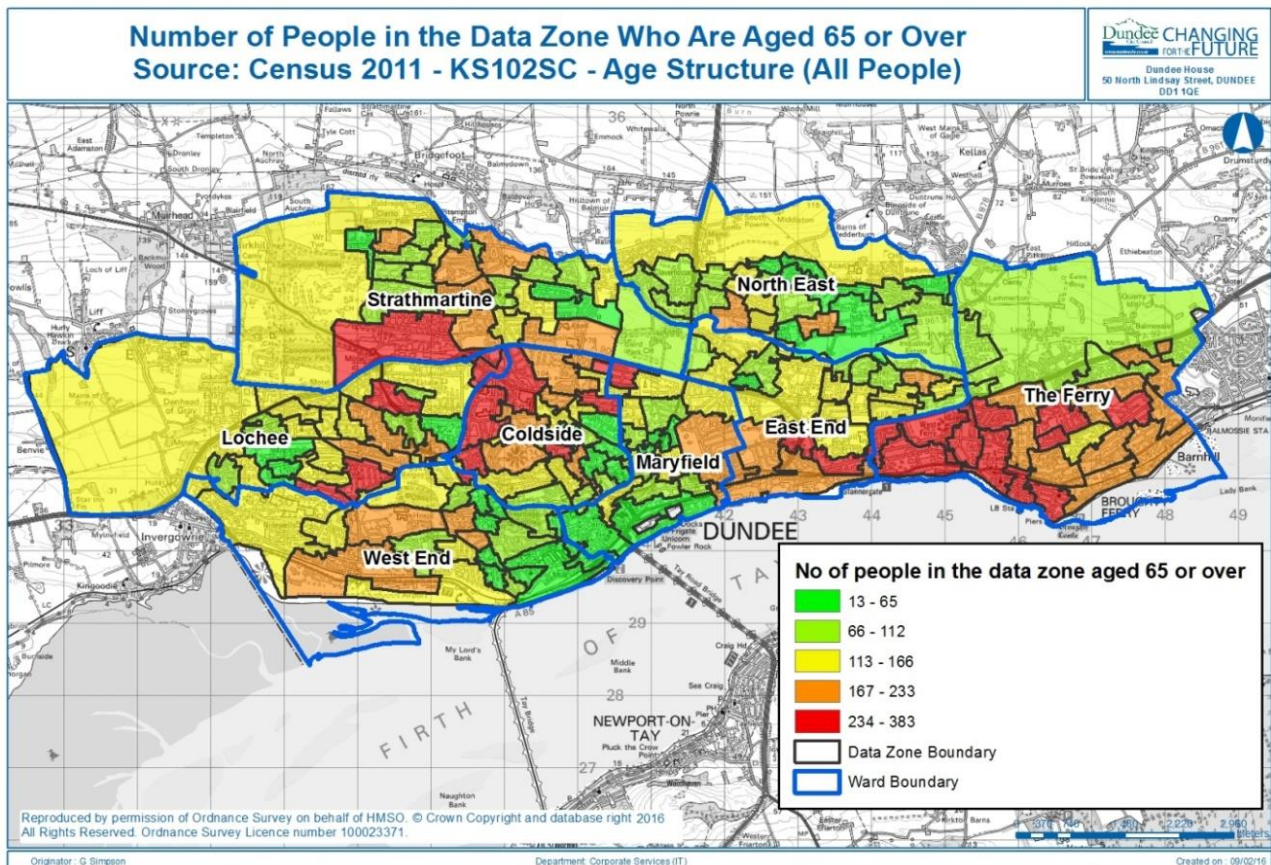


Source: Census 2011, scotlandcensus.gov.uk

Figure 127 shows that the 65+ population is not evenly spread across LCPP areas. 25.5% of The Ferry population is aged 65+ and The Ferry has the highest number of older people, especially in the 85+ age group. There are a number of care homes for older people in The Ferry, which is likely to be skewing the population figures. The North East has the smallest older people population. Maryfield has the lowest rate of older people, with only 11.4% of the population aged 65+.

Figure 128 shows the high concentration of older people living in The Ferry and a low concentration of older people in the North East.

Figure 128: People who are aged 65 and over in Dundee, 2011



Source: Census 2011, scotlandcensus.gov.uk

Figure 129 shows the type of health conditions prevalent for those who are aged 65+ by LCPP area. The LCPP areas with the highest and lowest figures for each health condition type have been highlighted.

Figure 129: Type of health conditions prevalent for people aged 65 and over, by LCPP, 2011

	One or more condition	Deafness or partial hearing loss	Blindness or partial sight loss	Physical disability	Mental health condition	Other condition
Coldside	71%	28%	9%	24%	4%	44%
East End	72%	29%	10%	24%	5%	45%
Lochee	69%	26%	9%	23%	6%	43%
Maryfield	66%	25%	8%	20%	4%	44%
North East	69%	25%	8%	25%	6%	47%
Strathmartine	67%	26%	9%	24%	5%	42%
The Ferry	63%	24%	8%	17%	5%	40%
West End	67%	27%	9%	22%	6%	42%
Dundee	68%	26%	9%	22%	5%	43%

Source: Census 2011, scotlandcensus.gov.uk

Figure 129 shows that the East End has the highest number of people aged 65 and over, who have deafness or partial hearing, blindness or partial sight loss. 72% of people aged 65+ in East End have one or more health condition.

The North East has the highest number of people who are aged 65+ with a physical disability and 'other' health conditions.

The Ferry has the lowest percentage of people with one or more health condition, and the lowest proportion of people aged 65+ with deafness or partial hearing, blindness or partial sight, physical disability and 'other' health conditions.

COVID-19

The Fairness Commission survey highlighted the importance of services for deaf people and users of British Sign Language was raised. Difficulties arose due to closure of support organisations, being unable to use telephone helplines and not having internet at home. One respondent appreciated support from Deaf Links who helped them access benefits, food parcels, prescriptions, and mental health and drug use support. It was emphasised that the Council needs to think about deaf people using BSL.

12.2 Dementia

Approximately 1,700 people aged 65+ are diagnosed and living with dementia in Dundee. Although dementia is a condition which can affect the young, the majority of people diagnosed are aged 65+. Approximately 1 in 10 people aged 65+ has dementia. A relatively small proportion of the population aged 65+ with dementia live in care homes (approximately 1 in 5).

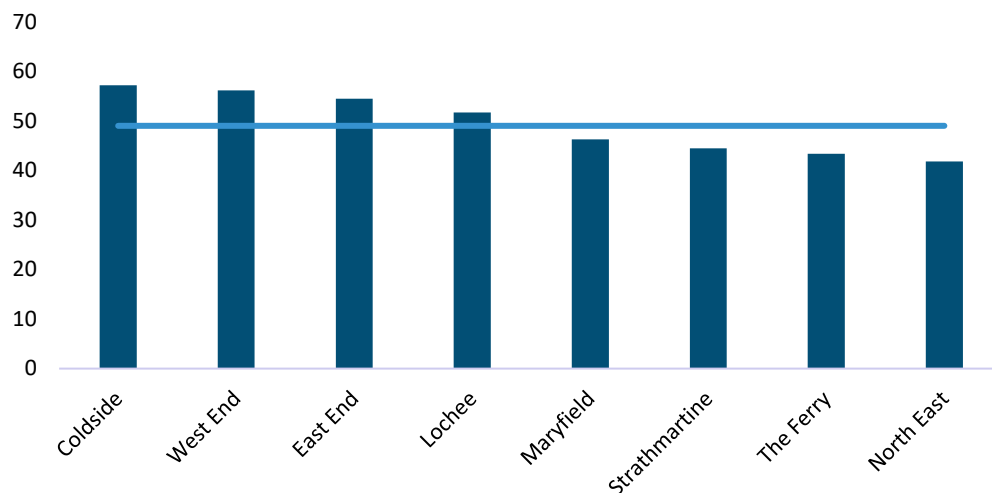
Care Homes

There were 400 people with a dementia diagnosis living in Dundee care homes. This is 60% of the care home population and the percentage has increased steadily since 2003.

Living at home

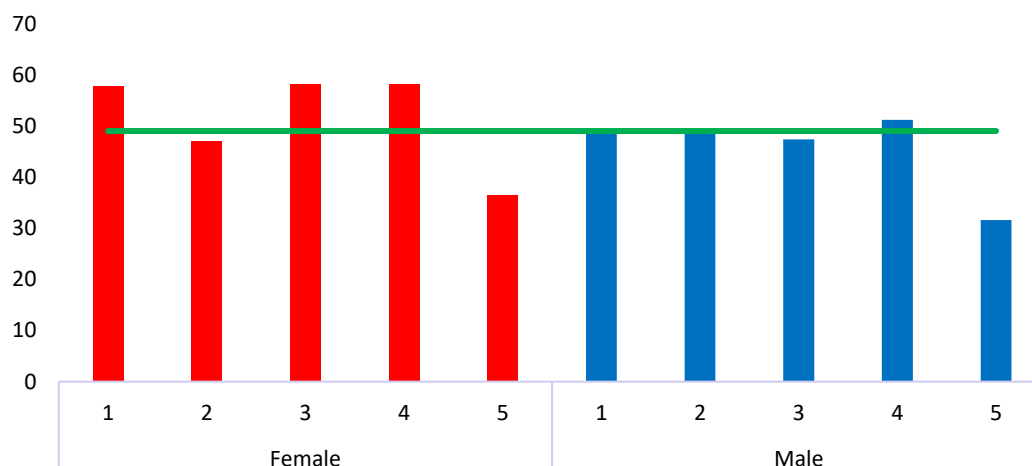
Approximately 1300 people with dementia live at home. A number of support services are available such as personal care, enablement, meals, laundry, handyperson and the Social Care Response Service.

Figure 130: Number of people living with Dementia per 1,000 65+ population at 31 March 2019 (excluding care home residents)



Source: Prescribing Information System (PIS), Scottish Morbidity Records for Inpatients (SMR01) and National Records of Scotland Death Records

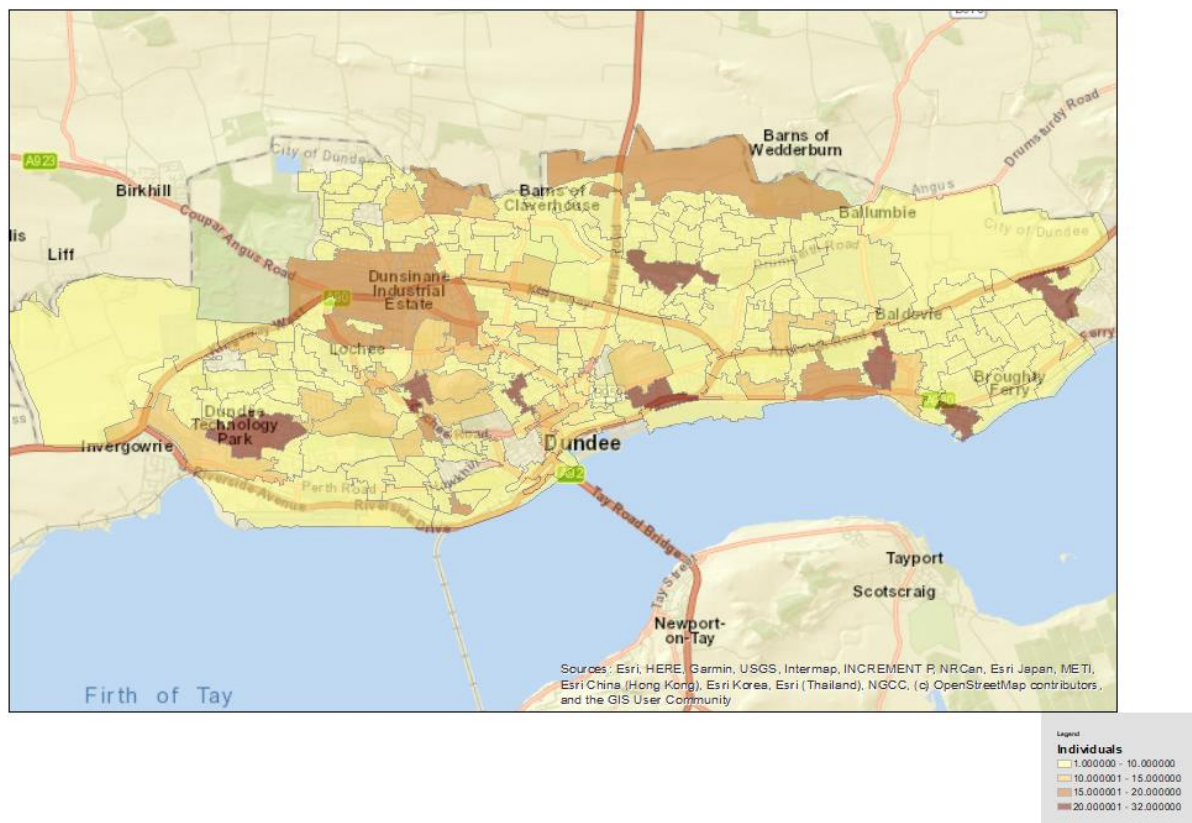
Figure 131: Number of people living with Dementia as a rate per 1,000 65+ population as at 31 March 2019 (excluding care homes) by SIMD 1-5



Source: Prescribing Information System (PIS), Scottish Morbidity Records for Inpatients (SMR01) and National Records of Scotland Death Records

Figure 132: Number of people living with Dementia as at 31st March 2019

Number of People Living with Dementia as at 31st March 2019 (excluding Care Home residents)

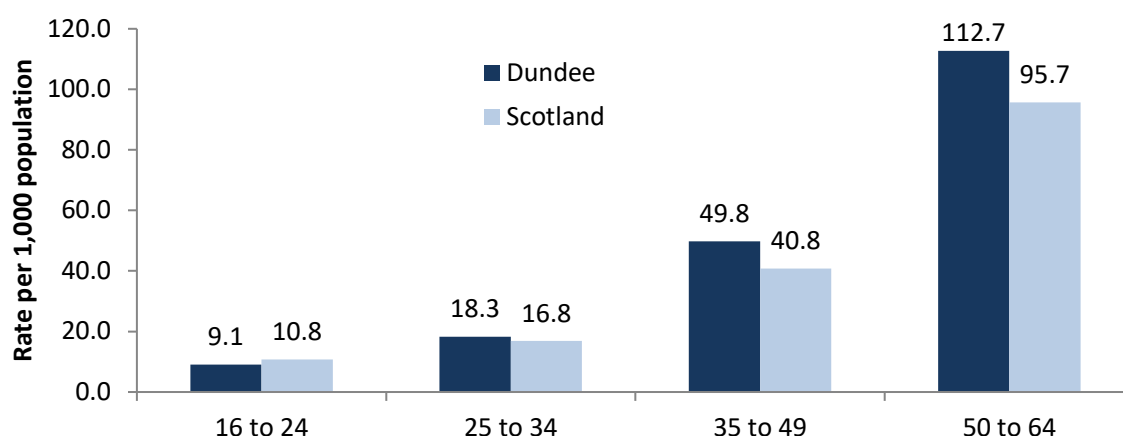


12.3 Physical Disabilities

The most recent Census, in 2011, asked people if they had a physical disability which was 'expected to last', the information was self-reported, and we know that some people do not recognise themselves as having a physical disability, the information does not include sensory impairment conditions.

10,590 people in Dundee identified themselves as having a physical disability. Of these, 5,404 people (51%) were aged 65+ and 243 people (2%) were under the age of 16. 49% of the people were male and 51% were female.

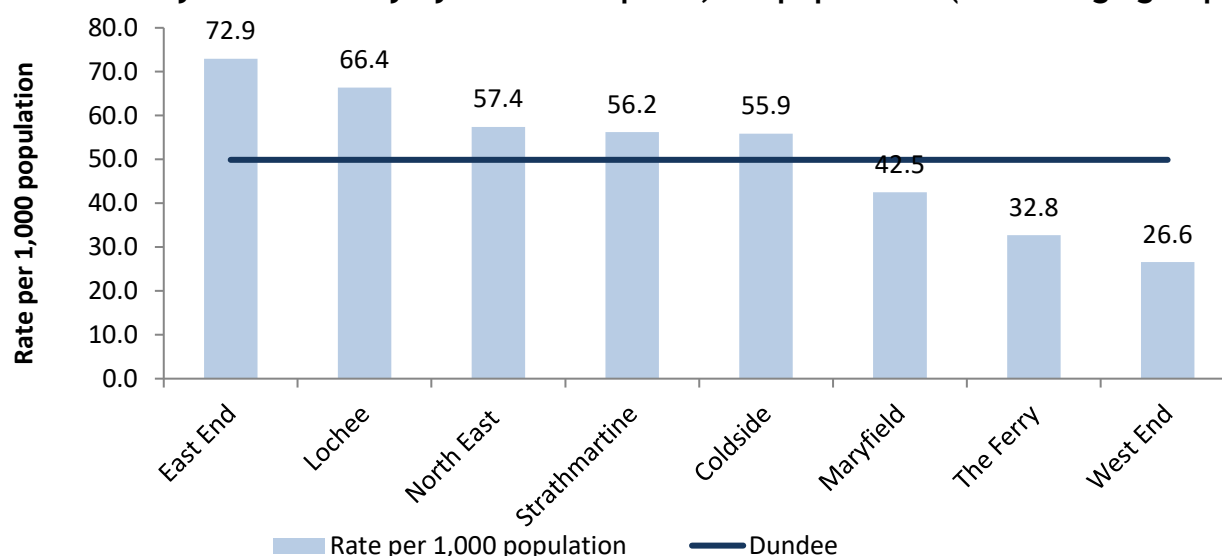
Figure 133: Prevalence of people with a physical disability by age group (16-64) and rate per 1,000 population, Dundee and Scotland, 2011



Source: Census 2011, scotlandcensus.gov.uk

Figure 133 shows the rate of adults aged 16-64 with a physical disability, by age group. Dundee had a higher rate of people with a physical disability across each age group, except for the 16-24 age group, when compared with the Scotland rate. 4,943 people in the 16 to 64 age group identified themselves as having a physical disability, this is a rate of 49.9 people per 1,000 population, and 5% of the 16-64 population.

Figure 134: Physical disability by LCPP area per 1,000 population (16 - 64 age group)

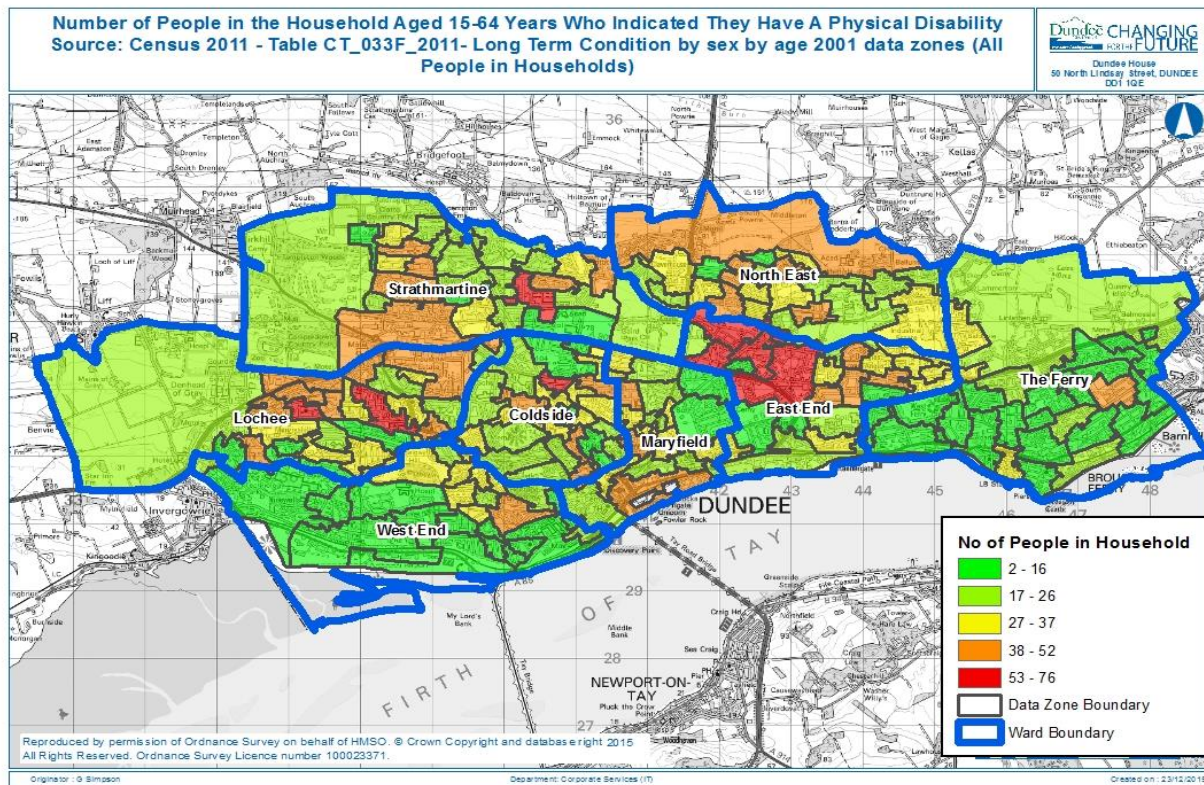


Source: Census 2011, scotlandcensus.gov.uk

There is variation in the rate of people with a physical disability across LCPP areas, figure 134 shows that five LCPP areas were above Dundee's average rate of 49.9 per 1,000 of the population, aged 16 - 64. East End and Lochee are the areas with the highest rate of people with a physical disability, East End with a rate of 72.9 and Lochee with a rate of 66.4 per 1,000 population, these areas are also classed as most deprived areas in Dundee.

Figure 135 shows a concentration of people with a physical disability in the East End. The large red section is Linlathen and Mid Craigie. All of the red areas in the map are in the 15% most deprived datazones.

Figure 135: Prevalence of people with a physical disability in Dundee



Source: Census 2011, scotlandcensus.gov.uk

54% of the people who identified themselves as having a physical disability live in the SIMD Quintile 1, which has the most deprived datazones in Dundee.

COVID-19

Engage Dundee reported that 18% of respondents indicated that their physical health had suffered during lockdown (n=156). Those in the 35-44 and 45-54 age groups were slightly more likely to report problems and all other age groups less likely. Long terms sick/ disabled (41.1%), carers (33.3%) and the unemployed (23.2%) were more likely to report difficulties. 24.2% of those in receipt of benefits reported challenges with their physical health compared to 14.8% of those who were not on benefits. 26.5% of those who lived alone experienced difficulties compared to 14.3% of those who lived with others. Respondents in the “other” category for living status had a high proportion experiencing challenges with their physical health (39.1%).

Figure 136: Percentage of people who experienced difficulties with physical health, by age group

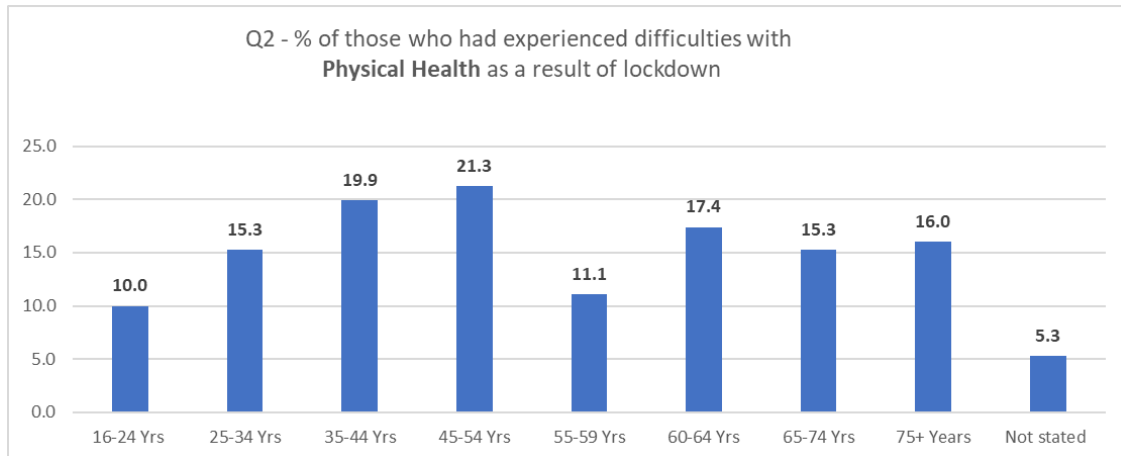


Figure 137: Percentage of people who experienced difficulties with physical health, by employment status

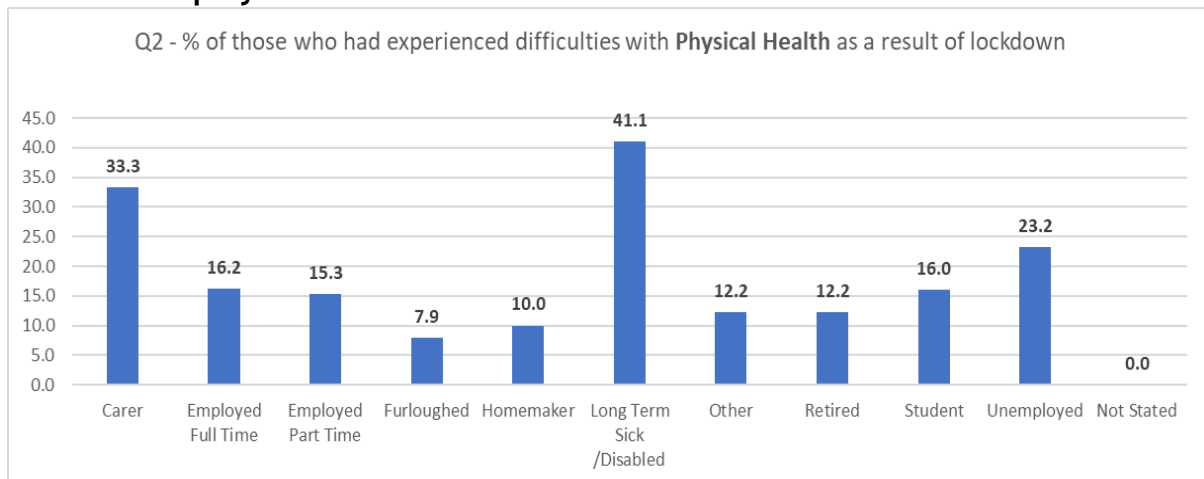


Figure 138: Percentage of people who experienced difficulties with physical health, by benefit status

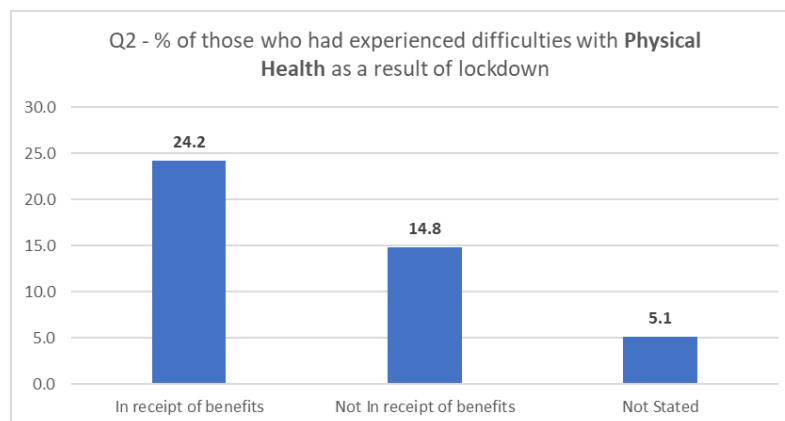
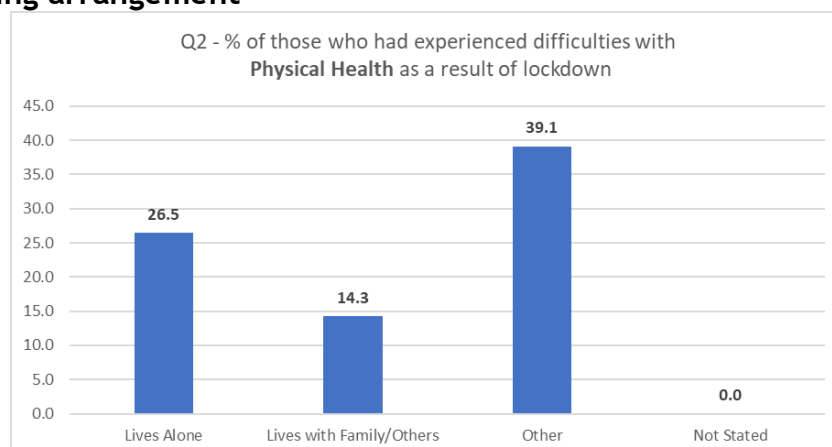


Figure 139: Percentage of people who experienced difficulties with physical health, by living arrangement



Cancellation of health appointments and lack of exercise were common reasons for people reporting difficulties with their physical health. The closure of leisure facilities was again highlighted as well as only being allowed out once a day for exercise. For one respondent this was challenging due to fatigue following medical treatment and the preference was for shorter bursts of exercise.

Had a telephone appointment with consultant who stated I need another scan but don't know when I will get it. Have struggled with physical exercise as have been in house for months.

Living with someone with advancing Dementia has been very challenging. I am waiting for a hip replacement which has prevented sufficient exercise.

Have had to miss twice weekly Hyperbaric sessions as it was closed so now having trouble walking.

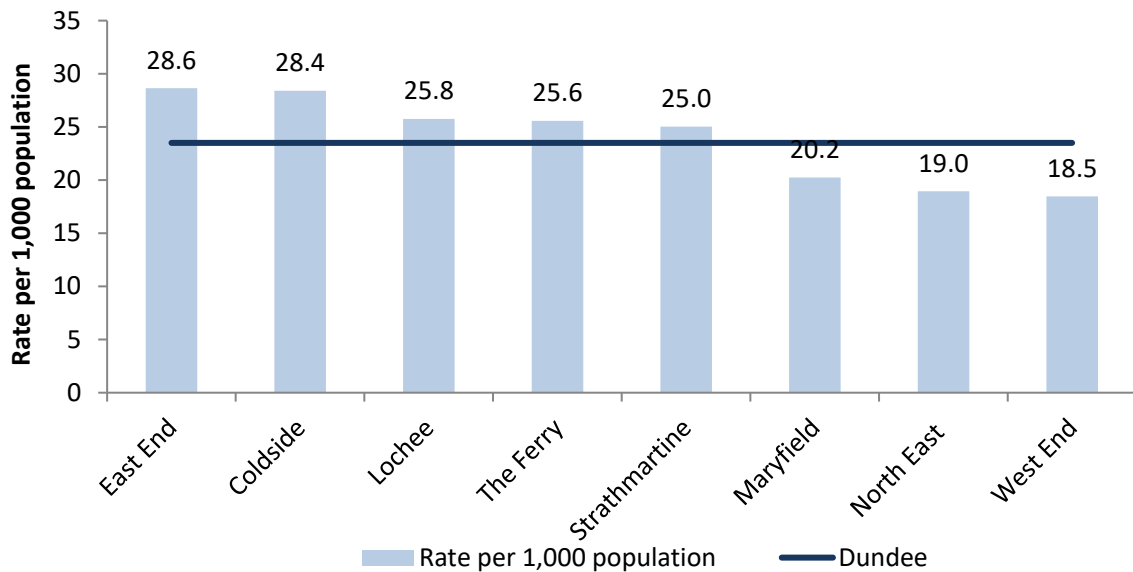
12.4 Sensory Impairment

The 2011 Census asked people whether they have blindness or partial sight loss, and deafness or partial hearing loss which is 'expected to last'. Some people do not recognise themselves as having a sensory impairment.

The information in this section covers people of all ages, including children.

Blind and Partially Sighted

Figure 140: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population (All ages)



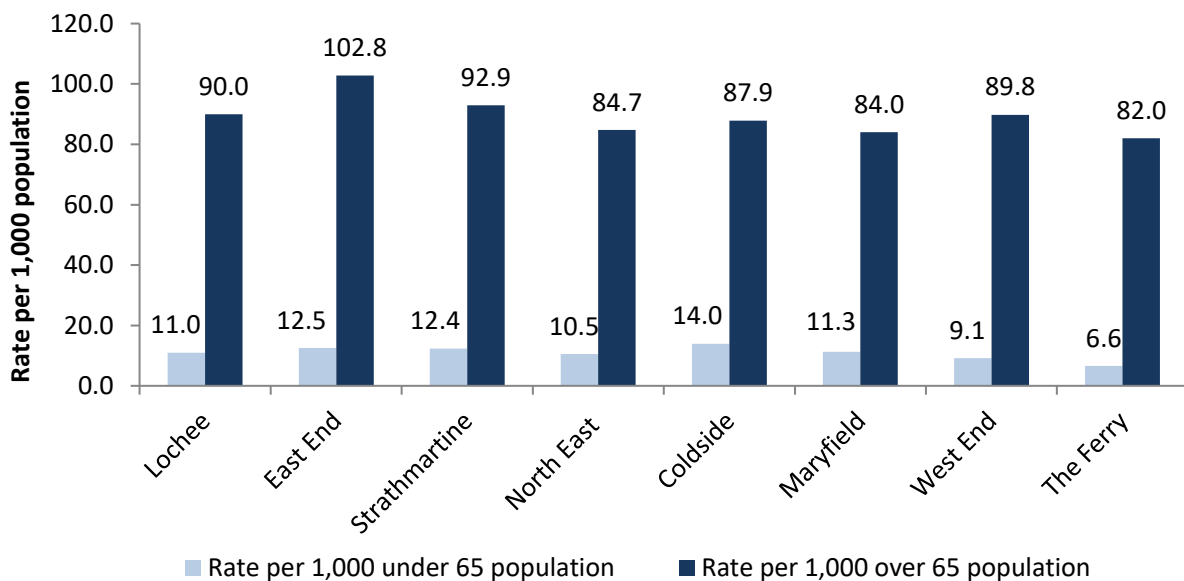
Source: Census 2011, scotlandcensus.gov.uk

Figure 140 shows that East End and Coldside had the highest number of people per 1,000 population who identified themselves as having blindness or partial sight loss.

The West End had the lowest number of people per 1,000 population who identified themselves as having blindness or partial sight loss. However, West End also had the highest under 65 population in Dundee (which is likely to be because of the student population in that area). The proportion of people with blindness or partial sight loss is lower in the under 65 age group.

Figure 141 displays the LCPP areas in order of the most deprived (on the left) to the least deprived (on the right).

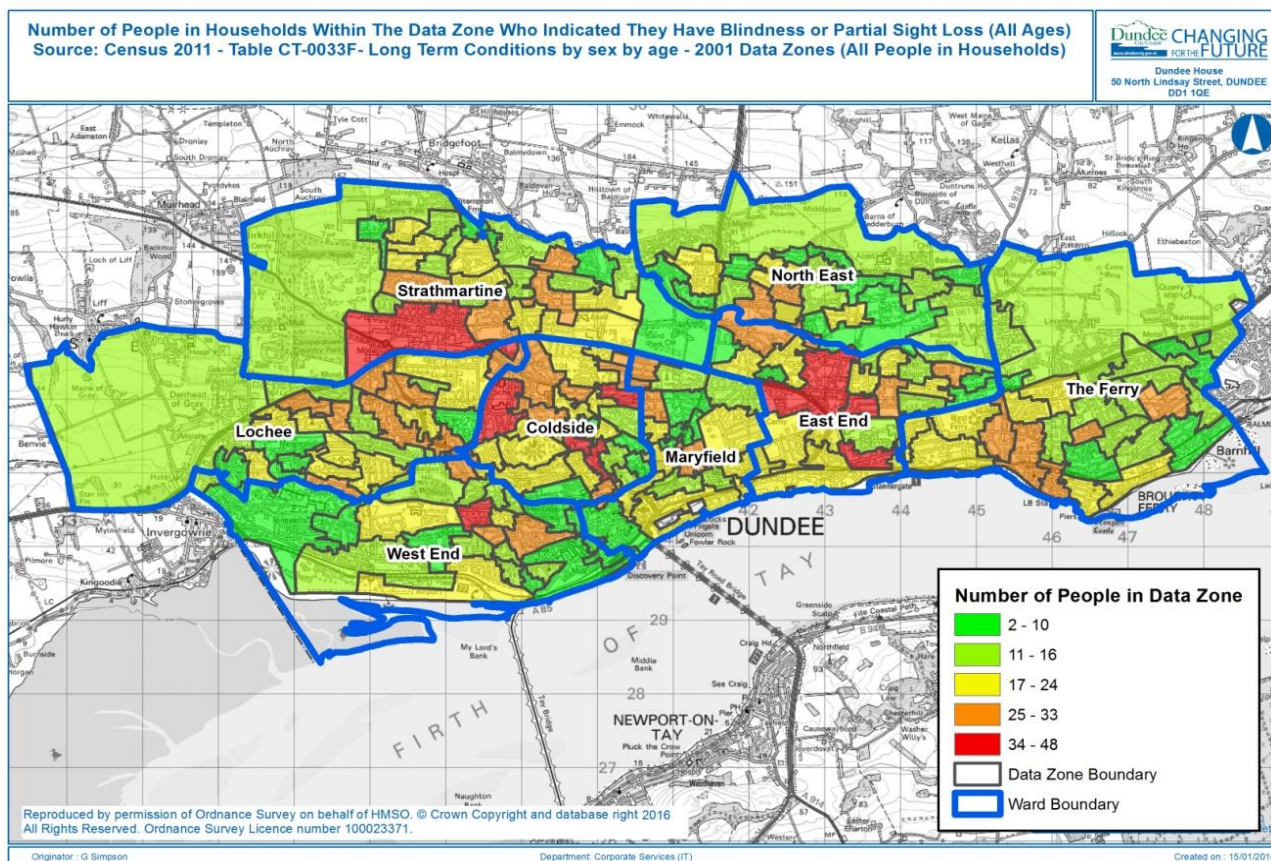
Figure 141: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population - comparison between under 65 and over 65 age groups



Source: Census 2011, scotlandcensus.gov.uk

Figure 141 shows Coldside as having the highest rate of people aged under 65 who identified themselves as having blindness or partial sight loss. Coldside, East End, Strathmartine and Maryfield had a higher than average population of people aged under 65 with blindness or partial sight loss. The East End had the highest rate of people aged 65+ who identified themselves as having blindness or partial sight loss. East End, Strathmartine and Coldside had a higher than average population of people aged 65+ with blindness or partial sight loss.

Figure 142: Prevalence of blindness or partial sight loss in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Figure 142 shows a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldside. The red areas on the map are Fairmuir, Ardler and St Mary's, Linlathen and Mid Craigie, Craigie and Craigiebank, Logie and Blackness, Law, The Glens, Douglas West and Hilltown.

A third of these datazones are in the 15% most deprived areas.

Dundee's North East Sensory Service

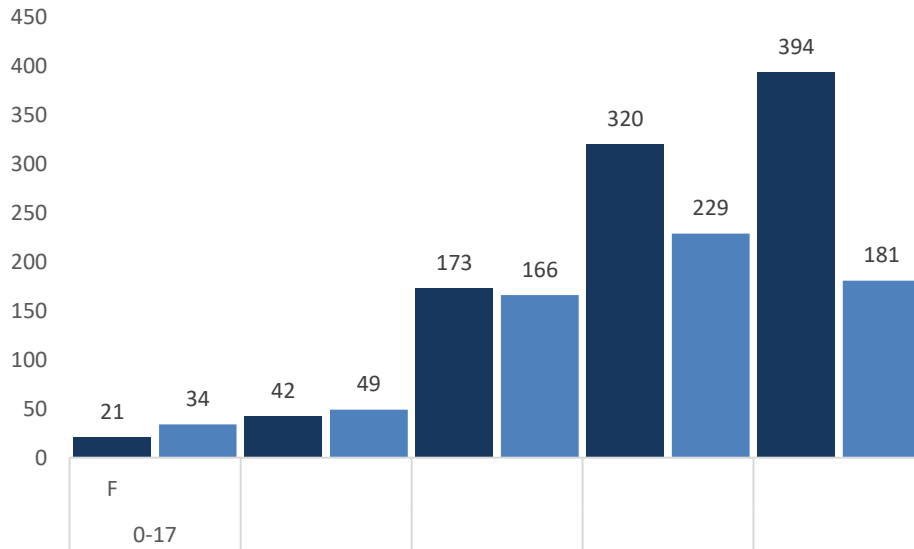
Dundee's North East Sensory Service (NESS) is an independent local charity and the first integrated joint sensory service. NESS provide services to help people overcome the effects of serious sight and/or hearing loss, as well as overcoming practical and emotional challenges and helping people to achieve independence.

The Young People's Sensory Service (YPSS) aims to support young people who have a sensory loss to get the most out of their childhood. Fun activities, social groups and trips help youngsters make friends and gain new experiences - at the same time as developing important life skills.

NESS also provides a range of practical and emotional supports including social work support, rehabilitation support, equipment that enables independent living and information and advice about living with a sensory loss for older people.

As at 9th February 2021, NESS had 1662 service users who were affected by both sensory losses.

Figure 143: NESS Service users by age group and gender

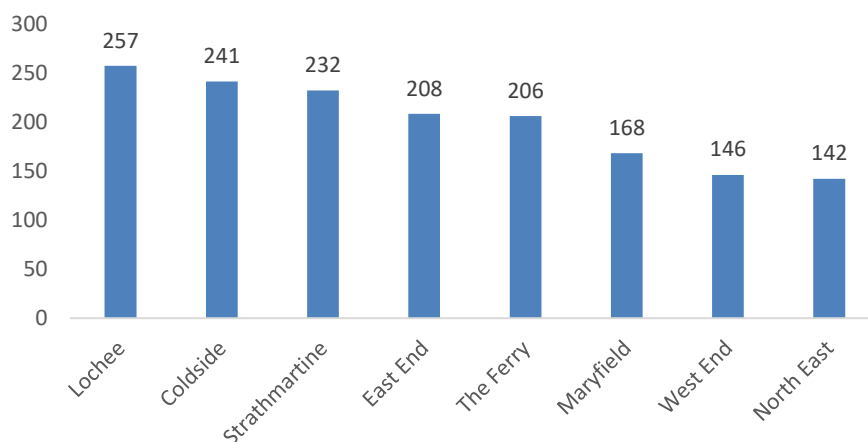


Source : NESS database, February 2021 (Age group 44-unknown and Gender 9-unknown)

The majority of people in Dundee known to NESS are over the age of 65, as shown in Figure 143. When we look at the breakdown, 549 people were aged between 65 and 84 and 575 people were aged 85+, combined, this accounts for 70% of the NESS service users.

980 of NESS service users were female and 673 were male, Figure 143 also shows that of those aged 85+ there are more than double the number of females receiving a service than males. Overall, we can see that the age groups 0-17, 18-34 and 35-64 the number of males and females receiving a service are relatively similar but of those aged 65+ there are significantly more females than males who receive a service.

Figure 144: Number of people receiving a service from NESS by locality



Source: NESS database 2021 (Locality - 62-unknown and Age - 44-unknown)

Figure 144 shows the number of people receiving a service from NESS by locality areas. Lochee has the highest number of people using the service followed by Coldside and Strathmartine, North East have the lowest number of people followed by West End.

Figure 145: Rate per 1,000 population aged under 65, by locality area

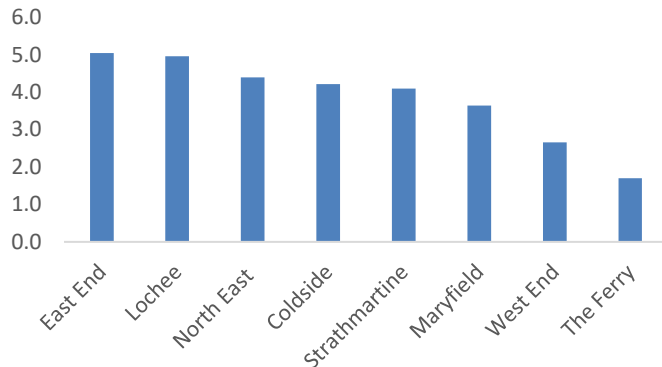
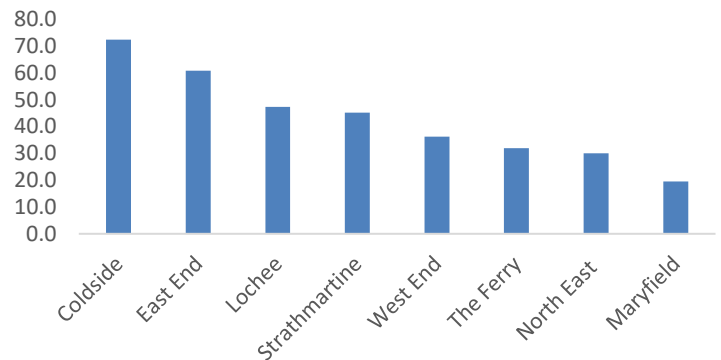


Figure 146: Rate per 1,000 population aged 65+ by locality area



Source: NESS database 2021 (Locality - 62 unknown and Age - 44 unknown)

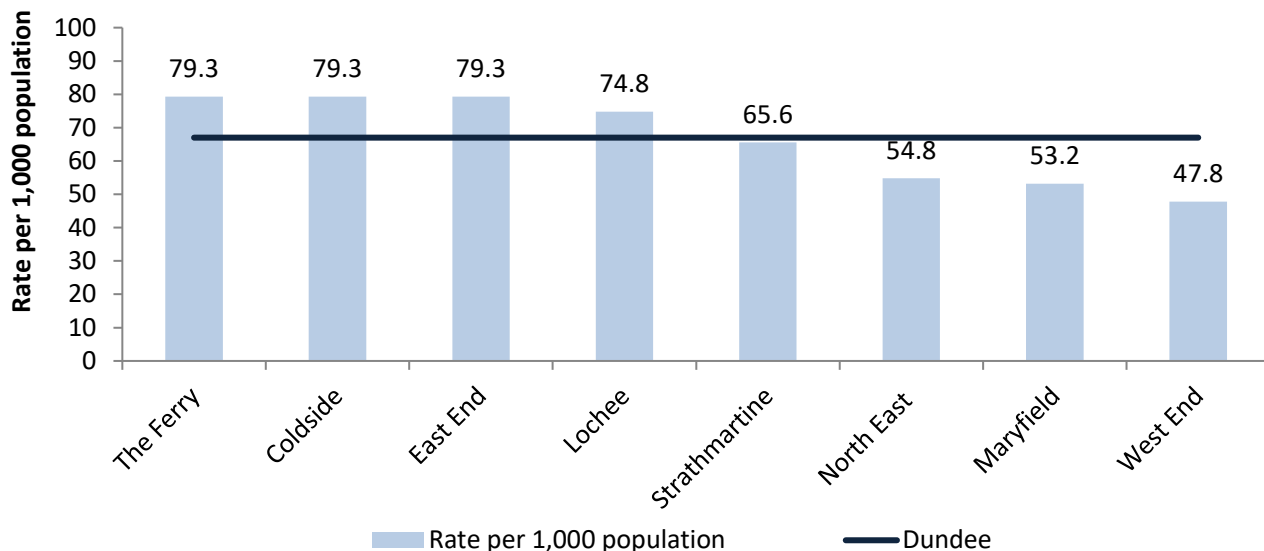
Figure 145 shows the rate of people aged under 65 per 1,000 locality population, East End and Lochee have the highest proportion of people who use NESS followed by the North East. The Ferry had the lowest rate.

Figure 146 shows the rate of people aged over 65 per 1,000 locality population, Coldside has the highest proportion of people who use NESS followed by East End and Lochee. Maryfield has the lowest rate.

Deafness or Partial Hearing Loss

Figure 147 shows the rate of people in each LCPP area with deafness or partial hearing loss.

Figure 147: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population (All ages)

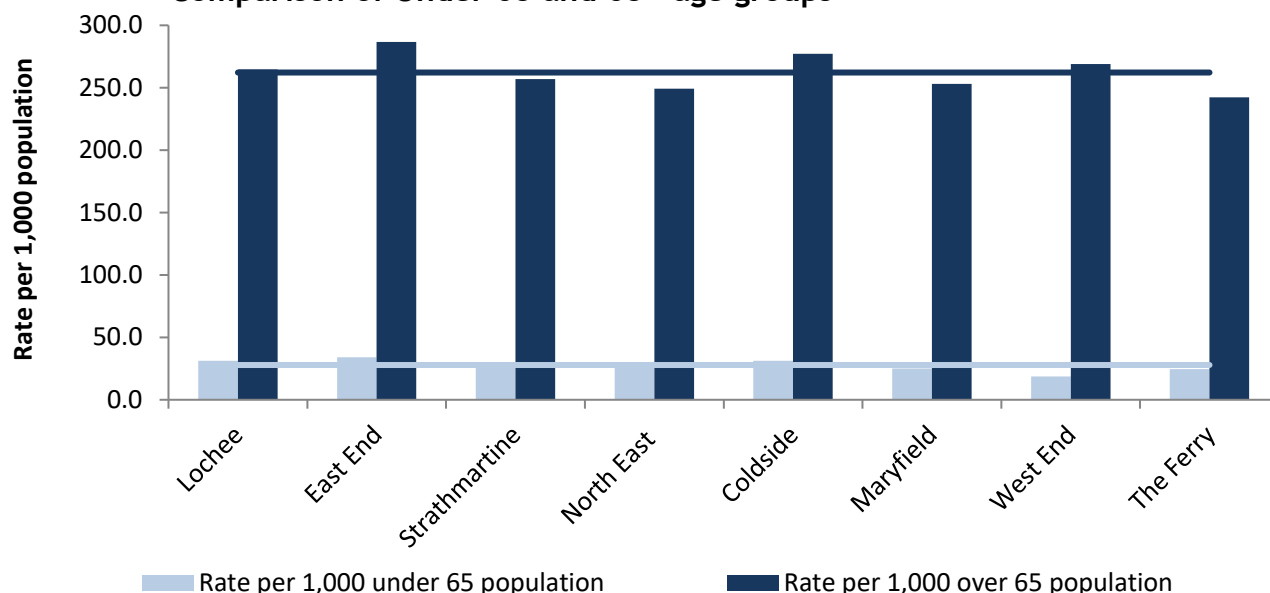


Source: Census 2011, scotlandcensus.gov.uk

Figure 147 indicates that East End, Coldside and The Ferry had the highest rates of people who identified themselves as having deafness or partial hearing loss.

Figure 148 shows the comparison between the deafness and partial hearing loss rates of the under 65 population and the 65+ population by LCPP area. It also shows the comparison between the overall rates for Dundee.

**Figure 148: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population
Comparison of Under 65 and 65+ age groups**



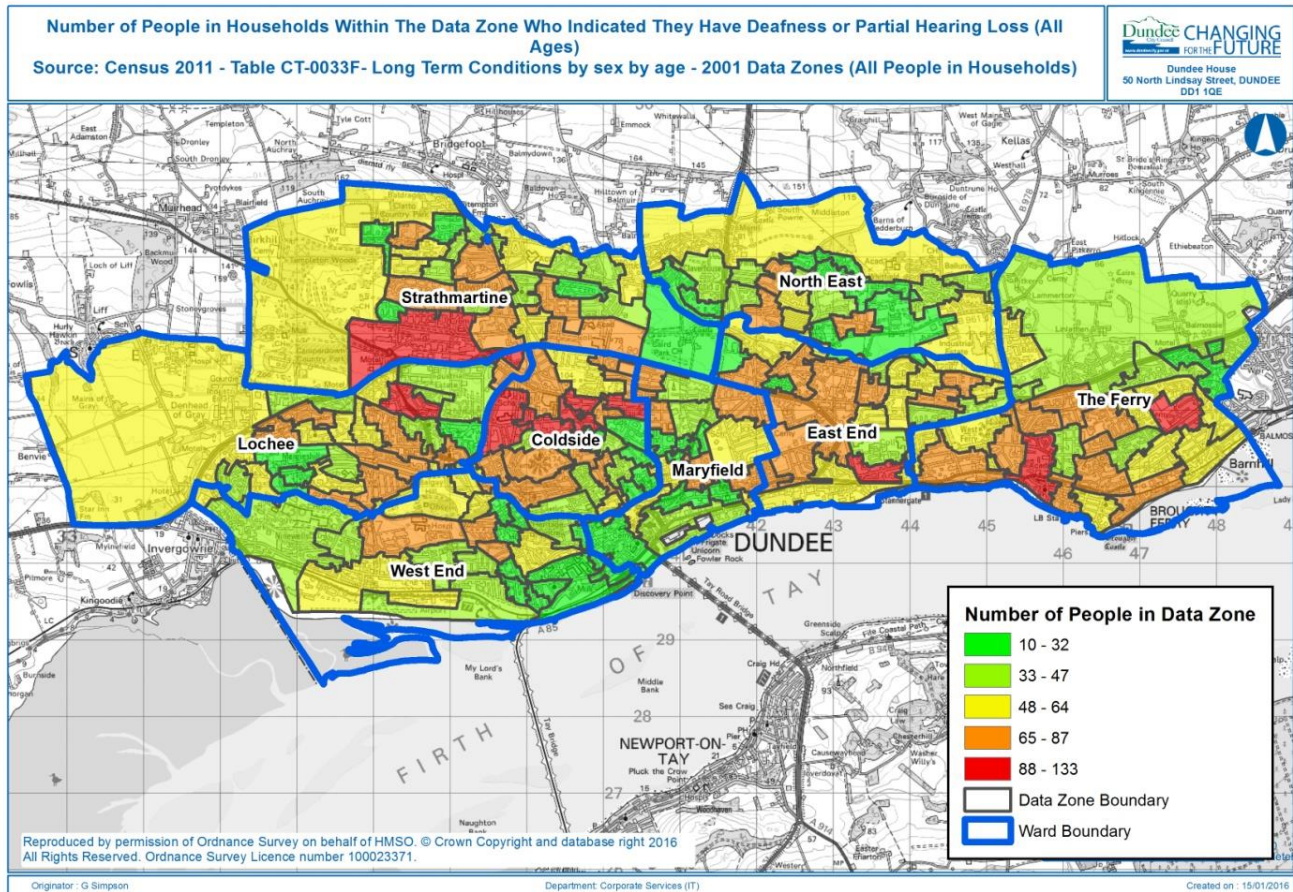
Source: Census 2011, scotlandcensus.gov.uk

These figures show that East End had the highest rate of people aged under 65 who had deafness or partial hearing loss. East End, Lochee, Coldside, Strathmartine and North East are all above the Dundee average for people aged under 65. These five LCPP areas are also the five most deprived LCPP areas in Dundee.

East End also had the highest rate of people aged 65+ who had deafness or partial hearing loss. East End, Coldside, West End and Lochee were above the Dundee average for people aged 65+ who had deafness or partial hearing loss.

Figure 149 presents a map which illustrates concentrations of people with deafness of partial hearing loss in Dundee. Datazones containing high concentrations of people with deafness of partial hearing loss are coloured in red and datazones with low concentrations are coloured in green.

Figure 149: Prevalence of deafness or partial hearing loss in Dundee



Source: Census 2011, scotlandcensus.gov.uk

The rates used to produce the map in Figure 149 were calculated by datazone. Therefore, there may be datazones with high rates within LCPP areas where the overall rate is low.

For instance, figure 148 shows that The Ferry LCPP area has one of the lowest rates of people with deafness or partial hearing loss; however, Figure 149 shows that there are two datazones (Barnhill and Broughty Ferry West) where the rate of people is in the highest group.

East End, Coldsides, Strathmartine and Lochee also have datazones with the highest rates of people with deafness or partial hearing loss. These datazones, which are coloured in red are Fairmuir, Lochee, Ardler and St Marys, Hilltown, Craigie and Craigie bank, The Glens, Law and Hilltown. Four of these datazones are in the 15% most deprived areas.

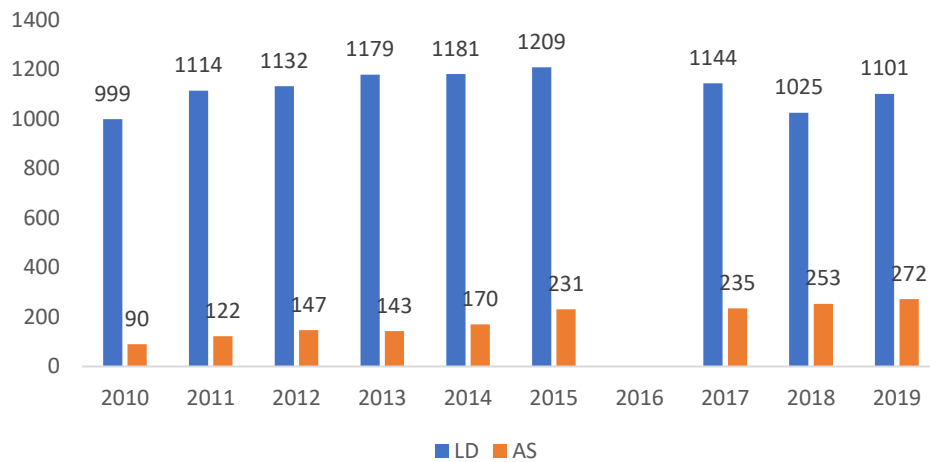
12.5 Learning Disabilities

The information provided in this section is taken from statistics from the Scottish Consortium of Learning Disabilities. Each partnership is asked to return data on people who are known to have a learning disability in their local authority area.

The latest report, published in December of 2019, reported that there were 23,584 adults known to local authorities across Scotland, in Dundee there were 1,101 adults (aged 16+) with a learning disability and 272 with an autism spectrum disorder. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Shetland Islands, Inverclyde and East Lothian.

Dundee had 8.8 adults per 1,000 population with a learning disability, compared to 5.2 adults per 1,000 population in Scotland as a whole. Perth & Kinross Council was lowest with 3.4 per 1,000.

Figure 150: Number of people with learning disability and/or autism

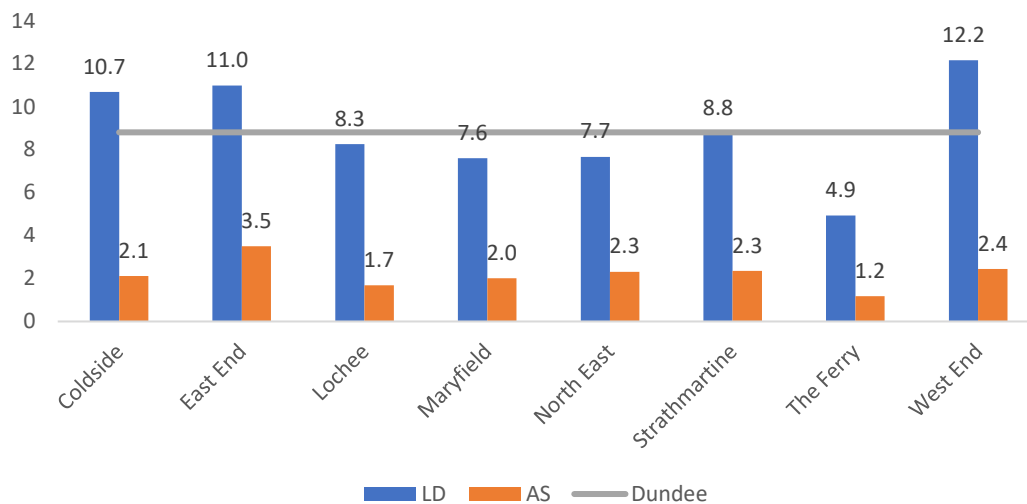


Source: Scottish Consortium for Learning Disability, Learning Disability Statistics 2019

The number of people in Dundee with autism has been increasing year on year as shown above in Figure 150, in part due to improved identification.

Figure 151 below shows that West End, Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Figure 151 also indicates that East End and West End were the LCPP areas with the highest rates of people with autism in Dundee.

Figure 151: Rate per 1,000 population of adults with a learning disability and/or autism



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

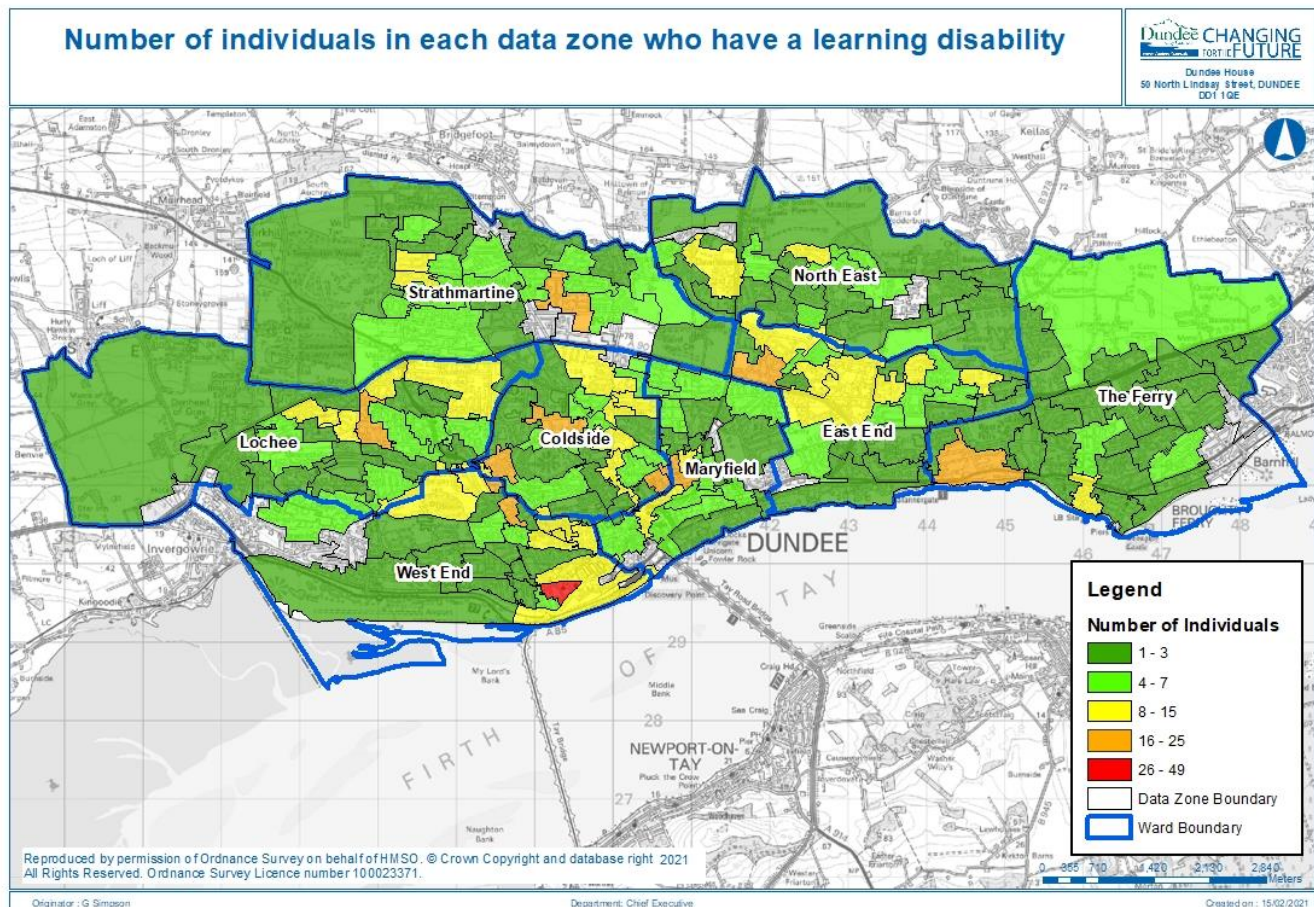
Coldside, East End and West End are shown to have had higher rates than the Dundee rate of 8.8 people with a learning disability per 1,000 of the adult population.

Coldside had 32% of people with a learning disability in the 16 to 34 age group, 49% in the 35 to 64 age group and 19% who were aged 65+.

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

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

Figure 152: Prevalence of adults with a learning disability in Dundee, 2019



Source: Scottish Consortium for Learning Disabilities, *Learning Disability Statistics 2019*

Figure 152 shows that in 2019, The Ferry and North East had the lowest number of people identified as having a learning disability. The area with the highest number of people with a learning disability was the Perth Road in Dundee's West End (red zone shown in figure 12), 32% of people identified as having a learning disability who reside in Dundee's West End are from the Perth Road area.

The areas highlighted in orange show locality areas where the concentration of people is fairly high (between 16 and 25 people):

- 40% of the Coldsidie population - The Law and Docks & Wellgate;
- 21% of The Ferry population - West Ferry;
- 19% of the East End population - Linlathen & Mid Craigie;
- 18% of the Maryfield population - Stobswell;
- 16% of the Strathmartine population - Caird Park;
- 15% of the West End population - Logie & Blackness;
- 13% of the Lochee population - Lochee;

North East did not have any concentration areas in the orange zone.

Prevalence of Learning Disability in Dundee

In 2019 the number of people with a Learning Disability in Dundee was 1,101. In 2015 there were 1,181 people which increased to 1209 in 2016, however the following two years reported a reduction in the number of people identified. In 2019 figures show an increase of 7.4% from 2018. Which can be partly attributed to improved identification of disability, but also due to increased survival rates of premature babies, who are more likely to have complex health issues, as they grow older.

Life Expectancy

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

A briefing paper was published by The Scottish Learning Disabilities Observatory (SLDO) in October 2020, a study is currently underway to uncover the mortality rates in Scotland.

Deprivation and Ethnicity

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

Self-Reported Health and Wellbeing

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

Carers

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

Provision of Social Work Services

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

Children and Young People

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

Figures include 90 pupils at Kingspark and 38 pupils in off-site education services. In total there were 189 pupils at Kingspark, so just above 50% of Kingspark pupils continue to be of primary school age

12.6 Mental Health

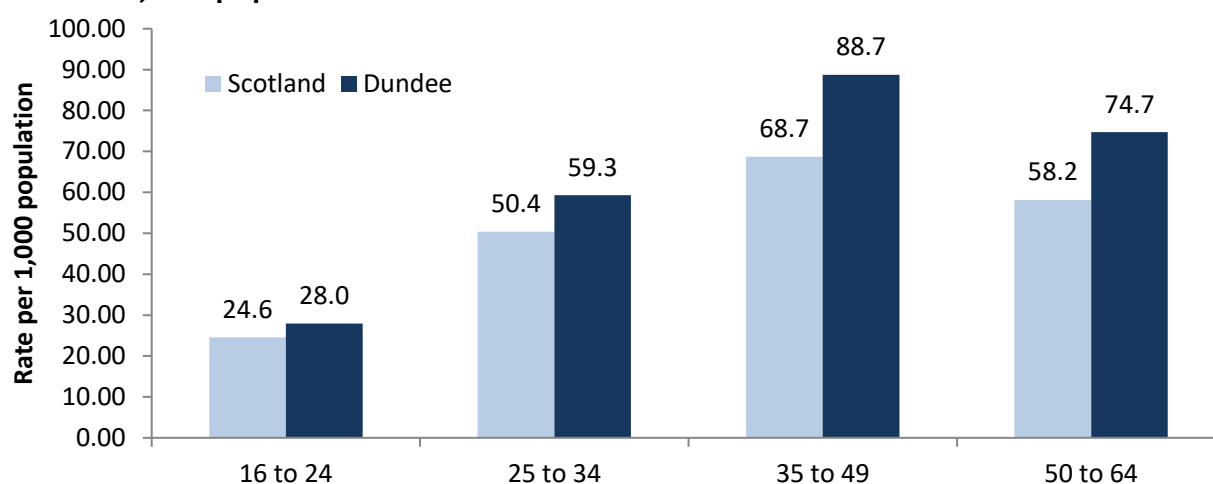
The 2011 Census asked people whether they have a mental health condition which was 'expected to last'. It is acknowledged that some people do not recognise themselves as having a mental health condition.

The information in this section is based on people between the ages of 16 to 64 only.

Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition.

Figure 153 shows Dundee has a higher proportion of people with mental health conditions across every age group, in comparison to Scotland as a whole. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population.

Figure 153: Prevalence of people with a mental health condition by age groups and rate per 1,000 population



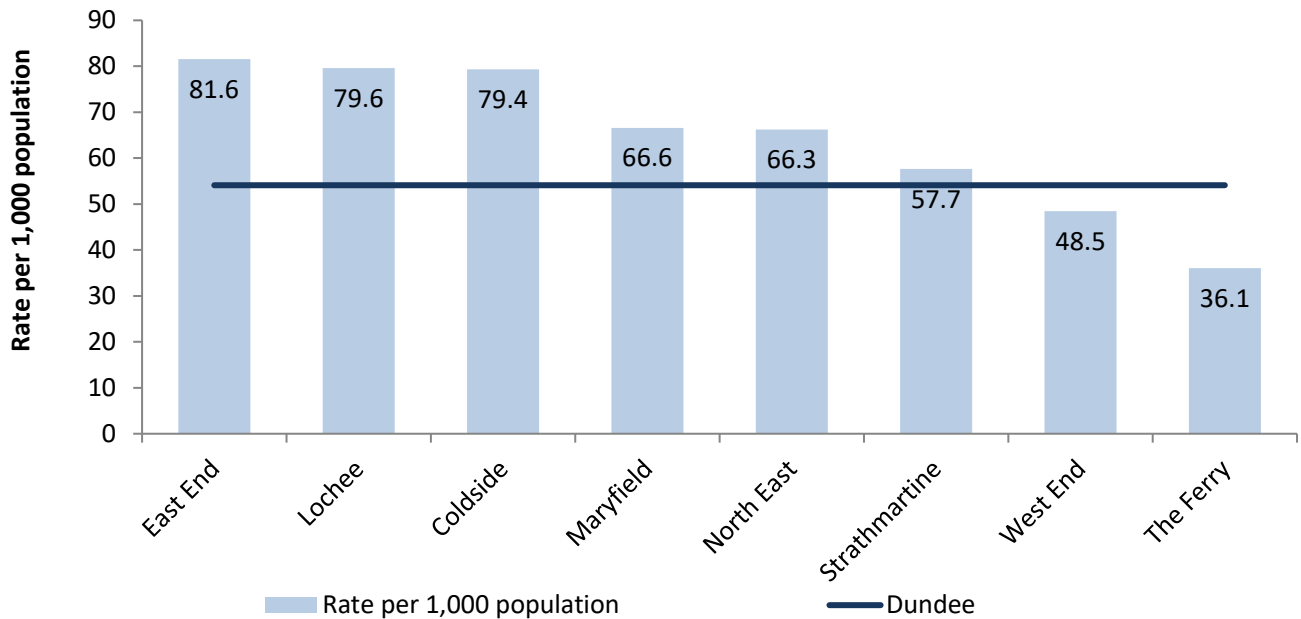
Source: Census 2011, scotlandcensus.gov.uk

The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females : 43% males) and also a higher prevalence in the 35-64 age group.

In Dundee life expectancy is ten years lower for people with a mental health issue (66.8 years) compared with the general Dundee population (76.8 years).

Mental health conditions are more prevalent in areas of multiple deprivation and people are less likely to be in employment than the general Dundee population.

Figure 154: Prevalence of people with mental health conditions, by LCPP area, per 1,000 population (16 to 64 age group)



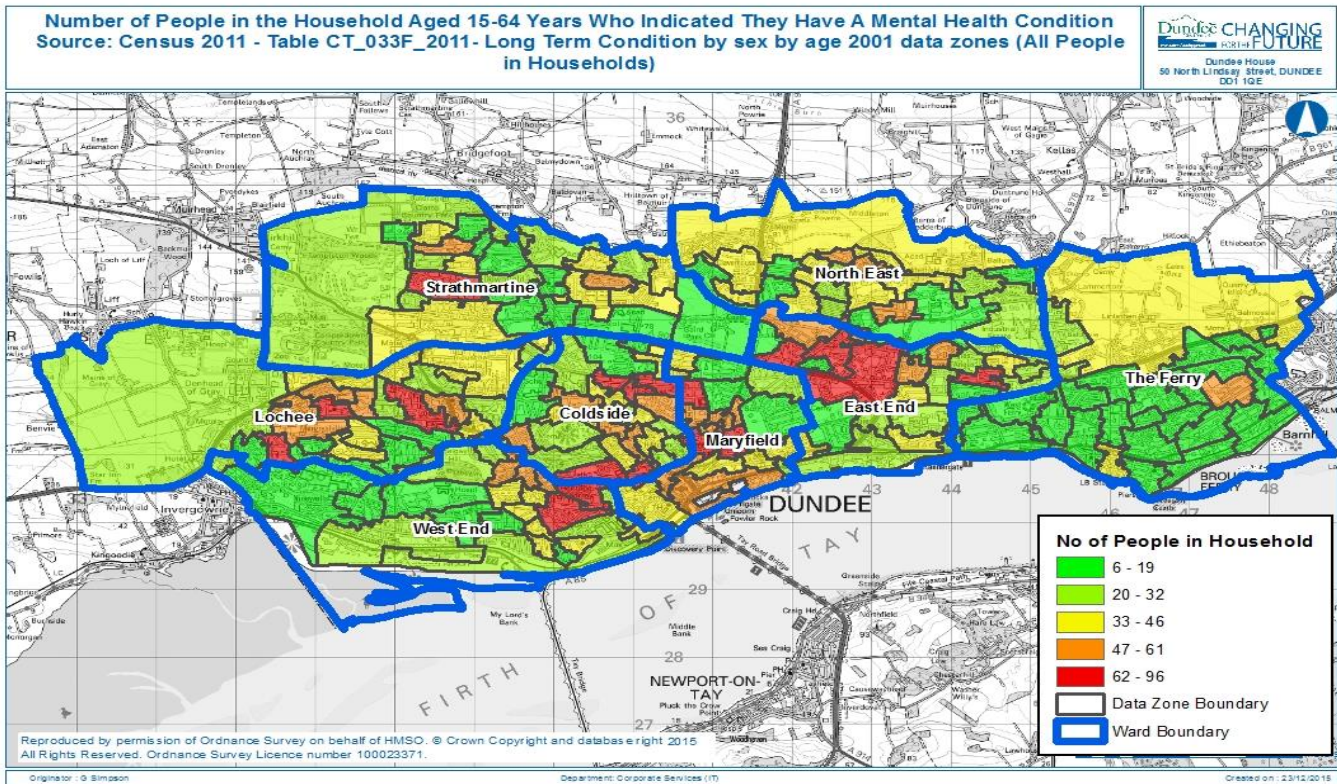
Source: Census 2011, scotlandcensus.gov.uk

Figure 154 shows that six LCPP areas are above the Dundee average rate per 1,000 of the population (16 to 64 age group). There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside. East End has more than double the rate of people with a mental health condition, compared with The Ferry.

Self-Reported Mental Health and Wellbeing

In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.

Figure 155: Prevalence of people with mental health conditions in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Figure 155 shows that East End had a higher concentration of people with mental health conditions. Those marked in red are datazones in Linlathen and Mid Craigie, Douglas East, City Centre, Hilltown, Stobswell, Perth Road, The Glen, Lochee, Charlestown and Ardler and St Marys.

14 out of 17 of these datazones are in the 15% most deprived datazones in Scotland. 54% of people with a mental health condition live in SIMD Quintile 1, the most deprived areas.

Provision of Social Work Services

During 2020/21, 283 mental health assessments were completed for people referred to the Mental Health Officer Team in Dundee. Of these, 71% were for people aged under 65 and 29% were for people who were aged 65+.

Figure 156: Number of Mental Health Assessments completed

Number of Mental Health Assessments Completed	Under 65 years	Over 65 years
2019 - 2020	69%	31%
2020 - 2021	71%	29%

Pharmaceutical Interventions for Mental Health

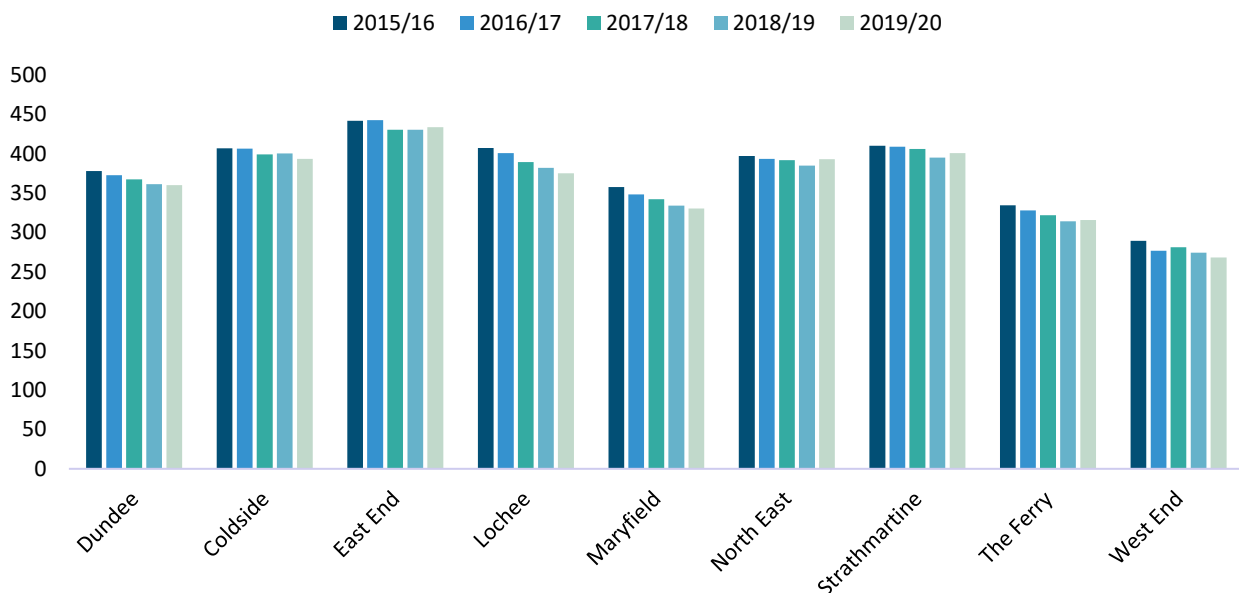
Pharmaceutical data has been reviewed, in order to ascertain a proximal indication of the rates of people living with depression and anxiety in Dundee.

Drugs for Depression include Tricyclic and Related Antidepressant Drugs, Monoamine-Oxidase Inhibitors, Selective Serotonin Re-uptake Inhibitors and Other Antidepressant Drugs (BNF Chapter 0403)

Drugs for Anxiety include Non-Opoid Analgesics and Compound Preparations, Opoid Analgesics, Neuropathic Pain and Antimigraine Drugs (BNF Chapter 0407)

Figure 157 shows the number of people who were prescribed items for depressions and anxiety per 1,000 population

Figure 157: Number of People Prescribed Items for Depression and Anxiety as a Crude Rate per 1,000 Population



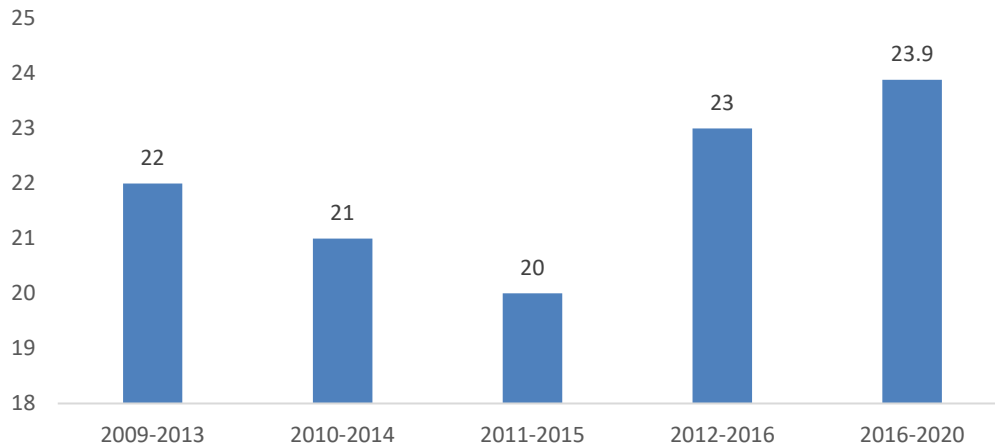
Source: PIS Dataset extracted on 9th Dec 2020

Figure 157 illustrates that the number of people receiving prescriptions has decreased for every LCPP since 2015_16. There is variation between LCPPs and based on the 2019_20 data the highest rate of people receiving prescriptions for depressions and anxiety was in East End, followed by Strathmartine. The LCPPs with the lowest rate of prescriptions are West End and The Ferry which are the least deprived LCPPs in the city.

Incidence of Suicides in Dundee

Figure 158 is based on the changes in suicide rates between 2009-2013 and 2016-2020. It shows that there was a downward trend in Dundee from 2013 - 2015, however in 2016 the average rate of suicides in Dundee increased. Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

Figure 158: Changes in suicide rates, between 2009-2013 and 2016-2020, for Dundee



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

Four council areas¹² had suicide rates that were significantly higher than the average for Scotland as a whole. The areas that were higher than Scotland (14.1 deaths per 100,000 people) were:

- Dundee City (23.9)
- Highland (21.8)
- Falkirk (17.1)
- Glasgow City (15.6)

COVID-19

Research by The Samaritans shows a higher risk of suicide due to the effects of the pandemic. People with pre-existing mental health conditions have increased suicide risk, and our research shows the extra challenges of accessing support, whether from mental health services, friends and family, or community services, have been a key cause of distress. Young people have faced rising self harm and suicide rates in recent years, and during the restrictions our research shows they have struggled with family tensions, a lack of peer contact and negativity about their future prospects. Middle aged men have faced the highest suicide rates for decades and our research shows key risk factors for this group, such as relationship breakdown and unemployment, alongside a perceived need to cope alone, is affecting this group's wellbeing.

Also, people in prison faced much higher suicide rates than the general population before the pandemic began, and our findings show that increased cell time, reduced activities and a lack of family visits resulting from the pandemic have impacted on their wellbeing. (Samaritans, 2021) A Mental Health Foundation Survey reported anxiety related to financial and food insecurity and showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment.

¹² National Records of Scotland, Probable Suicides 2020 Report

12.7 Mental Health Officer Services

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

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Figure 159 shows the number and type of orders made from 2016 to 2021.

Figure 159: Number/type of detention orders made

Type of Order (New orders)	Emergency detention in hospital (up to 72 hours) S36	Short term detention in hospital (up to 28 days) S44	Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) These orders may be community or hospital based S64
2015-16	90	148	39
2016-17	76	141	23
2017-18	87	146	42
2018-19	115	177	41
2019-20	89	158	42
2020-21	123	194	52

Source: Mosaic 2021

These figures demonstrate a significant increase from 2017-18 to 2020-21 for Emergency detentions in hospital and Short-term detentions in hospital.

Criminal Procedures (Scotland) Act 1995

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act.

If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order.

The figures for those subject to these measures as at 31st March 2021, alongside the same figures for the past 5 years, are shown in Figure 160.

Figure 160: Criminal Procedures (Scotland) Act 1995

Type of Order	Compulsion Orders with Restriction Order S57a7	Compulsion Orders S57a	Assessment Orders S52d	Treatment Orders S52m	Transfer for Treatment Direction S136
31.3.2016	12	7	3	2	2
31.3.2017	12	10	5	2	1
31.3.2018	12	9	6	3	0
31.3.2019	12	10	5	3	1
31.3.2020	12	13	6	3	0
31.3.2021	13	13	6	5	1

Source: Mosaic, 2021

Adults with Incapacity (Scotland) Act 2000

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

On 31 March 2020 there were 15,973 individuals on a guardianship order in Scotland, of these 633 (4%) were for individuals in Dundee. Comparing Dundee to its neighbouring Local Authorities, figure 161 below shows Dundee have the highest number of current guardianship orders, closely followed by Perth and Kinross.

Figure 161: Current number of guardianship orders active, 2019/ 2020 by Local Authority

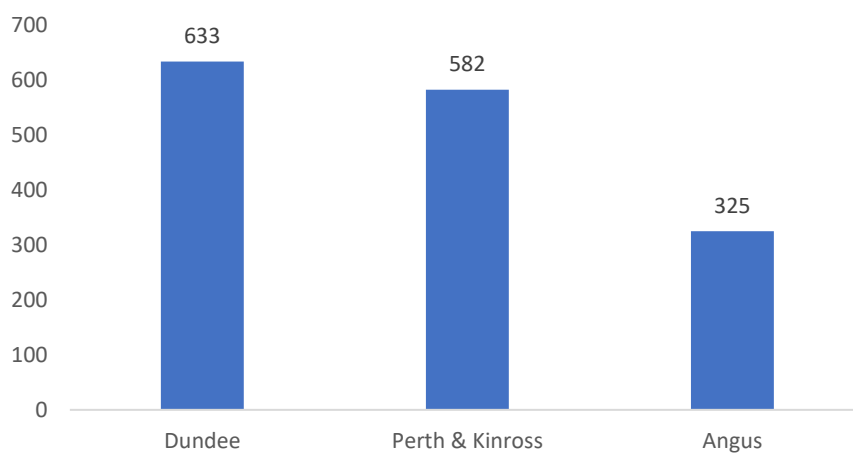
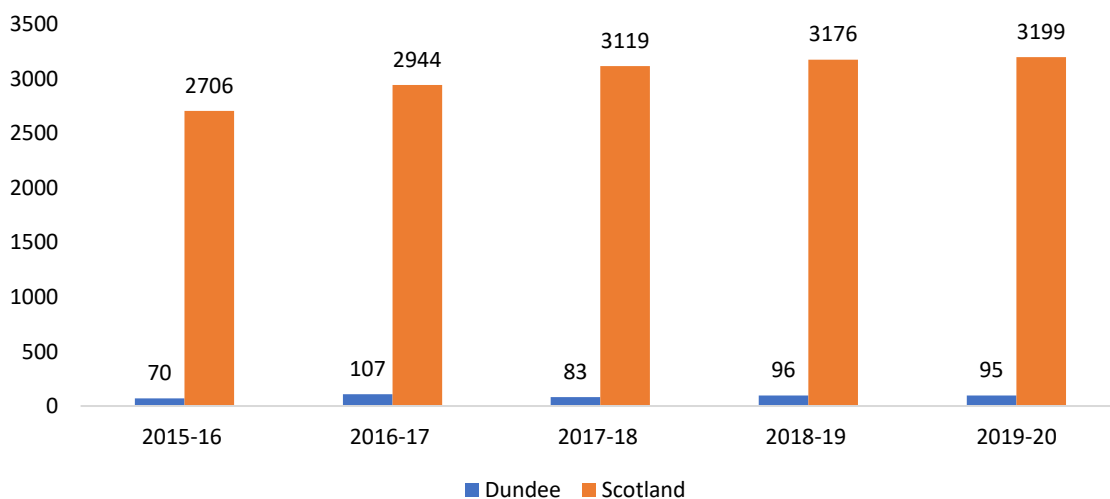


Figure 162 shows that the number of guardianships granted in Scotland has continually increased year on year for the past 5 years. Dundee's figures have overall increased over the past 5 years. 2016/17 shows a significant increase from 2015/16 (37) then a more gradual increase over the following 3 years.

Figure 162: Total number of guardianships granted per year, from 2015 to 2020



The majority of guardianship orders granted in 2019-20 were for private guardians, which is a trend over the past five years. The remainder of orders granted were for the local authority as shown in Figure 163 below. These figures indicate that the demand for guardianships continue to be high and, overall both type of guardianships, have increased since 2015.

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

Figure 163: Total number of guardianships granted by year, and by guardianship type from 2015 to 2020

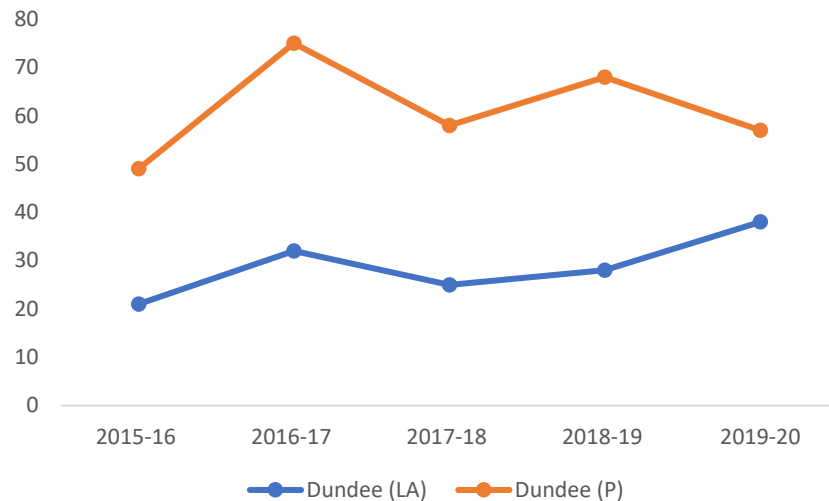
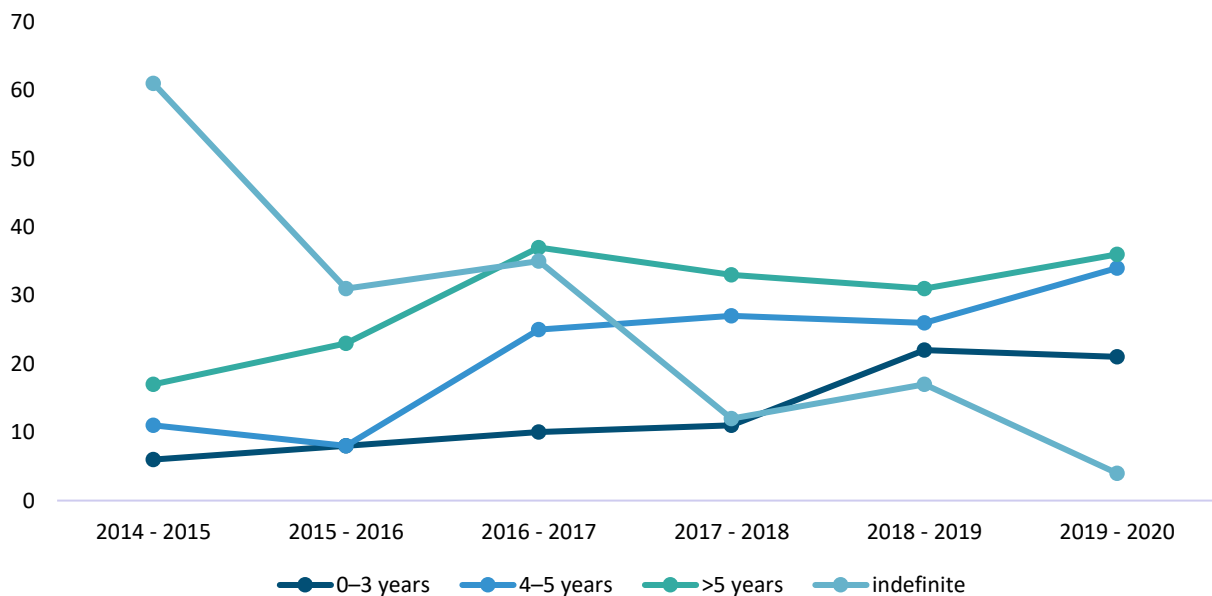


Figure 164: Number of guardianships granted for Dundee by length of guardianship, from 2015 to 2020



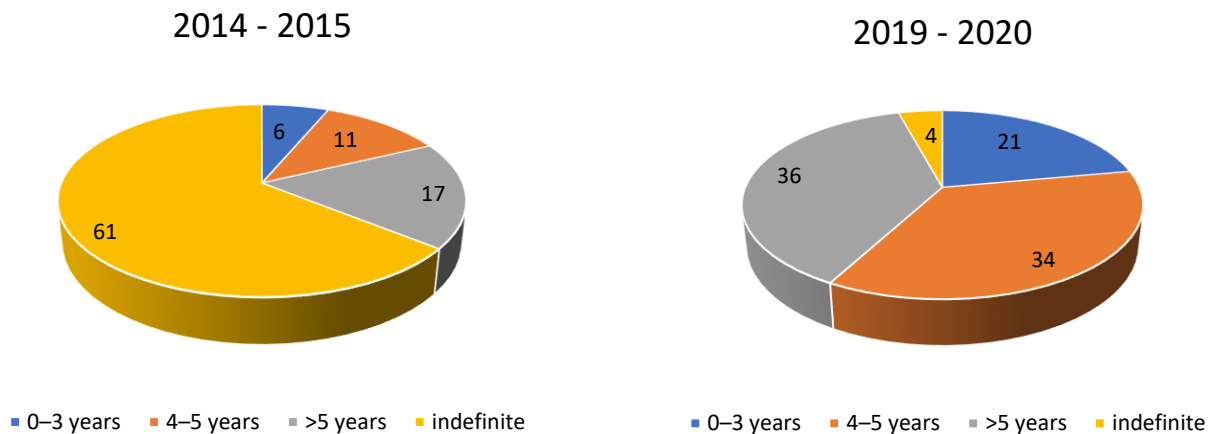
Information provided by the Mental Welfare Commission together with Public Health Scotland Delayed Discharge Data in figure 164, demonstrates that Dundee has:

- Over the past five years the number of local authority guardianships granted on an indefinite basis have significantly reduced. In 2015, 61 indefinite guardianships were

granted in Dundee, the following two years seen the figures decrease by around half and then in 2020 a total of 4 orders were granted, the lowest number granted yet which is a huge reduction of 93%.

- The total number of guardianships granted in 2014-15 and 2019-20 were the same (95), however the proportion of the length of the orders granted have changed somewhat. There are more orders being granted on a basis of 0-3, 4-5 and 5+ years and much less orders being granted on an indefinite basis.

Figures 165 and 166: Number of orders granted by length of guardianship in Dundee for 2014-15 and 2019-20

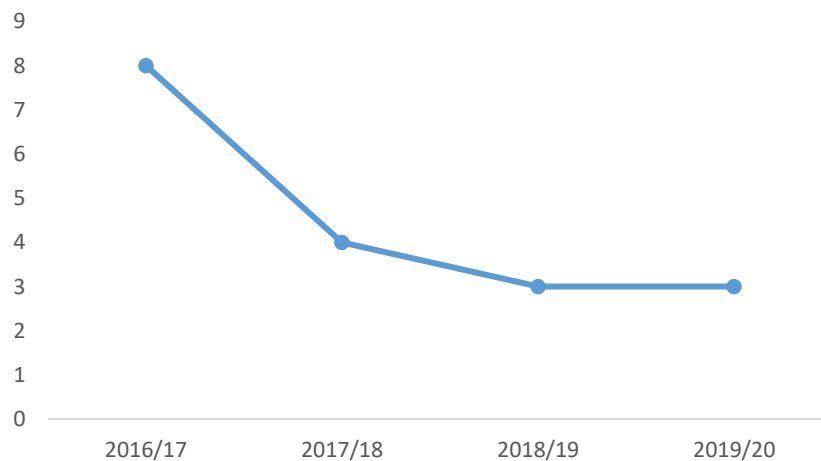


To date the provision of the MHO report within the 21-day timescale required by statute is 40% of reports being completed within 20 days.

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

Figure 167 shows a decrease in the average number discharge delays from 8 in 2016/17 to 3 in 2019/20, due to AWI.

Figure 167: Average number of discharge delays across censuses for the past 4 years



Source: Public Health Scotland Delayed Discharge Data

COVID-19

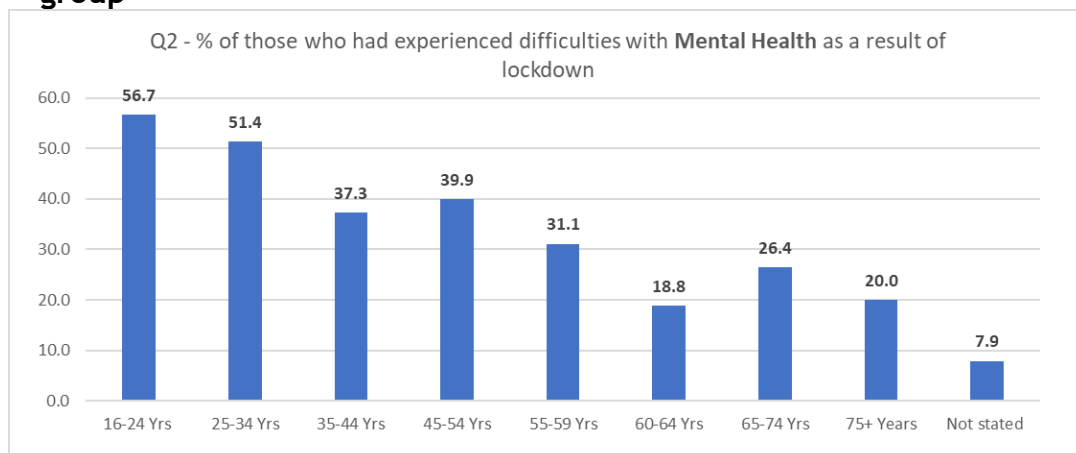
Over a third (36%) of those from the Indian ethnic group reported increased or persistent loss of sleep over worry, compared with less than a quarter (23%) of White British respondents and 18% of those in the Other White ethnic groups. Around a third of those from the Black, African, Caribbean or Black British ethnic group (35%) also reported this. (ONS, 2021) Around a quarter of people from the White Irish and Indian ethnic groups reported either continuing to feel lonely often or to experience an increase in feelings of loneliness between 2019 and April 2020. (ONS, 2021).

84% of Dundee Carers reported negative impacts on physical, mental, and social wellbeing and 60% reported feeling socially isolated (60%) (Dundee Carers Engagement, 2020). 82% of Dundee Carers reported feeling more worried and anxious about the future (Dundee Carers Engagement, 2020) Samaritans reported that mental ill-health was the most common concern during the year since restrictions began, and increased slightly compared to last year.

The mental health of people with pre-existing mental health conditions appears to have been affected most. Contacts about loneliness and isolation were most strongly linked to coronavirus, being more than twice as likely to be about coronavirus than other contacts. The protracted nature of restrictions appears to have had a cumulative effect on people's feelings of loneliness. Contacts about family concerns were 50 per cent more likely to involve specific concerns about coronavirus, with people's concerns ranging from worries about being separated from loved ones to the negative impact of living in close quarters.

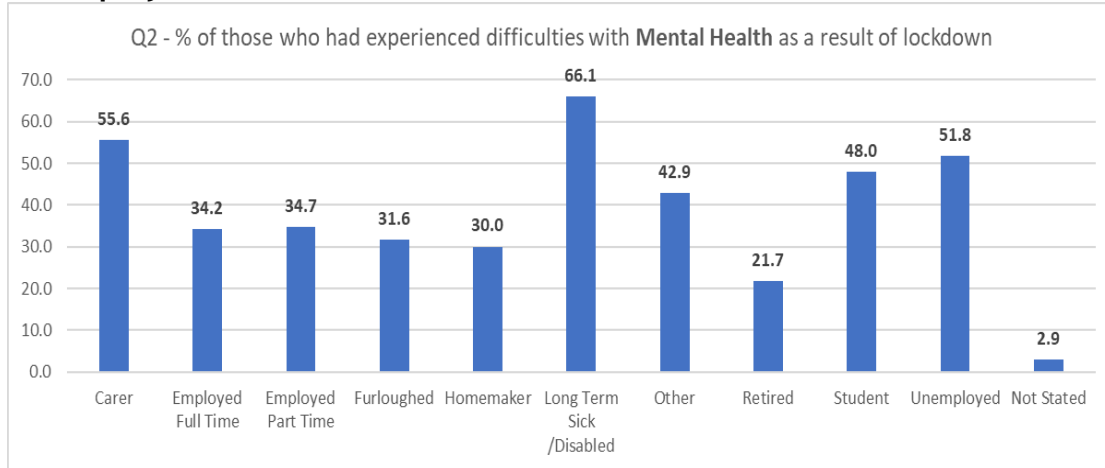
Healthcare workers have experienced a significant and direct impact on their life and work as a result of the pandemic. Our research finds that stress and burnout, fears of infecting family members and anxiety about attending work have all been common features of Samaritans contacts. (Samaritans, 2021) Engage Dundee reported that 37% of respondents reported difficulties with mental health (n=321); however, the sub groups with the biggest proportion of respondents experiencing difficulties were the 16-24yr and 25-34yr age groups (56.7% and 51.4% respectively), long term-sick and disabled (66.1%), the unemployed (51.8%), carers (55.6%), those in receipt of benefits (49.6%), and those that live alone (49.2%).

Figure 168: Percentage of people who experienced difficulties with Mental Health, by age group



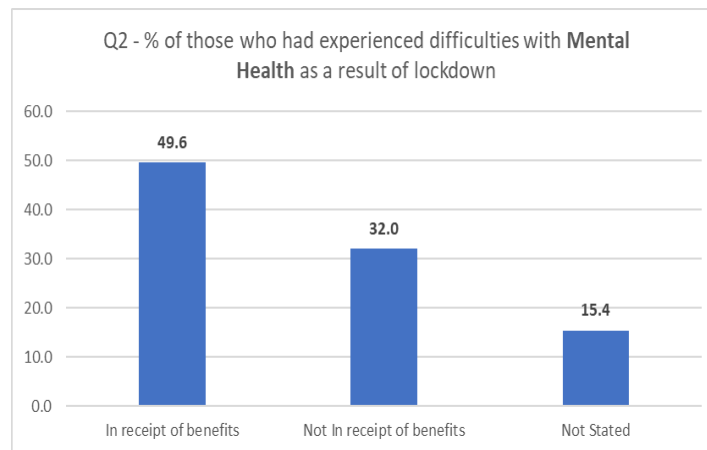
Source: Engage Dundee 2020

Figure 169: Percentage of people who experienced difficulties with Mental Health, by employment status



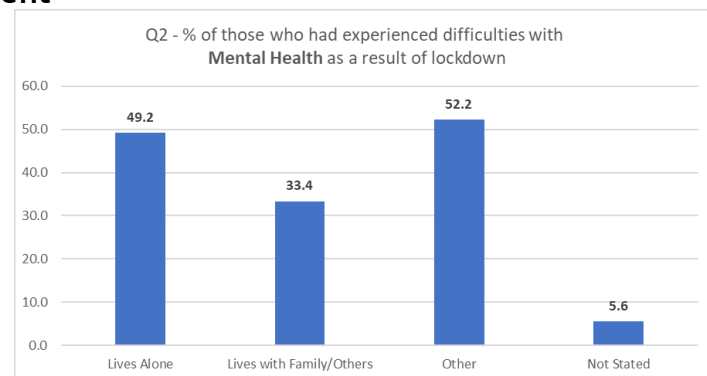
Source: Engage Dundee 2020

Figure 170: Percentage of people who experienced difficulties with Mental Health, by benefit status



Source: Engage Dundee 2020

Figure 171: Percentage of people who experienced difficulties with Mental Health, by living arrangement



Source: Engage Dundee 2020

Some respondents reported worsening mental health conditions such as anxiety and depression whilst others without an existing condition reported a decline in mental health due to isolation, inability to socialise, unemployment, work stress/ home working, concern for family members including children, or uncertainty about the future. A couple of individuals reported that isolation

contributed to unhealthy food choices and binge eating. Limited or inadequate access to mental health services was highlighted.

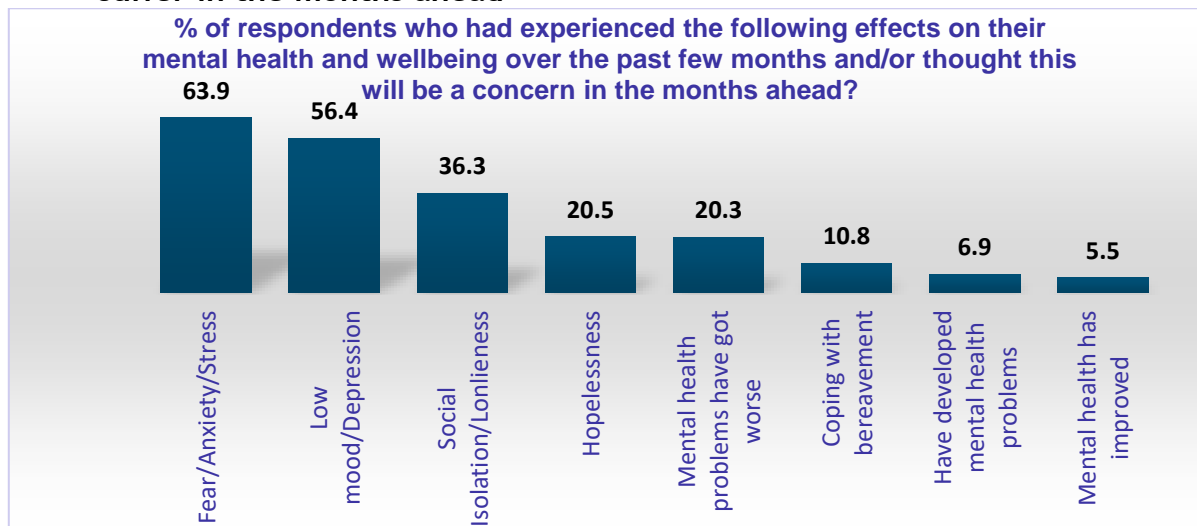
My mental health got really bad during the lockdown. I found myself alone in a tiny flat. I had very negative thoughts and for a while couldn't see the end of the tunnel.

Not enjoying working from home now. It's having a really negative impact on my health and wellbeing. Although my employer has been really good, I feel quite isolated and missing the day to day interaction with colleagues.

My job was ended as a result of COVID, my mental health has been extremely compromised, I find myself wanting to hyperventilate on a daily basis. I feel very anxious which stems from the fact that I am not sure when the restrictions will end life will return to "normal".

The burden felt by unpaid carers impacted negatively on mental health and those living with people with dementia found the situation particularly challenging. Others struggled to support elderly parents due to distance or work commitments.

Figure 172: Percentage of people who are concerned for the type of mental health they may suffer in the months ahead



Source: Engage Dundee 2020

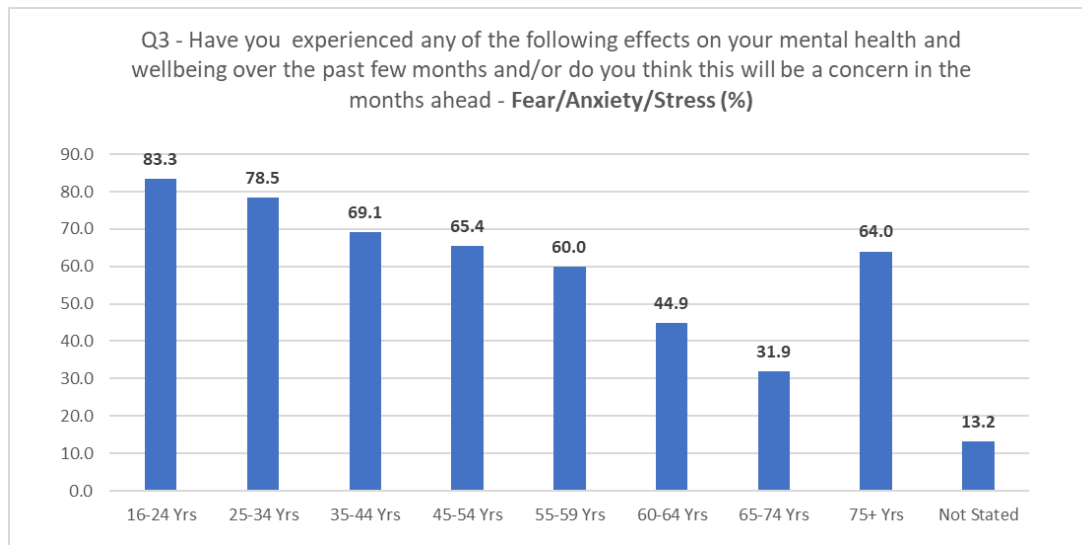
Engage Dundee reported that the most common effects experienced were fear/anxiety/stress (63.9% n=553), low mood/depression (56.4% n=485) and social isolation/loneliness (36.3% n=315). Those experiencing these effects were more likely to have a long-term health condition, live alone and be the recipient of benefits. They were also more likely to have reported that an existing mental health condition had worsened in recent months.

Of the 553 respondents stating they were experiencing fear/anxiety/stress, 411 were also experiencing low mood and depression and 269 social isolation. Of the 411 respondents with both fear/anxiety/stress and low mood depression, over half had a long-term health condition and over a third stated their existing mental health issues had got worse. More than one-third were in receipt of benefits and just under a third were experiencing difficulty with income and money. Almost one-third were experiencing difficulties with family/household relationships and a quarter lived alone.

Fear, anxiety, stress or worry was the most common reaction experience by respondents due to the pandemic and lockdown with 63.9% reporting the above symptoms (n=553). There was a

relationship with age group whereby feelings of fear and anxiety decreased with age apart from in the 75+ age group.

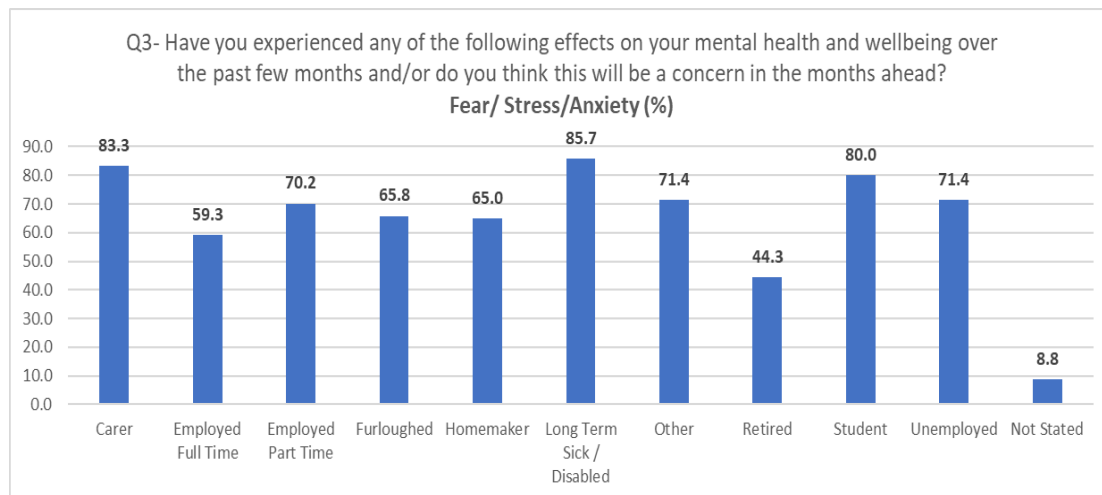
Figure 173: Percentage of people who experienced difficulties with their mental health, by age group



Source: Engage Dundee 2020

In terms of employment status, the sub groups experiencing significantly higher than average levels of symptoms were the long term sick and disabled, carers, students and the unemployed.

Figure 174: Percentage of people who experienced difficulties with their mental health, by employment status



People in receipt of benefits had higher than average levels of fear and anxiety at 73.8% compared to 59.9% of those not on benefits. There were no significant differences between those who lived alone or with others (65.1% compared to 64%).

A wide range of causal issues were reported including safety concerns, fear of exposure to the virus in various settings, and whether others were adhering to public health guidance. Settings mentioned included schools, workplaces and the community. Fear of transfer of infection from school to home was of great concern for some whilst others worried about working in the community and the perceived disregard of management to their anxieties. Many respondents

worried about the health of loved ones including older or vulnerable relatives, family who work in frontline jobs, or keeping their children safe during the pandemic. Fears were also expressed about personal health and not being able to care for others if illness struck. As stated previously juggling work, caring duties and home schooling caused enormous stress for some individuals. Other major stressors included money, job security or unemployment. Several expressed anxieties about the future and fear of the unknown.

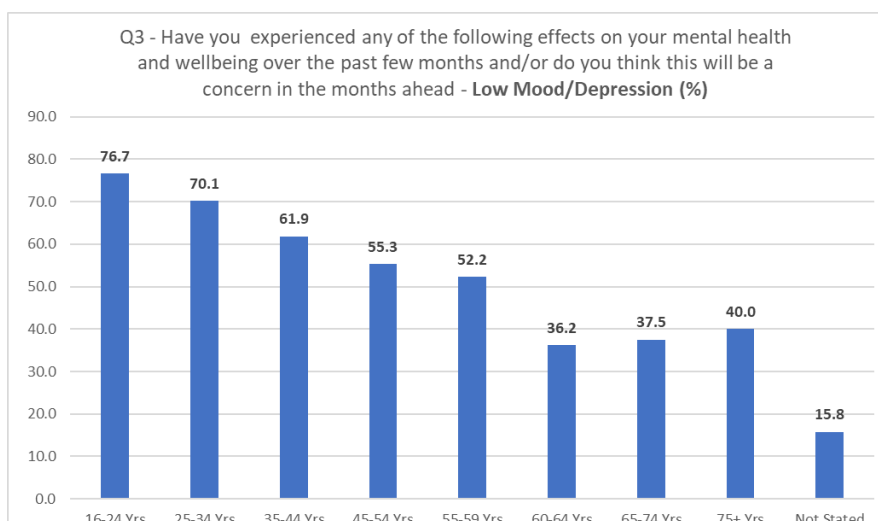
The Samaritans found that Healthcare workers were much more likely to raise concerns about work compared to other people contacting Samaritans. Concerns about work or study were raised in half of healthcare worker contacts (51%) compared to 10 per cent of other contacts to Samaritans. The data we collected in both November 2020 and March 2021 relating to our conversations with healthcare workers identified stress, exhaustion and burnout as a common theme.

Volunteers generally cited three main causes: working long shifts, the nature of the work, and the length of the ongoing pandemic. Volunteers told us that callers often discussed working extremely long shifts which could be physically and mentally demanding. As a result, many volunteers had received contacts from healthcare workers at the end of a shift, who wanted to 'offload' or 'vent'. As well as the time spent working, the nature of the work was contributing to stress, exhaustion and burnout. Volunteers noted that callers were under extreme pressures at work and were struggling to deal with such high volumes of death and critical care. In addition, volunteers spoke about callers who had been re-deployed as experiencing additional pressures, for instance working in jobs they did not feel adequately trained for, worrying about doing a bad job, and being forced into excessive responsibility in a short amount of time. Despite feeling stressed, exhausted and burnt out, volunteers described guilt being common among frontline healthcare callers. This included guilt about the burden on their colleagues if they were not able to work due to shielding or healthcare issues, including time off for mental health problems. Among those who were able to work, volunteers described callers' strong sense of guilt at not being able to do more to help patients. Particularly, volunteers cited callers feeling guilty about families and loved ones being unable to visit those who were dying, at not being able to prevent more deaths and at not being able to show compassionate responses to patients and families such as hugging, due to social distancing restrictions. Volunteers also heard from callers who said their exhaustion and burnout meant they were unable to give their best support to patients.

Low mood/ depression

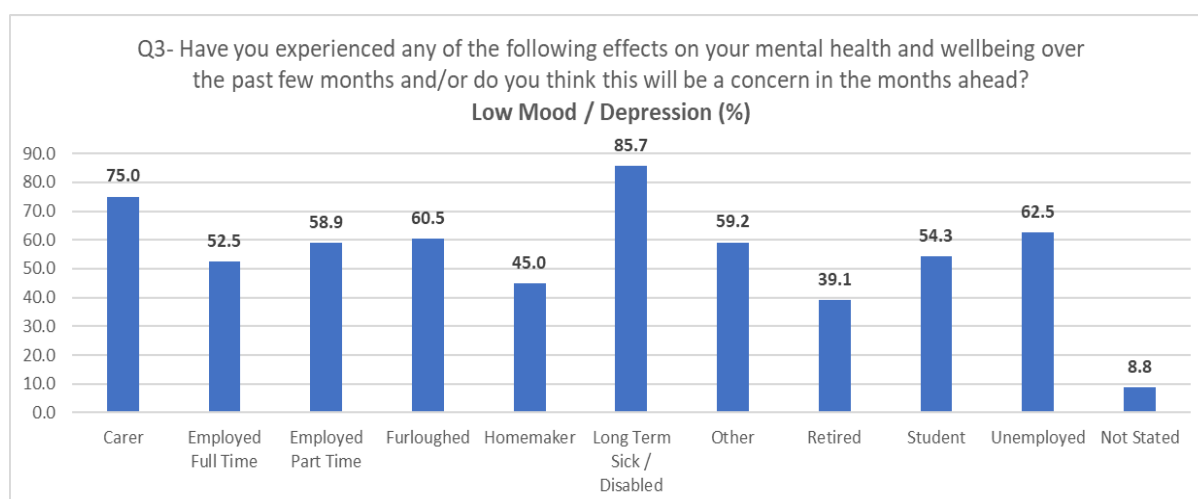
This was reported by 56.4% of respondents (n=485). Again, there was a relationship with age group with symptoms generally decreasing with age, and respondents aged 45+yrs reporting lower than average levels of low mood and depression. As above, the younger age groups seemed to be suffering most.

Figure 175: Percentage of people who reported they might find difficulty with their mental health in terms of low mood, by age group



There was significant variation in relation to employment status with long-term sick/disabled and carers scoring considerably higher than average and those in other categories. Homemakers and retired people scored lowest for symptoms of low mood and depression.

Figure 176: Percentage of people who reported they might find difficulty with their mental health in terms of low mood, by employment status



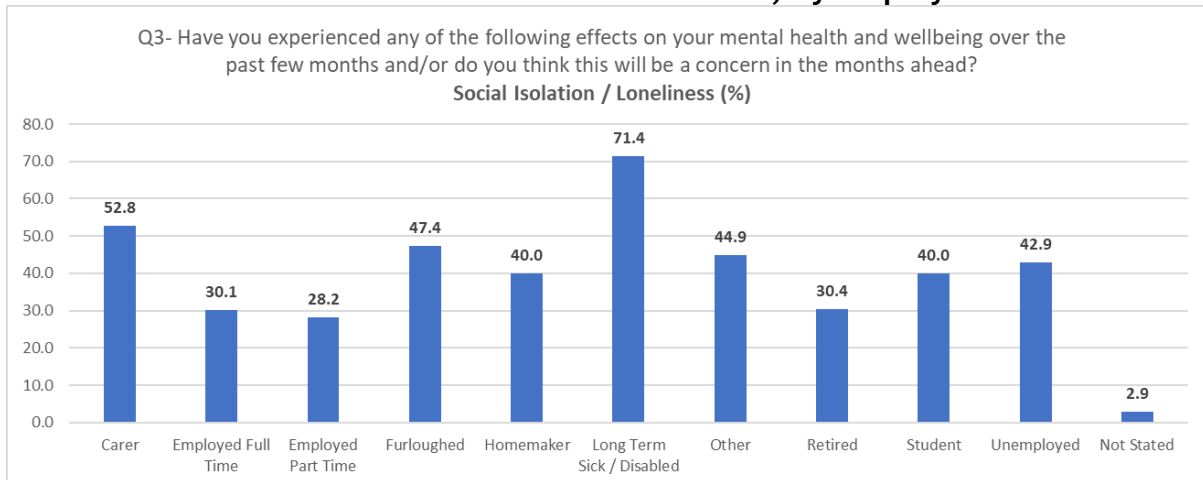
Those on benefits scored higher than average at 69.7% compared to 50.9% of those not on benefits. There were minimal differences between those who lived alone (65%) or with others (64%). Several respondents reported low mood and depression due to lockdown restrictions, boredom or lack of things to do. Some people's mood improved once amenities opened and contact and support from family re-established. Working from home without the usual social activities to relieve workplace stress was highlighted as well as struggling to get motivated when days seemed to merge together. Living with ill health, recovering from injury or waiting for surgery also exacerbated depression.

Social isolation/loneliness

Over one-third of respondents (36.3% n=315) reported feeling isolated and lonely during lockdown; however, there was considerable variation. Those aged 75+ yrs were much more likely to feel this way (52%) whilst all other age groups scored lower than average apart from the two youngest age groups which were slightly higher (40% aged 16-24 and 46.5% aged 25-34 yrs).

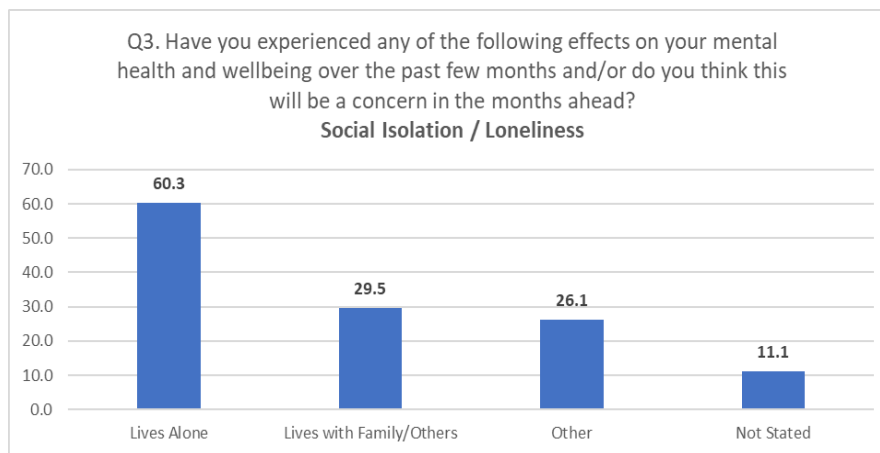
Certain employment status categories scored higher than average with the long-term sick and disabled almost twice as likely to report social isolation and loneliness. Carers, those on furlough and the unemployed commonly reported feeling isolated.

Figure 177: Percentage of people who reported they might find difficulty with their mental health in terms of social isolation/ loneliness, by employment status



50.4% of those on benefits reported social isolation/ loneliness compared to 30.2% of those who were not on benefits. Perhaps unsurprisingly those who lived alone were much more likely to experience isolation at 60.3%.

Figure 178: Percentage of people who reported they might find difficulty with their mental health in terms of social isolation/ loneliness, by living arrangement



In describing their situation, many respondents felt deeply the lack of social connections and usual groups and activities due to restrictions or shielding. The lack of connecting with others, particularly in a meaningful way, was raised repeatedly as being very detrimental to people's mental health, causing depression, anxiety and loneliness. Working from home also raised feelings of isolation and loneliness with some individuals who live alone indicating that they have spent every day of the pandemic with no direct contact with others.

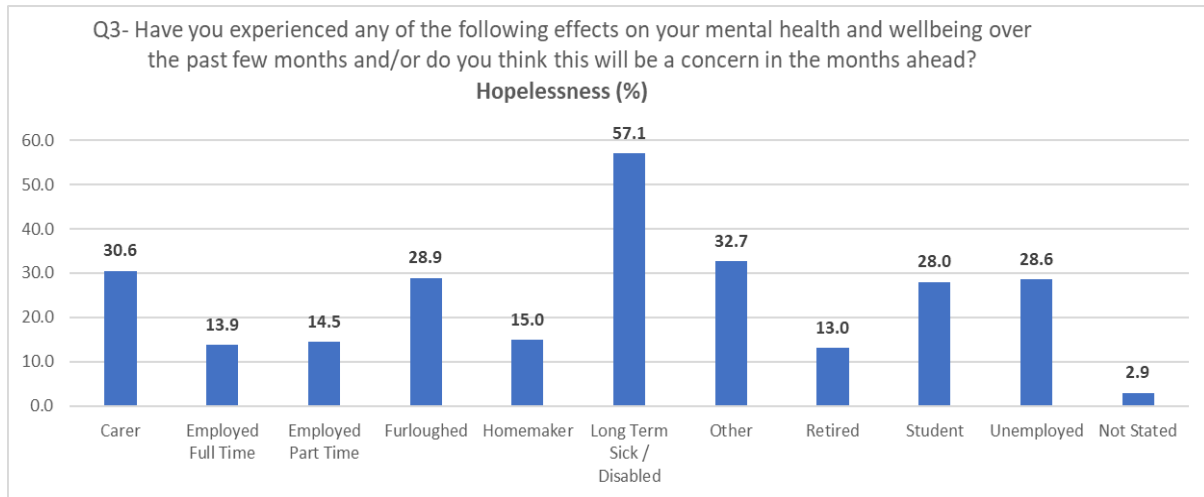
Samaritans also reported that *Loneliness and isolation* were a concern in 29% of emotional support contacts during the 12 months since restrictions began. This was a total of over 680,000 contacts and a 9% increase compared to the previous year. Phone calls about *loneliness and isolation* were also the strongest predictor of having concerns about coronavirus. Calls concerning loneliness or isolation were 2.4 times more likely to involve specific concerns about coronavirus, compared to calls where *loneliness and isolation* were not raised even after adjusting for other factors.

Hopelessness

1 in every 5 respondents (20.5% n=178) reported feelings of hopelessness due to the pandemic. However, over twice this proportion in the 16-24yr age group reported feeling this way (46.7%). The 25-34 age group and the over 75's were also above average at 30.6% and 24% respectively. All other age groups had below average levels.

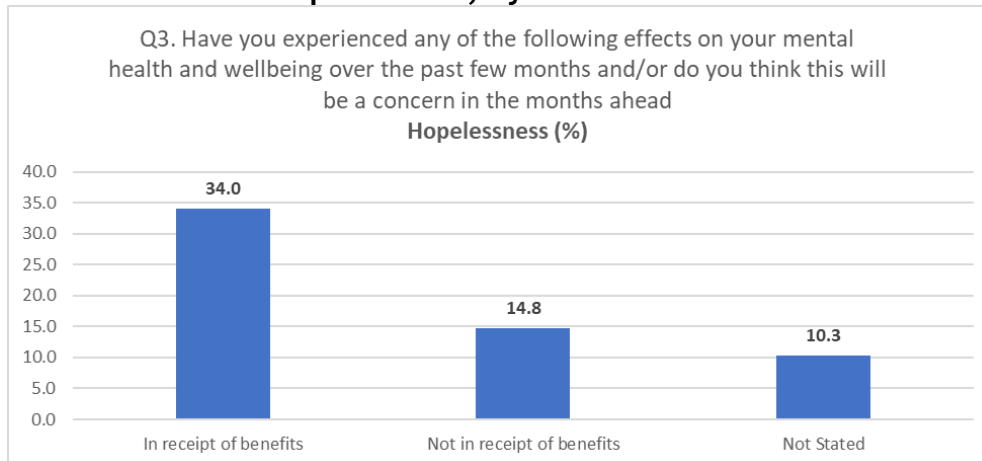
The long-term sick and disabled were 2.5 times as likely to report feeling hopeless. Other employment status categories were much lower although some were still higher than average (carers, furloughed, students, unemployed and "other").

Figure 179: Percentage of people who reported they might find difficulty with their mental health in terms of hopelessness, by employment status



34% of people on benefits reported feelings of hopelessness, which is higher than average and considerably higher than those not on benefits (14.8%).

Figure 180: Percentage of people who reported they might find difficulty with their mental health in terms of hopelessness, by benefit status



Similarly, those who lived alone scored higher than average at 32.3% and much higher than those who lived with other people (17.1%).

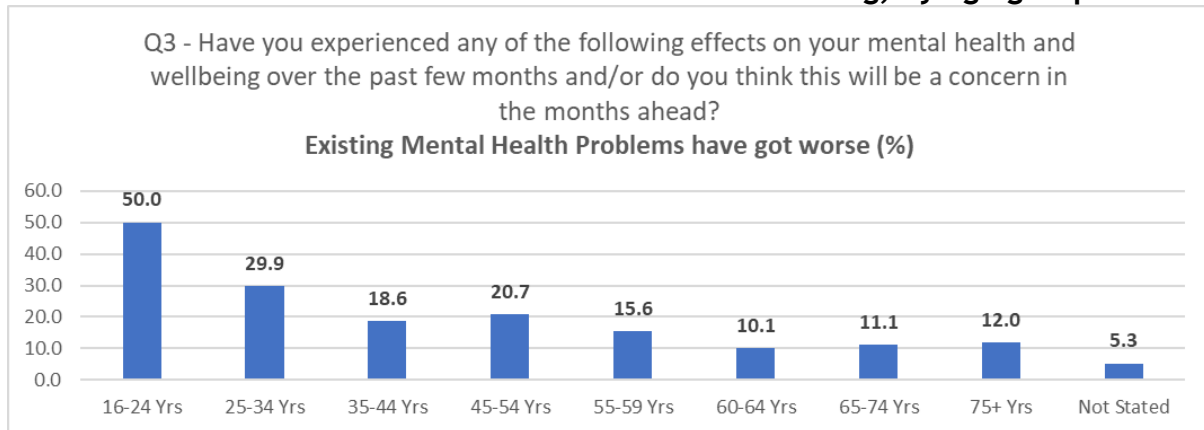
Media stories of unrelenting doom were exhausting for some respondents whilst others felt that positive stories made ordinary coping feel inadequate and induced feelings of guilt and worthlessness. A few respondents felt that isolation was damaging and that public buildings like schools, community centres and libraries should be opened in safe way to counteract this. One respondent with a challenging work situation was in despair made worse by the lack of available support groups and activities. Unable to process the stress of his situation he suffered in silence and turned to substance use to cope. The hopelessness of being denied quality time with loved

ones in Care Homes was highlighted alongside providing emotional telephone support for family with no answers or solutions available.

Existing mental health problems have got worse

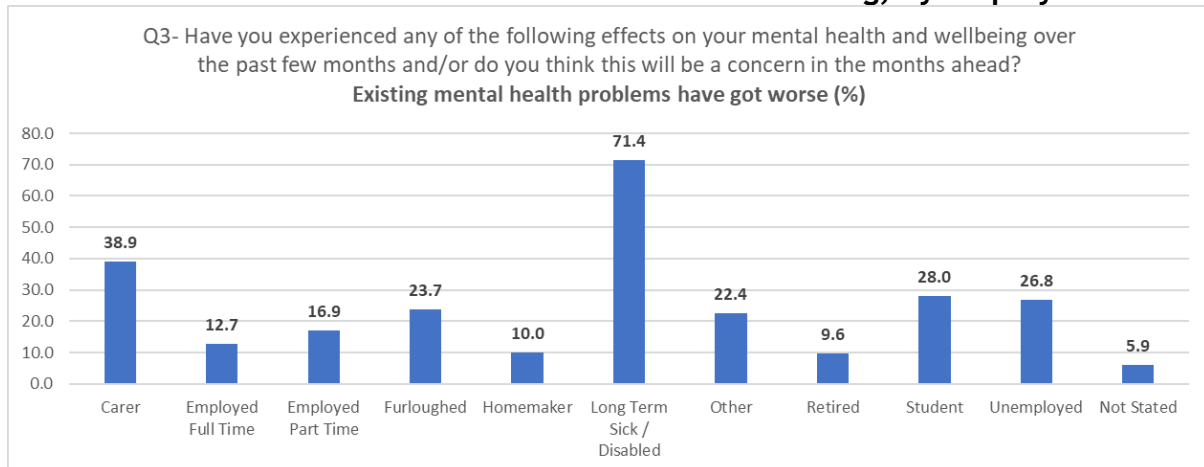
1 in 5 respondents reported a worsening of existing mental health conditions (20.3% n=176); however, sub analyse reveals significant variation. The youngest age group was 2.5 times more likely to report deterioration in mental health and those in the 25-34yrs were also above average (29.9%).

Figure 181: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by age group



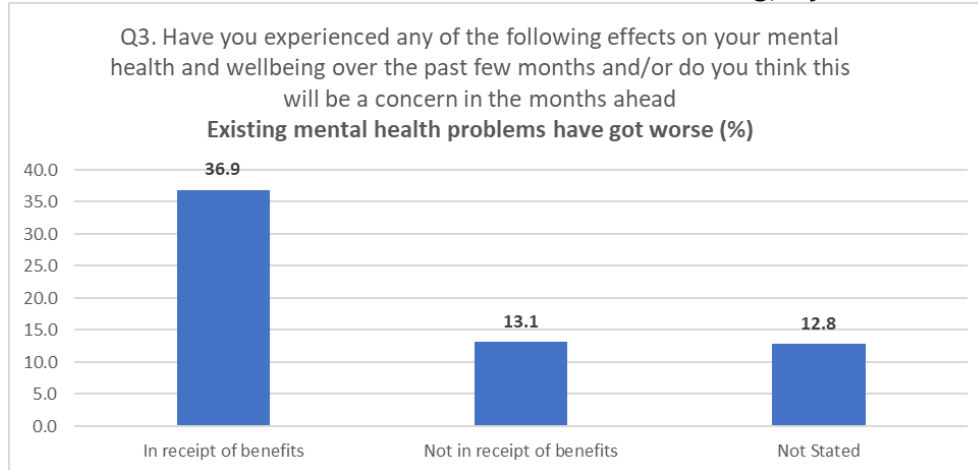
Looking at employment status, those who were long term sick or disabled were 3.5 times more likely to report a worsening of existing mental health condition; it may be that this category had the highest number of respondents diagnosed with an existing condition compared to respondents in other categories. Also, higher than average were carers, furloughed, students, and the unemployed.

Figure 182: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by employment status



Again, those in receipt of benefits were more likely than average to report a deterioration in mental health conditions and considerably more likely than those not in receipt of benefits.

Figure 183: Percentage of people who reported they might find difficulty with their mental health in terms of their mental health deteriorating, by benefit status



Respondents living alone scored higher than average (28.6%) and higher than those who lived with other people (17.2%).

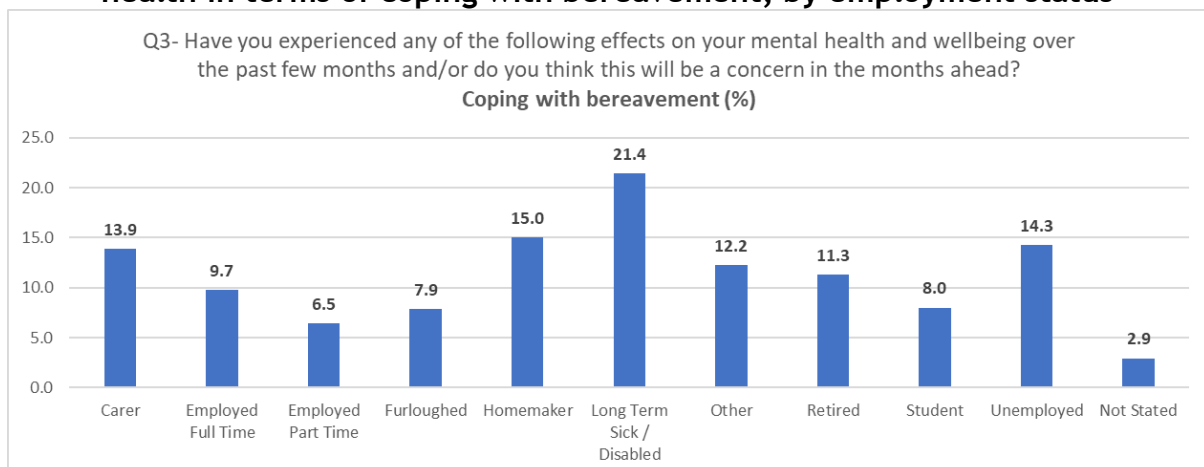
Worsening of mental health problems was compounded by limited access to help and support from mental health services. Lockdown and being unable to leave the house impacted mental health, and in some cases physical health, for people with pre-existing conditions. Some respondents with anxiety reported being fearful of leaving the house and one person reported agoraphobic tendencies that did not exist previously. Another respondent with long term mental health problems who was shielding found the experience of taking exercise outside extremely challenging and not enjoyable.

Coping with bereavement

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

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

Figure 184: Percentage of people who reported they might find difficulty with their mental health in terms of coping with bereavement, by employment status



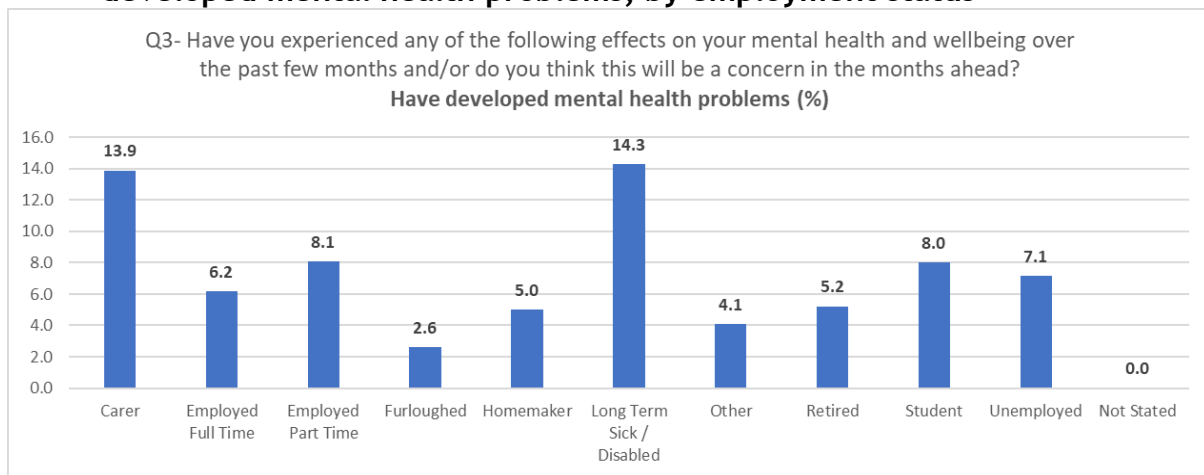
Of note were those on benefits with 13.5% of respondents reporting a bereavement alongside 14.8% of those who lived alone.

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

Have developed mental health problems

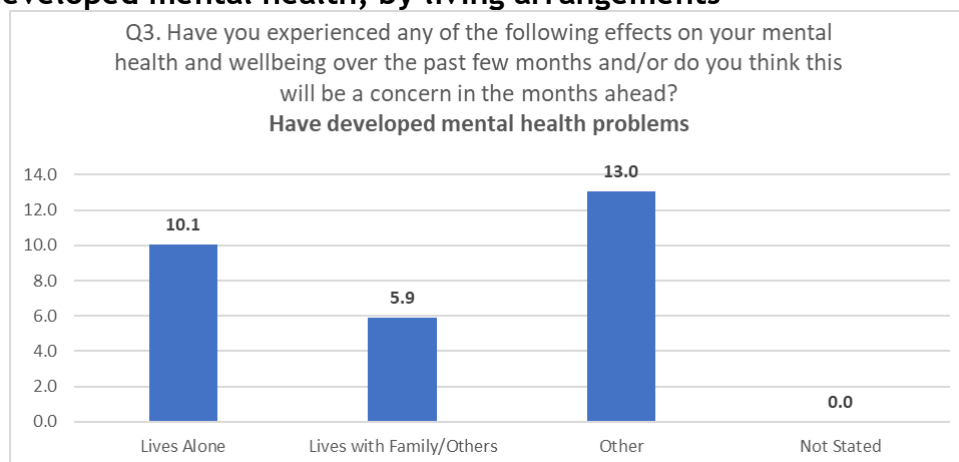
6.9% of the total sample reported the development of mental health problems during the pandemic; however, this increased to 1 in every 5 of those aged 16-24yrs (20%). Those aged 25-34 and 35-44 were also more likely than average to report problems at 9% and 7.2% respectively. Also scoring highly were carers (13.9%) and long-term sick or disabled (14.3%). Part-time employed, students and the unemployed were slightly more likely to report having developed a problem.

Figure 185: Percentage of people who reported they might find difficulty with their recently developed mental health problems, by employment status



Those in receipt of benefits were more likely to report new mental health problems and almost twice as likely as those not on benefits (10.2% compared to 5.7%). People living alone were also more likely to report issues.

Figure 186: Percentage of people who reported they might find difficulty with their recently developed mental health, by living arrangements



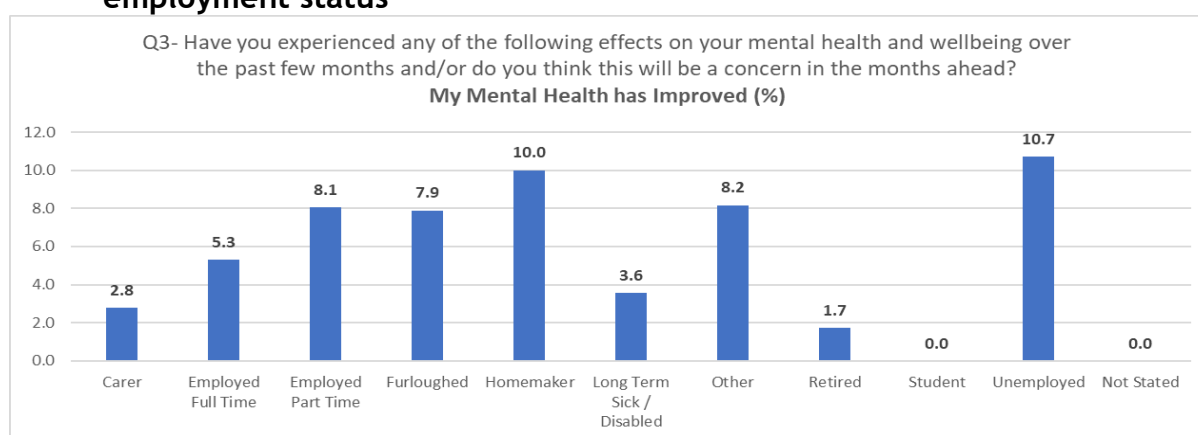
As highlighted earlier, one individual with a mental health condition developed agoraphobia whilst others without existing problems developed these or were concerned about this happening to family members. A parent spoke of their child sleepwalking and having nightmares which only improved with the return to school and seeing friends again. For some, unhealthy behaviours

resulted in poor physical health which then impacted on mental health. As reported previously the lack of work/life balance when home working also impacted mental health. Two individuals spoke about developing postnatal depression and support being unavailable.

My mental health has improved

A relatively small proportion of respondents reported an improvement in mental health during lockdown (5.5%). The least likely to report an improvement was the 16-24yr age group and most likely were those aged 35-44yrs (7.6%). There was more variation in employment status; least likely to report improvements were carers, long term sick/ disabled and retired people (2.8%, 3.6% and 1.7% respectively) and most likely were homemakers, part-time employed and those on furlough. Interestingly, and in contrast to other analyses showing that the unemployed experienced negative impacts due to lockdown, in this instance they scored higher than average at 10.7%. This may be related to reduced expectations of job search and other commitments during the pandemic.

Figure 187: Percentage of people who reported that their mental health has improved, by employment status



Reasons for improvements in mental health during the pandemic included spending time in green space, increased walking and exercise, improved diet and more time for hobbies. Others reported improved mental health whilst working from home due to saving money and commuting time, a better work/life balance, ability to take breaks when required, exercising more, and shared childcare due to the flexibility of employers. Some respondents appreciated the mental health benefits of a faster response from health services and getting assistance over the phone. For others, lockdown gave them peace and quiet and alleviated anxieties and pressures related to being around other people.

The Samaritans reported that Health and social care organisations have worked hard to maintain support services during the pandemic, but some of our callers said that the mental health support available to them was inadequate. In the early months of the first lockdown our callers started to report that the mental health support they received was patchy and unreliable. In the months that followed, we heard that the lack of face-to-face support in particular was a concern among callers, with online support confusing and much less effective for some. The uncertainty around if and when care will resume to 'normal' and feelings of abandonment were major concerns among people trying to access support for their mental health. Since early in the pandemic, callers spoke to our volunteers about feeling neglected by mental health services, and as time progressed this increasingly generated feelings of frustration and hopelessness.

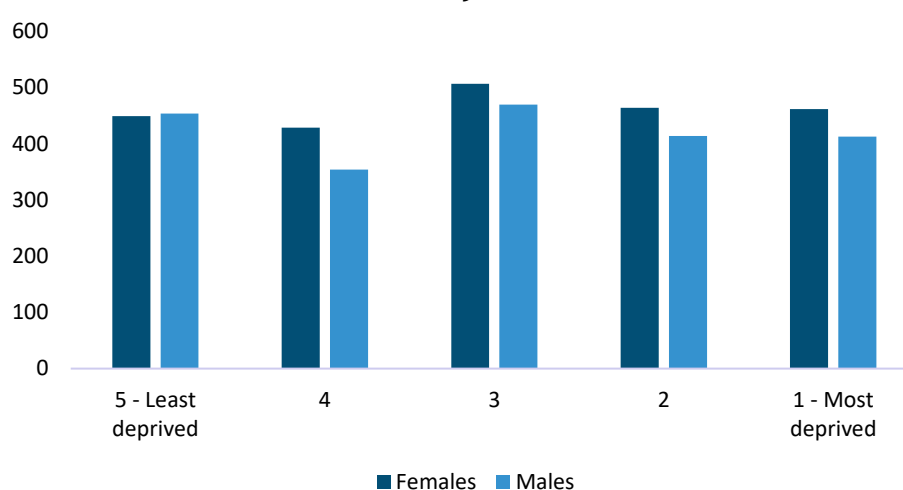
12.8 Cancer

The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes. Cancer incidence is defined as the total number of new cases (registrations) for the given time period.

Incidence Rates

Between 2014 and 2018 there were a total of 4,416 incidences of malignant neoplasms. (ICD-10 C00-C96 excl C44). Broadly speaking, the cancers with the highest incidence in Dundee is very similar to those for Scotland as a whole.

Figure 188: Dundee City Cancer Registrations by Sex, All Ages and SIMD 2016 Deprivation Quintile for the Period 01 January 2014 to 31 December 2018



Source: Public Health Scotland

All Persons:

Figure 189: Dundee City Cancer Registrations of Top Common Tumours by Stage, All Ages and SIMD 2016 Deprivation Quintile for the Period 01 January 2014 to 31 December 2018

Type	Total incidence 2014-2018 Dundee City	Incidence rank in Scotland 2014
Lung (ICD-10 C34)	848	1
Female Breast (ICD-10 C50)	588	2
Colorectal (ICD-10 C18-C20)	532	3
Male Prostate (ICD-10 C61)	406	4
Malignant melanoma of the skin (ICD-10 C43)	124	6
Female Corpus uteri (ICD-10 C54)	90	5
Head and Neck (ICD-10 C00-C14, C30-C32)	88	9
Totals		
All malignant neoplasms excl C44	2676	

Source: Scottish Cancer Registry, Public Health Scotland (PHS)

Figure 189 shows that these cancer types accounted for over 60% of all cancers in Dundee.

European Age Sex Standardised Rate

In order to prevent bias due to uneven age group and gender proportions across localities, rates have been age and sex standardised using European Age Sex Standardised Rate (EASR) methodology.

Incidence Rates by LCPP area

In order to prevent bias due to uneven age group and gender proportions across localities, rates have been age and sex standardised. This will be referred to as EASR (European Age Sex Standardised Rate)

Figure 190 shows the age and sex standardised rates per 100,000 of cancer in Dundee by locality.

Figure 190 : Age and sex-standardised rates per 100,000 of cancer in Dundee by locality.

Type	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End
All malignant neoplasms excl NMSC	685.9	733.4	652.8	596.1	735.1	711.9	581.7	612.1
Trachea, bronchus and lung	151.4	171.1	121.0	115.9	173.0	145.2	64.3	102.8
Breast (females only)*	153.0	149.2	175.7	144.7	138.1	163.4	168.0	134.4
Colorectal	89.6	83.5	76.3	75.3	105.2	80.6	65.2	91.0
Prostate*	91.6	124.2	128.4	129.7	90.4	107.6	132.6	105.6
Head and Neck	35.4	41.6	30.4	27.7	36.0	28.5	20.3	15.8
Malignant melanoma of skin	13.3	19.0	20.3	13.5	23.3	30.1	36.7	26.5

*Female breast cancer only, rate relative to female population only

**Rate relative to male population only

There is a clear correlation between incidence of cancer and locality where the diagnosed person lives.

Incidence rates (EASR) of cancers of the trachea, bronchus and lung as well as pancreas and head and neck cancers are highest in the most deprived SIMD 1. The rate of colorectal cancer is highest in the least deprived SIMD5. West End and The Ferry are the LCPP areas with the least deprivation and the EASR rate of colorectal cancer is lowest across the city in The Ferry and highest across the city in West End.

Incidence rates (EASR) of skin and prostate cancers are highest in the least deprived SIMD 5 and The Ferry has the highest rates across the 8 LCPP areas. West End is the 2nd least deprived LCPP area, however the EASR rate of prostate cancer incidence is amongst the lowest of all 8 LCPP areas.

Incidence rates (EASR) of breast cancer is highest in SIMD 3 and the LCPP areas with the highest (EASR) incidence rate are Lochee (175.5 incidences per 100,000 people) The Ferry (168.00 incidences per 100,000 people) and Strathmartine (163.4 incidences per 100,000 people). The lowest (EASR) rate of breast cancer is found in West End which is one of the LCPP areas with the lowest deprivation.

There is an undoubted link between these trends and lifestyle and the prevalence of other conditions associated with deprivation. The increased prevalence of multi-morbidities and the type of cancer greatly impacts survival rates and this is analysed later in this section.

Stage of Cancer

The stage at which a cancer is diagnosed varies by cancer type and where the diagnosed person lives.

Lung cancer is most frequently diagnosed at stage 4 and the proportion of stage 4 cancers in the LCPP areas varied from 30% in Maryfield to 48.4% in West End. This is consistent with the finding that SIMD 5 (least deprived) is the quintile with the highest rate of diagnosis at stage 4.

Breast Cancer is most frequently diagnosed at stage 1 and the proportion of breast cancers within each deprivation group diagnosed at stage 1 varied between 30% in SIMD 4 to 44% in SIMD 5. Similar to lung cancer, SIMD 5 (least deprived) is the quintile with the highest rate of diagnoses at stage 4.

No clear linear relationship of deprivation and stage of colorectal cancer was observed, although lower rates of Dukes' A cancers (10%) were observed in the most deprived two quintiles compared to the other quintile groups. Higher rates of Dukes' D cancers were observed in SIMD 1 (most deprived) (21%) compared to other deprivation groups.

Prostate cancer is most frequently diagnosed at stage 4. Incidence rates by stage was not available by LCPP area or SIMD quintile. The largest proportion of diagnosis at stage 4 were in the 80+ age group.

Cancer Mortality

Cancer mortality is defined as the number (or rate) of patients who died in a given period where the primary cause of death was cancer. The mortality statistics presented here are based on date of registration of the death rather than the date on which the death occurred (this is in line with information published by National Records Scotland and cancer statistics presented on the ISD website). By law, deaths should be registered within 8 days.

When looking at data across a 3 year rolling average, cancer mortality differs greatly by LCPP area. Where 2013 was the middle year of a 3-year average, the order by which cancer mortality had the highest EASR rate was the same order as the LCPP areas with the highest proportion of deprivation.

Figure 191: Incidence Rate of Cancer, by locality

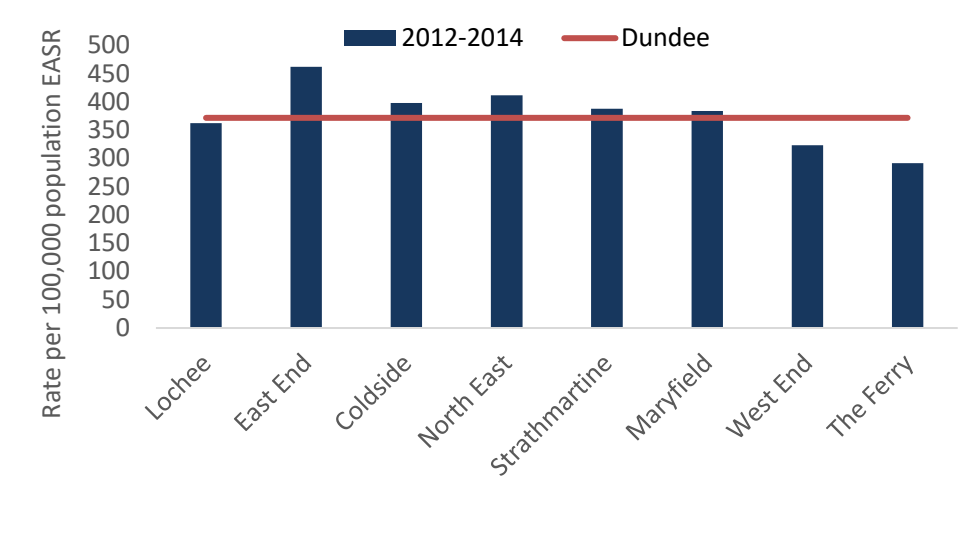


Figure 192: Cancer mortality in Dundee by locality and rolling 3-year average: EASR per 100,000

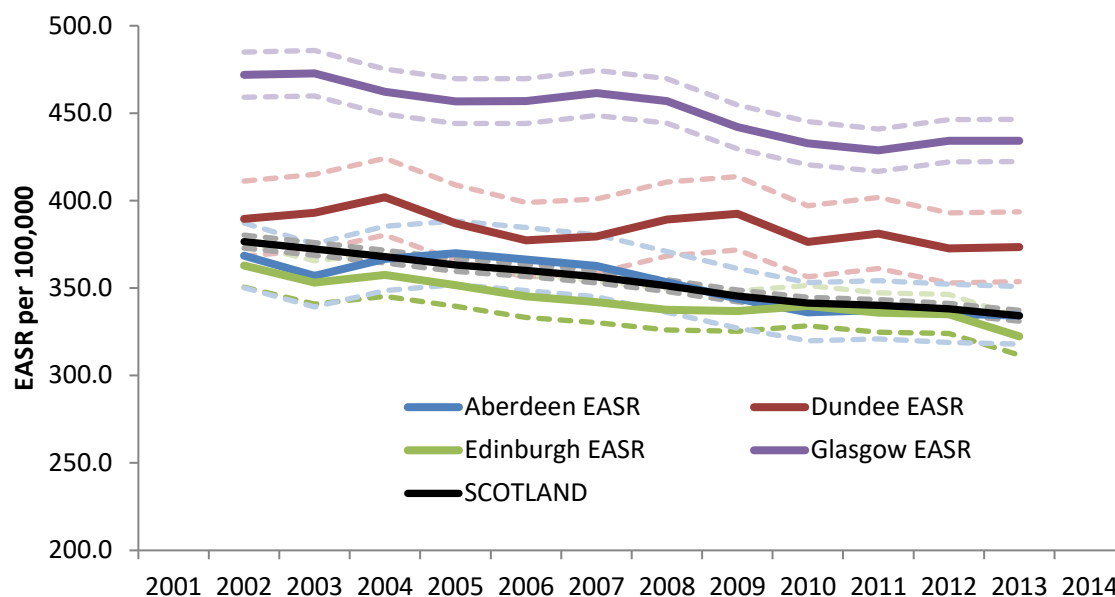
Middle year	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End	Dundee
2002	400.0	438.5	361.0	408.9	429.5	476.9	287.4	405.8	388.6
2003	412.0	408.6	381.4	403.6	403.5	481.4	310.3	404.6	391.7
2004	432.2	422.5	399.0	412.7	401.2	454.6	324.7	394.4	400.3
2005	419.6	404.9	368.5	424.0	334.4	440.3	298.2	391.3	385.4
2006	384.5	425.5	386.9	431.8	348.0	404.7	273.4	362.5	375.7
2007	421.4	441.0	380.7	359.6	335.4	388.6	314.7	343.6	377.4
2008	421.8	481.8	420.9	336.8	360.9	396.2	319.0	345.7	387.8
2009	440.1	460.6	405.3	322.1	393.1	413.8	324.2	374.4	390.9
2010	401.4	446.9	370.1	347.3	441.7	406.7	284.1	370.4	375.5
2011	411.7	462.5	369.7	382.7	449.1	417.0	288.5	329.9	379.6
2012	403.2	480.5	361.4	368.1	469.2	387.3	281.4	304.0	370.8
2013	398.1	462.2	362.5	383.6	411.3	388.0	291.4	323.1	371.7

Cities Comparison

In comparison with the other 3 Scottish cities - Aberdeen, Edinburgh and Glasgow, Dundee had the second lowest EASR of cancer incidence in the period 2010-14, however when broken down by cancer type Dundee has a higher EASR rate than Aberdeen and Edinburgh in the incidence of cancers of the trachea, bronchus and lung and also head and neck cancer.

Despite having a lower EASR of cancer incidence than Aberdeen and Edinburgh, Dundee has a slightly higher mortality rate than these cities. Dundee's cancer mortality rate however, is lower than the rate observed in Glasgow.

Figure 193: Trend in the EASR age-sex-standardised cancer mortality for Dundee and other Scottish cities: 3 year rolling average: 2001-2014



Dundee's mortality rate has fallen over the time period (by 4%) but it appears to be diverging from the Scottish average. The trend in mortality rate in Aberdeen (9%) and Edinburgh (11%) closely follows that of Scotland overall (11%). Glasgow's mortality rate remains much higher than average for the whole time period, but the trend in rate appears to more or less follow the Scottish average trend (with a fall of approximately 8%), so mortality rates are not currently diverging any further from the average in Glasgow.

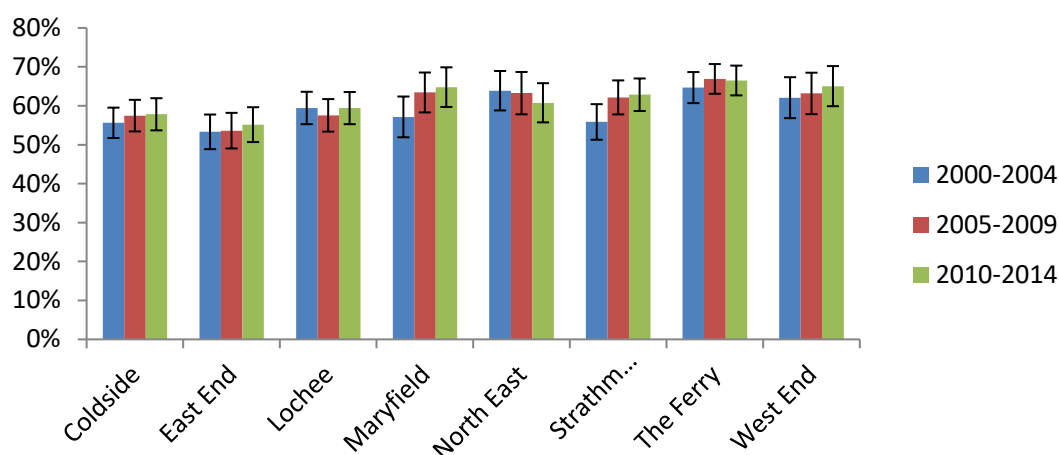
Mortality rate from breast cancer is higher in Dundee than Edinburgh, Aberdeen and Glasgow and Dundee has the second highest mortality rate for lung and colorectal cancer. The mortality rate for prostate cancer is however the lowest of the 4 cities and is significantly below the Scotland rate.

Cancer Survival

Observed cancer survival is the proportion of people alive after a defined period of time following their cancer diagnosis divided by the population with a cancer diagnosis. It gives a measure of how many people who had a cancer diagnosis were alive following a cancer diagnosis but such analysis does not take account of age of person at the time of cancer diagnosis or the type of cancer in question (unless specified). It also does not consider that people may die of causes other than cancer (so deaths measured may be unrelated to any cancer diagnosis).

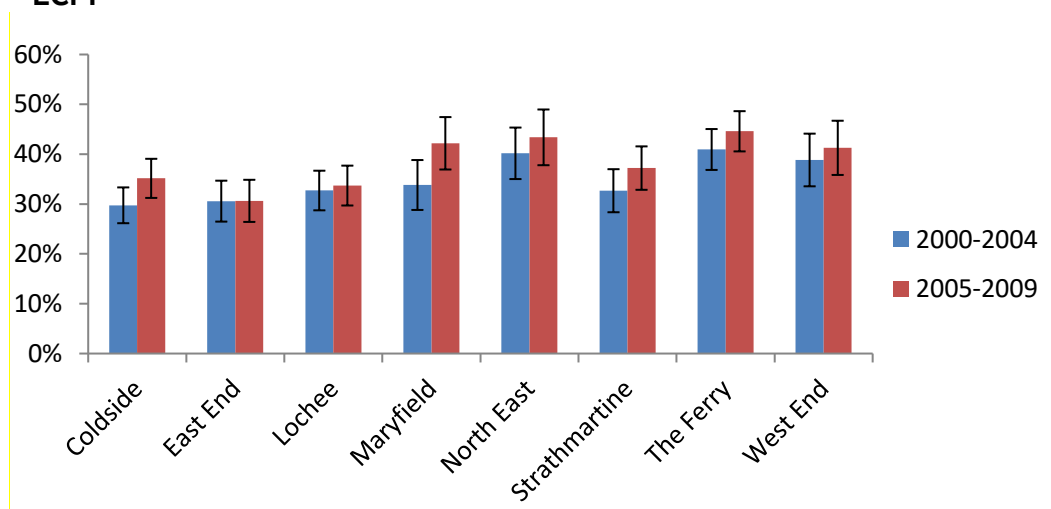
There is some variation in survival rates for all cancers by locality. This probably largely reflects the cancer types most prevalent in these areas alongside the differing age, sex structure across these areas (which are not adjusted for using observed survival). For people diagnosed between 2010-2014 survival rates at one year varied between 55% in East End to 67% in The Ferry. Those areas with the lowest survival rates also have the highest percentage of cancers diagnosed as lung cancer.

Figure 194: One-year survival rates for all persons with cancer in Dundee, 2000-2014, by LCPP



The Ferry and West end had the highest one and three year observed survival rates. The Ferry had significantly higher five-year survival rates than Coldside, East End and Lochee in persons diagnosed in 2005-2009. The Ferry has an older population profile than other areas, however it has a the lowest % of cancers that are lung and head and neck cancer and a high % of cancers in this area are breast and prostate cancers, which have much better survival rates in general. The West end has the second lowest % of cancers that are lung cancer, and also has a very young age profile.

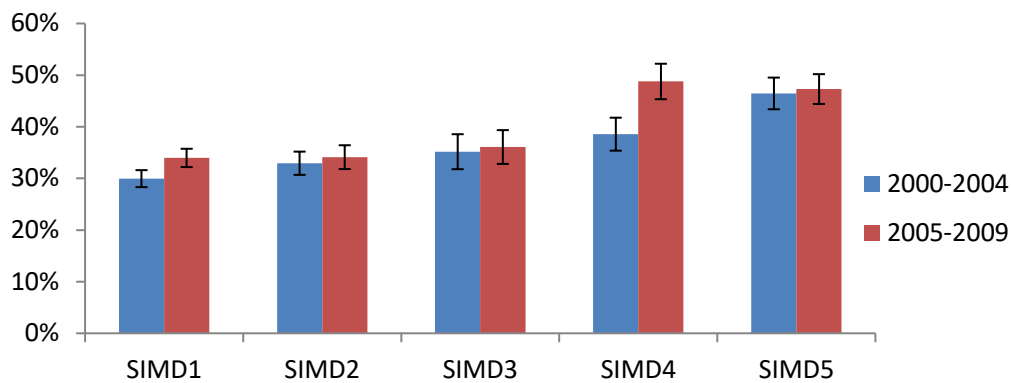
Figure 195: Five-year survival rates for all persons with cancer in Dundee, 2000-2009, by LCPP



**2010-2014 not shown as there is only one year of data, making estimates highly uncertain*

There is a definite trend with lower survival rates for all cancers in more deprived areas in one, three and five year survival. The gap does not appear to be narrowing over time. This is likely at least partly due to the underlying differences in the incidence of different cancer types between deprived and less deprived areas. The proportion of lung cancer diagnoses, which has low survival rates, might especially be affecting overall survival rates from all cancers. In Dundee in 2010-2014, 24.7% of cancer diagnoses in the most deprived areas (SIMD 1) were lung cancer diagnoses, compared to 10.2% of cancer diagnoses in SIMD 5 areas.

Figure 196: Five-year survival rates for all persons with cancer in Dundee, 2000-2009, by deprivation



The average annual registrations of cancer in Tayside were around 2,128 between 1998 and 2002, and this rose to 2,388 between 2009 and 2013.

One and three year survival from all cancer for Dundee and other Scottish cities for cancers diagnosed between 2000-2004, 2005-2009 and 2010-2014 is shown in the charts below. Increases in survival over the time period are observed in all cities, although the increase over time in Dundee does appear to be less than in other cities. Overall for cancers diagnosed between 2000-2004 one-year survival was lower in Glasgow (55%) than in Dundee (59%) but by 2010-2014 survival was lowest in Dundee (61%) whereas Glasgow one-year survival was 63%. A similar picture is seen for three-year survival where for cancers diagnosed between 2000-2004 observed survival was 42% in Dundee compared to 38% in Glasgow whereas by 2010-2014 survival in Dundee was 45% compared to 47% in Glasgow. However, as previously mentioned, observed survival takes no account of the sex or age structure of the populations which reside in these cities and such adjustments are advised for comparisons of this nature.

Figure 197: One-year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014

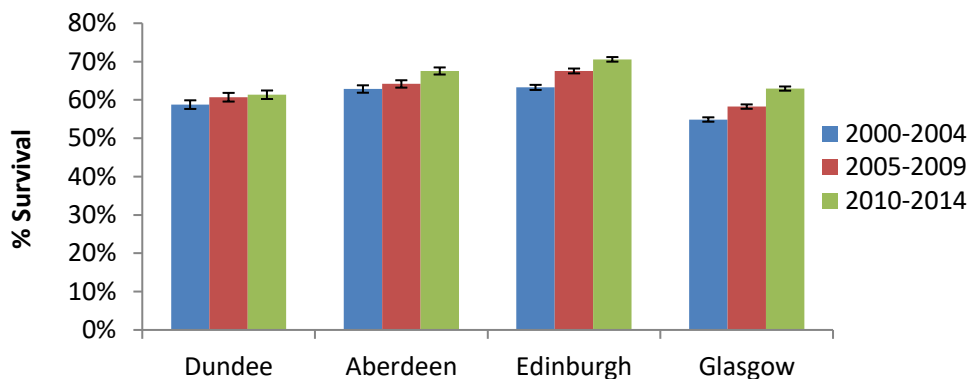
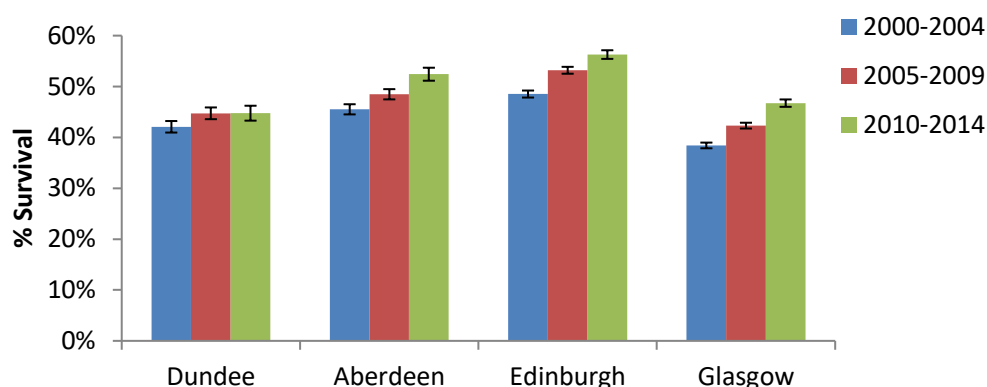


Figure 198: Three-year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014



Key Findings: Older People, Dementia, Physical Disabilities, Sensory Impairment, Learning Disabilities, Mental Health and Cancer

- Across most LCPP areas the population is ageing and the effects of deprivation mean that people are at high risk of developing one or multiple long-term conditions.
- 76% of people diagnosed with dementia live at home.
- Dundee has a higher prevalence of people with a physical disability when compared with Scotland as a whole. There is variation in prevalence across Dundee when comparing LCPP areas.
- There is a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldside.
- Lochee has the highest number of people receiving a service from NESS followed by Coldside and Strathmartine, North East have the lowest number of people followed by West End.
- Dundee has the highest rate of people with a learning disability in Scotland.
- There is variation in the prevalence of people with a learning disability across LCPP areas in Dundee.
- 83% of people with a learning disability living in the West End were aged 16-34 years
- Dundee has the 5th highest rate of people with a mental health condition in Scotland, and there is variation in prevalence across Dundee when comparing LCPP areas.
- In 2021 the figures for people being treated under a S36 and S44 order, show a significant increase compared with 2020 figures
- The number of guardianship orders continue to increase over the past 5 years
- The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with a cancer in their lifetime.
- There is variation in the prevalence of people with cancer when comparing LCPP areas, SIMD quintile and age groups.

13.0 End of Life Care

When a person has a serious illness or is dying, palliative care and end of life care is provided to minimise the impact of suffering and enhance the quality of the person's life. Palliative care includes end of life care, but also extends throughout the illness journey and into survivorship, where this applies.

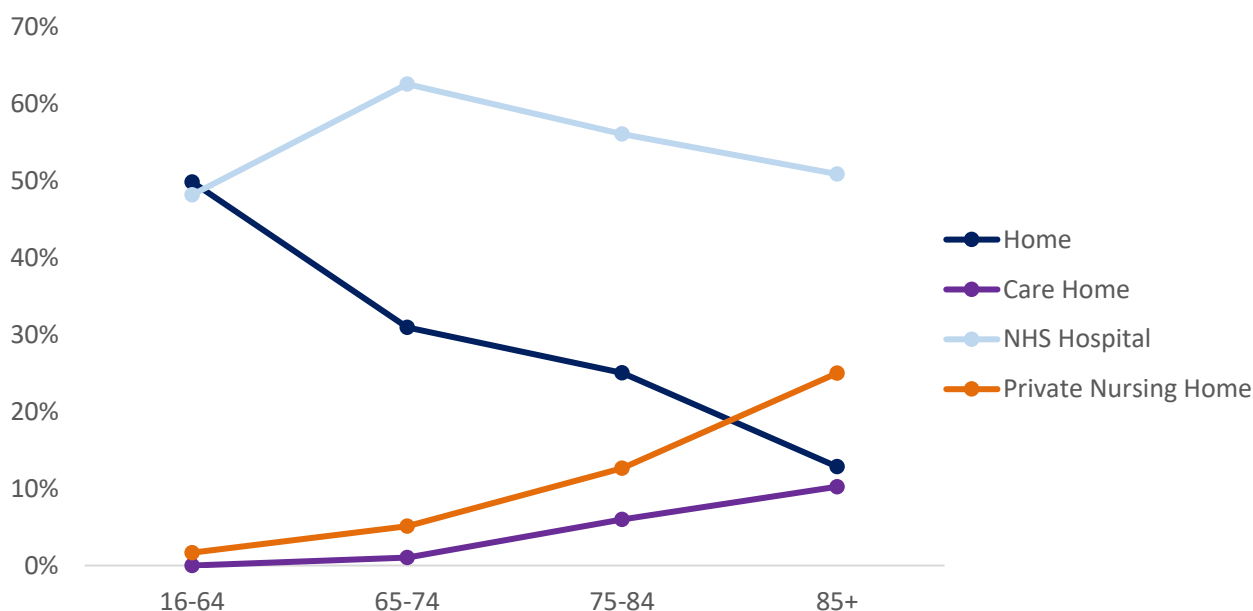
In Scotland around 58,000 people die each year, and this number is rising as the population increases. In Dundee there were 1,688 deaths during 2019/20, and the main cause of death was cancer.

The number of those who may benefit from access to palliative care is increasing across Scotland. In Dundee the need for both general and specialist palliative care is rising. A proximal indicator for this is the rising number of referrals to specialist palliative care services in Dundee. Since 2012 there has been a 45% increase in referrals to the palliative care service at Ninewells Hospital. There has also been a 22% increase in admissions to Roxburghe House, alongside an increasing use of day care, clinics and the support provided by Macmillan nursing staff.

13.1 Location at Death

When a person dies, the location of where they died is recorded. In Dundee an average of 54% of people die in hospital, 27% at home and 13% in a hospice. Figure 208 shows the location of death for all those who live in Dundee and died in 2016/17.

Figure 199: Location at death in Dundee, 2019/20



Source: Public Health Scotland 2020

Figure 208 shows the trends in where people die, by age group. Over all age groups in Dundee, 54% of people died in an NHS hospital. A very small number of people died in other settings.

These figures show that the percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.

The percentage of people who died in a residential care home or a nursing home/private hospital increased with age. No people aged 16-64 years died in a care home, and only six people (2%) aged 16-64 died in a nursing home/private hospital. The proportion increased considerably with older age, with 10% of deaths for people aged 85+ being in a residential care home and 25% in a nursing home/private hospital.

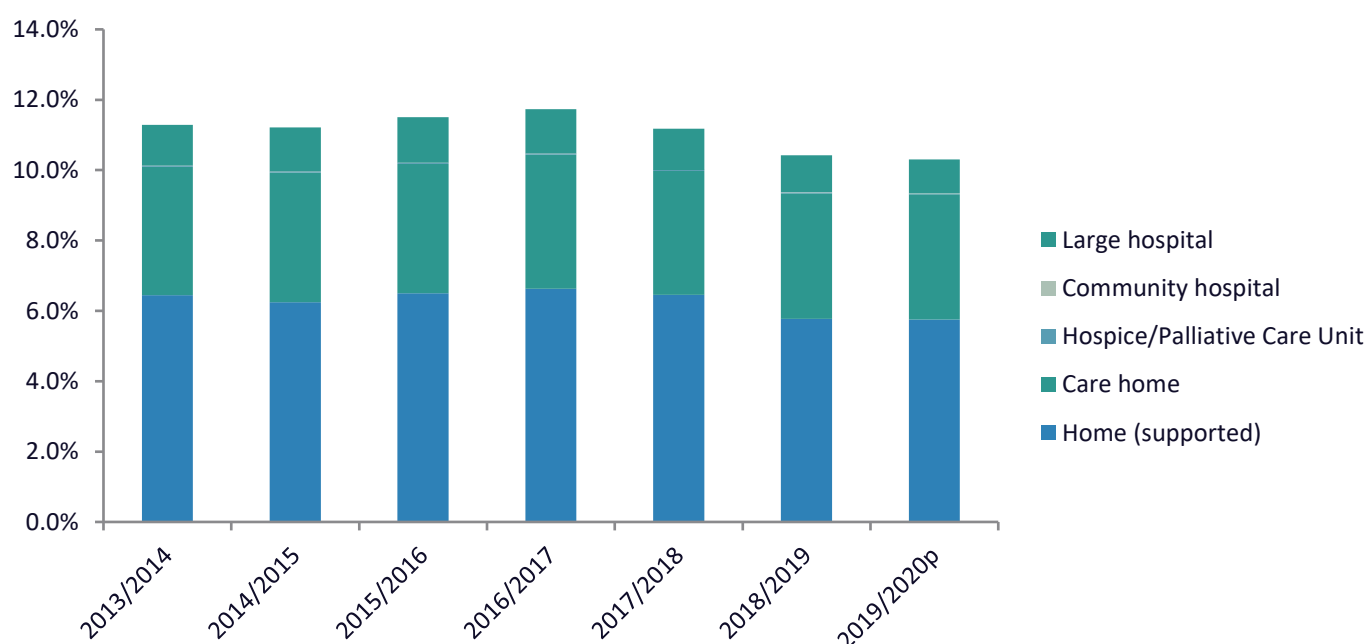
Figure 208 shows that the percentage of people who died in an NHS hospital did not vary considerably across the age groups. However, there was an increase by age for those up to the age of 85+. 48% of deaths for 16-64 year olds occurred in an NHS hospital, and this increased to 63% of the 65-74 age group, and 56% of the 75-84 age group. The percentage then decreased for the 85+ age group, as 51% of people aged 85+ died in an NHS hospital. This decrease correlates with the increase in deaths in care/nursing homes and private hospitals for the 85+ age group.

13.2 Time Spent at Home or Community Setting in Last 6 Months of Life

There is also data available for the length of time people spent at home, or in another community setting, during the last 6 months of life.

Figure 200 shows figures for the period 2013/14 - 2019/20 the percentage of time people in Dundee spent at home or in a community setting, in a hospice / palliative care unit and in a large hospital during their last 6 months of life.

Figure 200: Percentage of Population in Community or Institutional Settings, Dundee, aged 65+



Source: Public Health Scotland 2020

Figure 200 shows that between the years 2013/14 and 2019/20 there has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life. In 2013/14, 99% of time for people in Dundee was spent at home or in a community setting. This figure is similar to the percentage for Scotland as a whole.

From the information and figures available it is not possible to determine whether the proportion of time people in Dundee spent at home in their last 6 months of life, or the location of death for those involved, would have accorded with their personal preferences or choice. The information

and data gathered will have to be extended to allow this further level of more detailed analysis to take place, if this is an indicator against which the performance of health and social care services is to be measured in the future.

Key Findings: End of Life Care

- In Dundee there were 1,688 deaths during the calendar year of 2020, and the main cause of death was cancer.
- Over all age groups in Dundee, 54% of people died in an NHS hospital.
- The percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.
- There has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life, 89.5% of time for people was spent at home or in a Community Setting in 2019/20

14.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE: NEXT STEPS

It is recognised that strategic needs assessment (SNA) is an ongoing process. As population and demographic changes take place, as well as changes in the patterns of service demand and usage, it is important to update the needs assessment which is being used to inform service planning and development. At the same time, it is acknowledged that there is more work to be done to incorporate information and data that is relevant for all of the health and social care functions now delegated to the Partnership.

For this reason, this document is being published as *Strategic Needs Assessment: Version 2*. It is the intention to produce further versions of the SNA as the picture of needs in Dundee steadily builds and is refined through detailed analysis. In the next version the Partnership will be seeking to reflect all areas of need and service provision, at a locality level, relevant to the development and delivery of health and social care services in Dundee.

The analysis which underpins the SNA, reflected in the Plan and this document, uses descriptive statistical techniques to describe populations in Dundee. This has led to a number of hypotheses which may be explored in the future using inferential statistical techniques. The findings from such further work will be reflected in later versions of the SNA.

The SNA has been developed to inform and accompany the Plan. As such this SNA is being described as a Companion Document to support the implementation of the Plan.

An electronic link to *Strategic Needs Assessment: Version 2* can be found by using the following link:

<http://www.dundee.gov.uk/dhscp/ourpublications>

Key Contacts

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This is Strategic Needs Assessment: Version 2 and information and analysis is welcomed to assist with the preparation of Version 3.

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With thanks to our colleagues from NSS ISD LIST for working with us to provide data from health systems for inclusion in Versions 1 and 2.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.