

# Dundee Strategic Needs Assessment

## Summary

### Our Vision

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

The Strategic Needs Assessment is a companion document to the Strategic and Commissioning Plan and provides intelligence and evidence to identify health and social care needs of the citizens of Dundee. You can view the full version of the strategic needs assessment here <https://www.dundeehsc.com/publications>

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging.

At 31 March 2021 there had been 203,555 confirmed cases of COVID-19 in Scotland; 13,358 of which were in Tayside and 6,407 of which were in Dundee. There were over 300 deaths of Dundee residents.

This needs assessment looks at existing health and social care need in addition to the need associated with the effects of the pandemic and COVID-19 on the population

## Socio-Economic

Dundee has an ageing population and we expect to see an increase of **38%** in the **75+ population** by **2043**.



Dundee is the 5th most deprived local authority area in Scotland. **36.6% of the population** lives in the **20%** most deprived areas of Scotland.

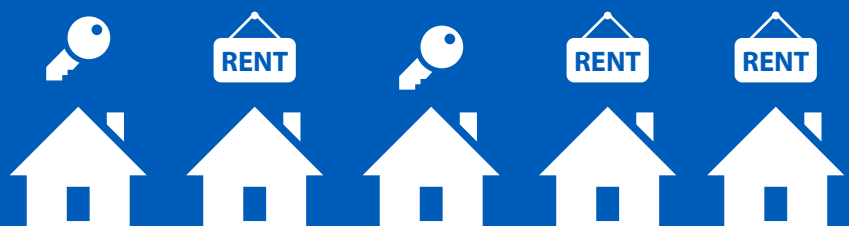


**2nd lowest** life expectancy in Scotland and this varies by deprivation level, health and disability. Life expectancy in the most deprived areas is about ten years less than in the most affluent areas.

**8th highest rate of homelessness** applications in Scotland, much higher than Scottish rate.



**Less owner** occupiers and higher in rented accommodation.



# COVID-19

People in deprived areas **already experience inequalities** in health, and a range of data is showing that the pandemic is impacting disproportionately on rates of death and illness from COVID-19.

The pandemic has caused concern among lower income households about their financial situation; driven **by reduced income** as a result of job loss, reduced working hours and furlough.

Workers from Other White ethnic groups were more likely to **report a loss of take-home pay due to the Pandemic** than White British or Indian ethnicities.

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

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

Homeless and rough sleepers are severely vulnerable during the pandemic – **3 times more** likely to experience chronic health condition including COPD.



The outcomes and survival rate of people with **COVID-19 are worse** for older adults and those with underlying medical conditions.



**1 in 5** respondents to the Engage Dundee survey reported a worsening of existing mental health conditions and this was higher in the **25-34 year age group**.

Engage Dundee reported that **6.9%** of respondents had developed a mental health problem during the pandemic. This group consisted of young people, carers and long term sick / disabled.

The Fairness Commission survey highlighted the importance of services for deaf people and users of British Sign Language was raised. Difficulties arose due to closure of support organisations, being unable to use telephone helplines and not having internet at home.

As a result of the Pandemic, **84%** of Dundee Carers reported negative impacts on physical, mental, and social wellbeing and **60%** reported feeling socially isolated (60%).

As a result of the Pandemic, **67%** of Dundee Carers reported negative financial impact as a result of higher household expenses and **38%** had to reduce or give up hours in employment due to caring commitments.



There is a large number of people in Dundee who are suffering from **“Long Covid”** and require increased support or support when they did not require this previously.



# Health and Disability

Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities.



The population is ageing but as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. They have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.

Across all LCPPs the average number of prescriptions for drugs used to treat diabetes, hypertension and heart failure has increased since **2015/16**.



In general, the rate of people on **10+** prescribed items has decreased slightly from **2015/16** however this rate varies by gender and deprivation quintile. Females in the most deprived areas of the city are most likely to be prescribed 10+ items.

Prevalence of substance use remains high in the city and is one of the **highest** in Scotland.



Drug related deaths in Dundee are high, although there were **15** fewer deaths in **2020** compared with **2019**.

Rates of hospital admissions due to alcohol and drug use are high, with a higher proportion being from the most deprived LCPPs.



High rate of suicide with increased associated risk due to the Pandemic for those with mental health conditions, young people and middle aged men.



Domestic abuse is prevalent in our population with third sector services reporting high numbers of survivors being supported and high levels of risk and complexity of need.

There are approximately **2,400** people with **Hepatitis C** (HCV) living in Dundee. **80%** of people with HCV will develop chronic disease and there is still a large undiagnosed population.

Approximately **1 in 10** people aged **65+** has dementia. Due to the pandemic the proportion of people who received a minimum **12 months** post diagnostic support, following diagnosis dropped from **97%** to **68%**.

The number of people living with or dying from cancer is rising, and it is estimated that **1 in 2** people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes. There is variation in the prevalence of people with cancer when comparing LCPP areas, SIMD quintile and age groups.

In Dundee there were **1,688 deaths** during the calendar year of **2020**, and the main cause of death was cancer. There has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last **6 months** of life, **92%** of time for people was spent at home or in a Community Setting.



## Carers

**65%** of young carers supported by local carer services provide up to **19 hours of care per week.**



**62%** of adult carers supported by local carer services provide an average of **50+ hours of care per week.**



Carers Allowance Supplement has increased in Dundee from 2,535 payments made in 2018-19 to 2,805 payments made in 2020-21 – **11% increase.**



Around **130 Carers Health Checks** have been carried out each year in Dundee (2018-19 and 2019-20).



**72%** of carers reported poor mental health, and the same percentage (72%) said their physical health had deteriorated.



The more hours of care and support a carer provides per week the more likely they are to experience impacts on their **health, finances and employment.**

# Emergency Hospital Care

High variation across and within LCPPS areas – strong link between number of emergency admissions and deprivation ranking of the LCPP where the person resided prior to admission.

Lower rate of Delayed Discharges than Scottish average.



The rate of Readmissions to hospital within **30 days** of discharge have increased and is the highest rate in Scotland.

Hospital admissions due to a long term condition are higher from the most deprived LCPPs, especially for asthma, COPD and coronary heart disease.



Taking into account age and sex, if the admission levels of the least deprived areas were seen across the entire city, COPD admissions would be **78%** lower, asthma would be **58%** lower and CHD would be **31%** lower.

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

Before a person started homecare services, on average **45%** had an emergency admission **28** days before the commencement of homecare. This dropped significantly once homecare services were implemented with only **19%** resulting in emergency admissions. The number of bed-days in hospital for before and after homecare also dropped significantly from an average of **7.3** days to **1.9** days.



In **2020/21** half of those admitted to Care homes had been an emergency admission hospital **28 days** prior to be admitted. There were 363 new admissions in 2020/21 and these new admissions had spent a total of **3610** bed days in hospital prior to be admitted, this is an average of 10 days per person.

## In Summary

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High levels of deprivation and health and social inequalities exist in our population and this has increased demands on health and care services across the City. Lifestyles including drug and alcohol use, smoking and diet are associated with high levels of deprivation and in Dundee many people develop lifestyle associated health conditions at a younger age than in more affluent Partnerships. Covid-19 has increased the health and social needs of the population, particularly as a high proportion of the population is an enhanced health risk, should they contract the virus. Carers are experiencing greater pressure than prior to the Pandemic, with many carers who may also have health and care needs, now providing more care.

The information contained within the Strategic Needs Assessment informs the planning and improvement of health and social care services. This update of the Strategic Needs Assessment will also inform the ongoing review of the Health and Social Care Partnership's Strategic and Commissioning Plan, helping to ensure that strategic priorities are appropriately aligned to the health and social care needs of the population.

## Contact us

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If you would like further information or to provide feedback please contact

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