

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2024/25 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing are 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.
- 4.2 Dundee has the second lowest life expectancy in Scotland. Life expectancy is 76.9 years, compared to 78.8 years across Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived people in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and

intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a summary of data, alongside accompanying analytical narrative.
- 5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q4 24/25 also includes data for Q1 24/25, Q2 24/25 and Q3 24/25. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected non-fatal overdose incidents reported by the Scottish Ambulance Service and Police Scotland has shown a slight increase, rising from 192 in Q4 2023/24 to 206 in Q4 2024/25.
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high, from Q1 2023/24 onwards, consistently ranging between 89% and 94%. Although there was a slight dip in Q1 and Q2 2024/25, the waiting times standard has been met in the past two quarters.
- 6.3 The number of referrals for alcohol treatment has gradually declined over time, reaching a low of 453 in Q2 2024/25. This was followed by a modest increase rising to 543 in Q4 2024/25. Across Dundee the services are meeting the Scottish Government Waiting Times Standard (90% referral to treatment in 21 days)
- 6.4 The number of referrals for drug treatment services declined from Q1 2022/23, reaching a low of 500, before steadily increasing and peaking at 606 in Q2 2024/25. This was followed by a slight decline for Q3 and Q4 2024/25.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 23% between Q4 23/24 (1415 ABIs) and Q4 24/25 (1085). The number of ABI peaked in Q1 2024/25 and have declined since. This is not required for National reporting, but we are collecting the data locally. It is not being used for development purposes but reflects the current level of delivery. There is a training program that supports this.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 20% between Q4 23/24 and Q4 24/25 (from 353 to 281).
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2024 (report available in full at: [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#)). In 2024 there were 1,017 deaths due to drug misuse in Scotland; this is 155 fewer deaths than in 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of 4 deaths from 2023. After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in

Scotland, behind Glasgow which has the highest rate (please note this is calculated over the five-year period 2020-2024).

7.0 SERVICE IMPROVEMENT AND PRIORITIES

- 7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2024/25. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A
2025						N/A					N/A

	Red	2022	MAT 6 to MAT 10 were not assessed
	Provisional Amber	2023	MAT 6 and MAT 10 were assessed separately
	Amber	2024	MAT 6 and MAT 10 were assessed jointly
	Provisional Green	2025	MAT 6 & 10 were assessed jointly but no RAGB score provided.
	Green		

During 2024-25 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment, and increasing numbers have opted out to be supported by the shared-care arrangements with Primary Care. We continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

A large proportion of frontline staff (89% on a Tayside basis) have completed appropriate psychologically and trauma informed training. Individuals with co-occurring drug and mental health difficulties can access mental health support in an integrated way.

- 7.2 The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed.
- 7.3 Following an initial process to develop a response to the impact of non-opioid use, a pathway for non-opioids brief-intervention and referrals was developed and is being tested. Specific workforce development sessions were delivered to help staff respond to non-opioids use. This work will continue as a key focus in the coming months. More specifically, the Cocaine treatment pathway for those using powdered cocaine is starting to take shape. A Cocaine brief intervention training has been developed and is being rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine.
- 7.4 The Non-Fatal Overdose (NFOD) response has continued to develop and improve, with successful implementation of the A&E pathway. Work is also underway to improve harm reduction in acute hospital settings, primarily focussed on the provision of naloxone.</

from the ADP which led to a range of more ambitious events being run to celebrate people's recovery.

- 7.6 Independent Advocacy (IA) continues to be available to all individuals accessing specialist substance use services, including the Shared Care scheme with Primary Care. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need. Longer-term funding is still to be secured for this support to be mainstreamed.
- 7.7 The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). Adult with co-occurring SUMH requiring additional support, specialist care, treatment for their mental health and wellbeing, self-harm and/or substance use have a whole system, safe, person-centred and evidence-based care plan. In addition to MACH the MAT 9 work hosted by Health Improvement Scotland has begun to explore the pathways for Mental Health Crisis Support, Home treatment and Inpatient Care for people with Drug and Alcohol problems and mental health issues. The attendance and buy in from all partners in this work should be noted. The Mental Health Models of Care work is another piece of work being taking forward from a multiagency point of view that draws together the needs of people who experience problems with Mental Health and Drug and/or Alcohol under a strategic plan.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

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

10.0 CONSULTATIONS

- 10.1 The Chief Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

Christine Jones
Chief Finance Officer

DATE: 10 August 2025

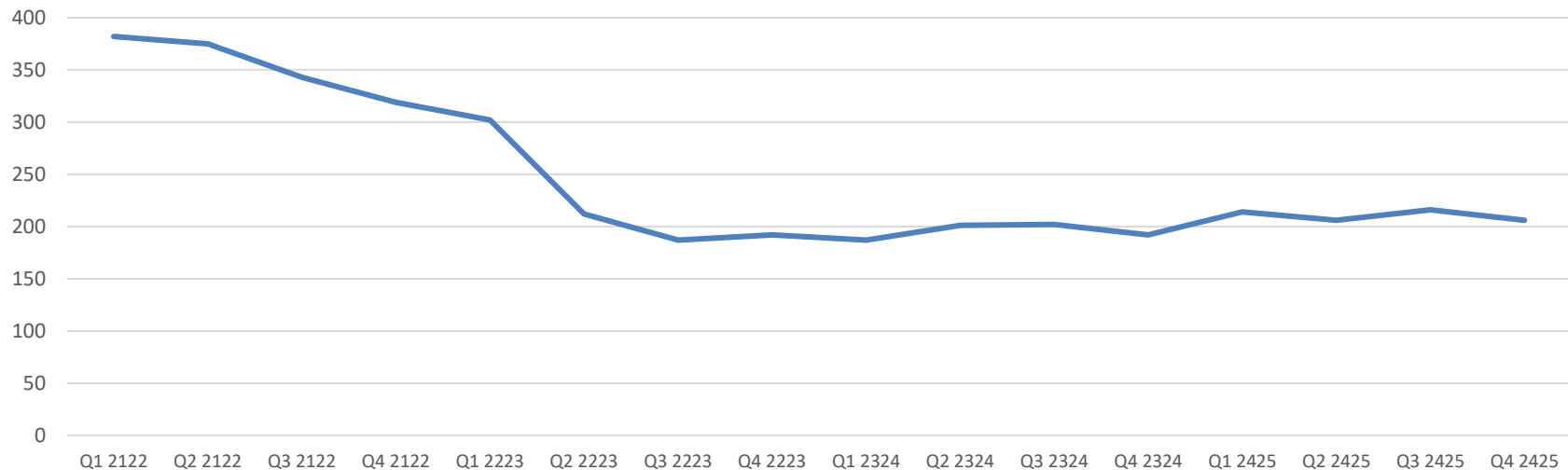
Shahida Naeem
Senior Officer: Quality, Data and Intelligence

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

Appendix 1

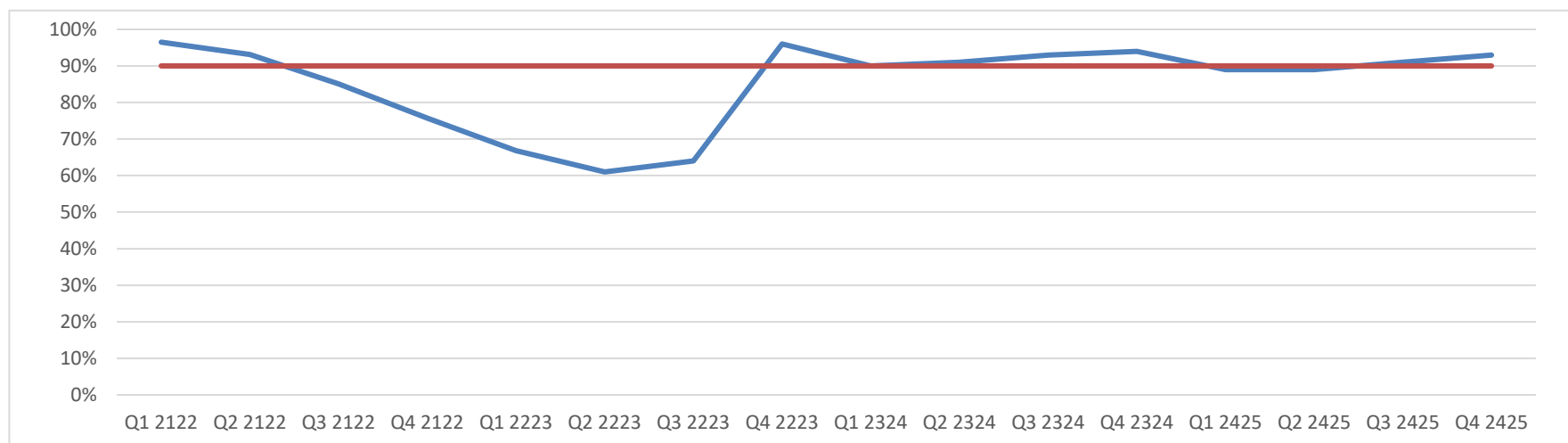
Drug and Alcohol Services Indicators – Q4 2024/25

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	302	212	187	192	187	201	202	192	214	206	216	206



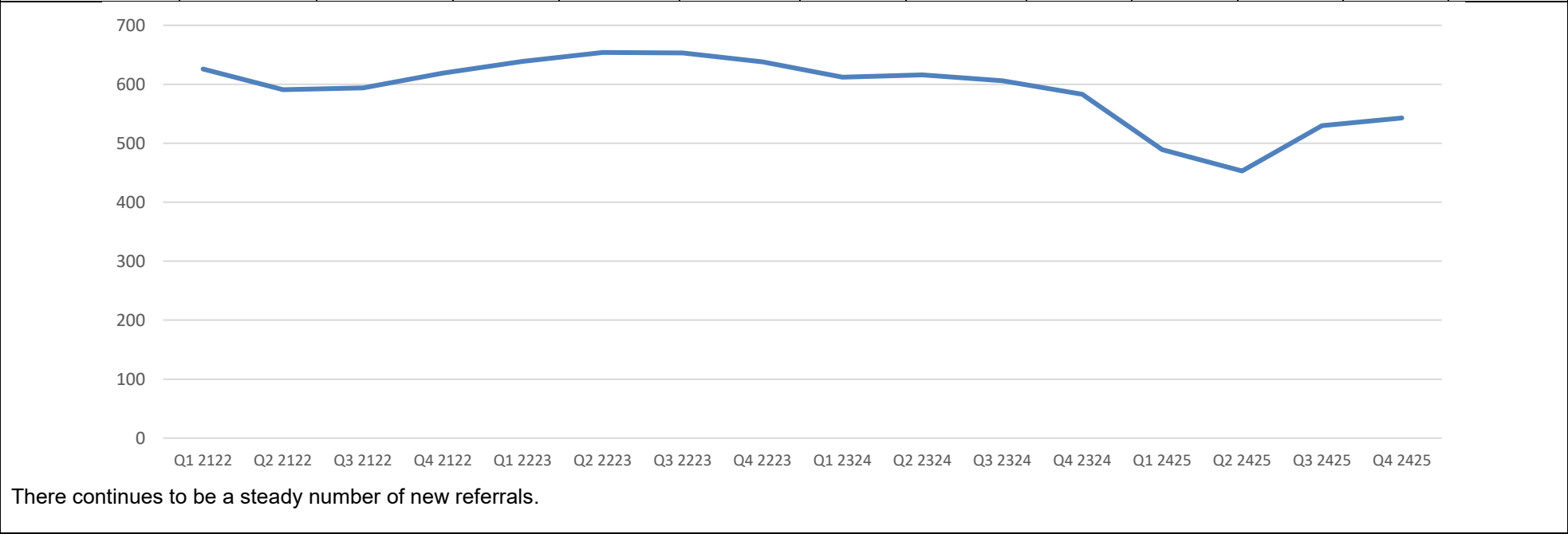
Over the last year a new referral route of direct notification from Ninewells has been incorporated into the existing NFOD pathway. This brought 43 referrals that would not have been notified via our previous procedures. As such comparing like to like for Q4 would indicate a decrease in NFODS reported via SAS.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
2. Percentage of people referred to services who began treatment within 21 days of referral	67%	61%	64%	96%	90%	91%	93%	94%	89%	89%	91%	93%

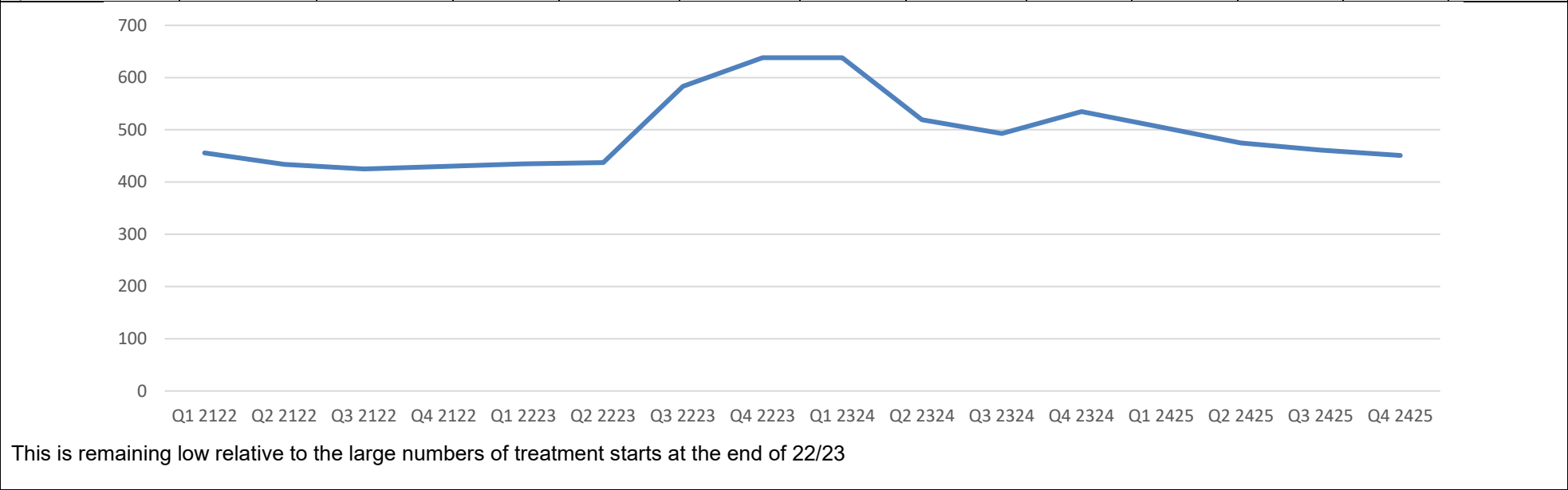


The 90% waiting standard is being met, represented by the red line on the chart.

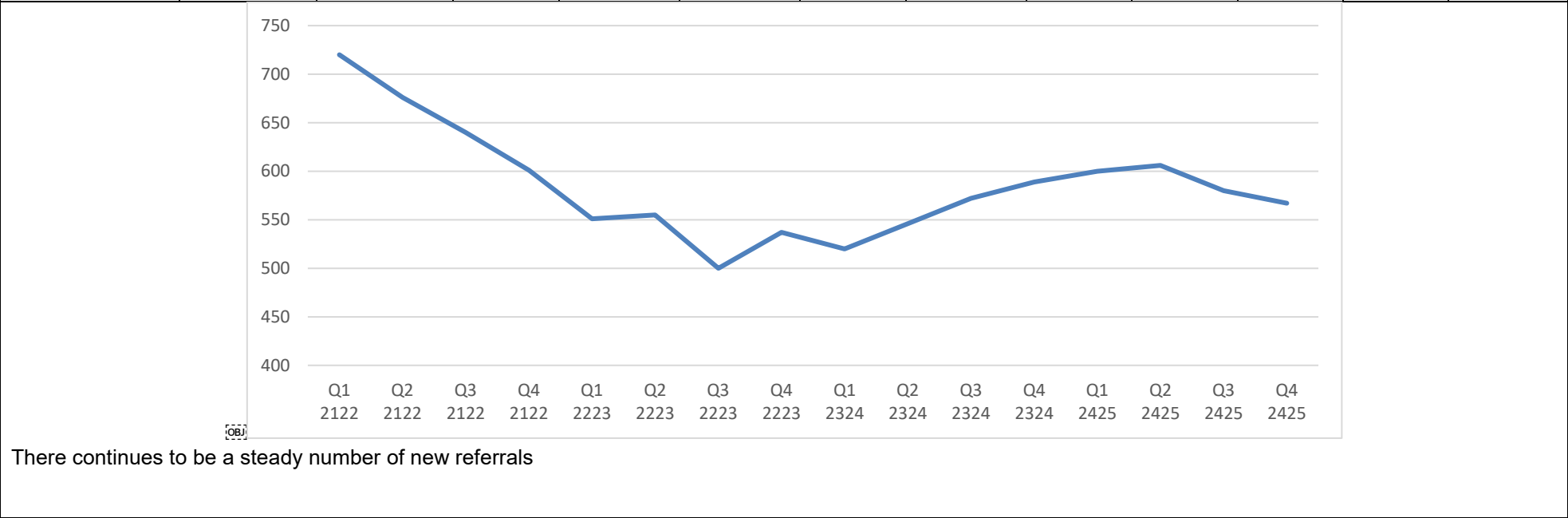
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
3. Number of referrals to alcohol treatment	639	654	653	638	612	616	606	583	489	453	530	543



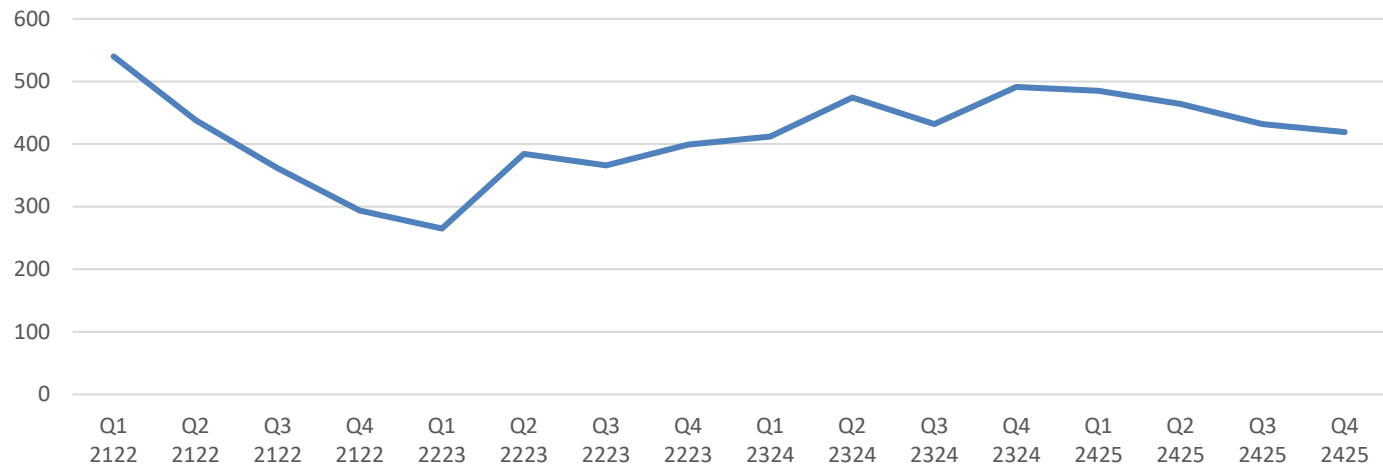
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
4. Number of individuals starting alcohol treatment per quarter	435	437	583	638	638	519	493	535	505	475	461	451



Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/25 Q4
5. Number of referrals to drug treatment	551	555	500	537	520	546	572	589	600	606	580	567

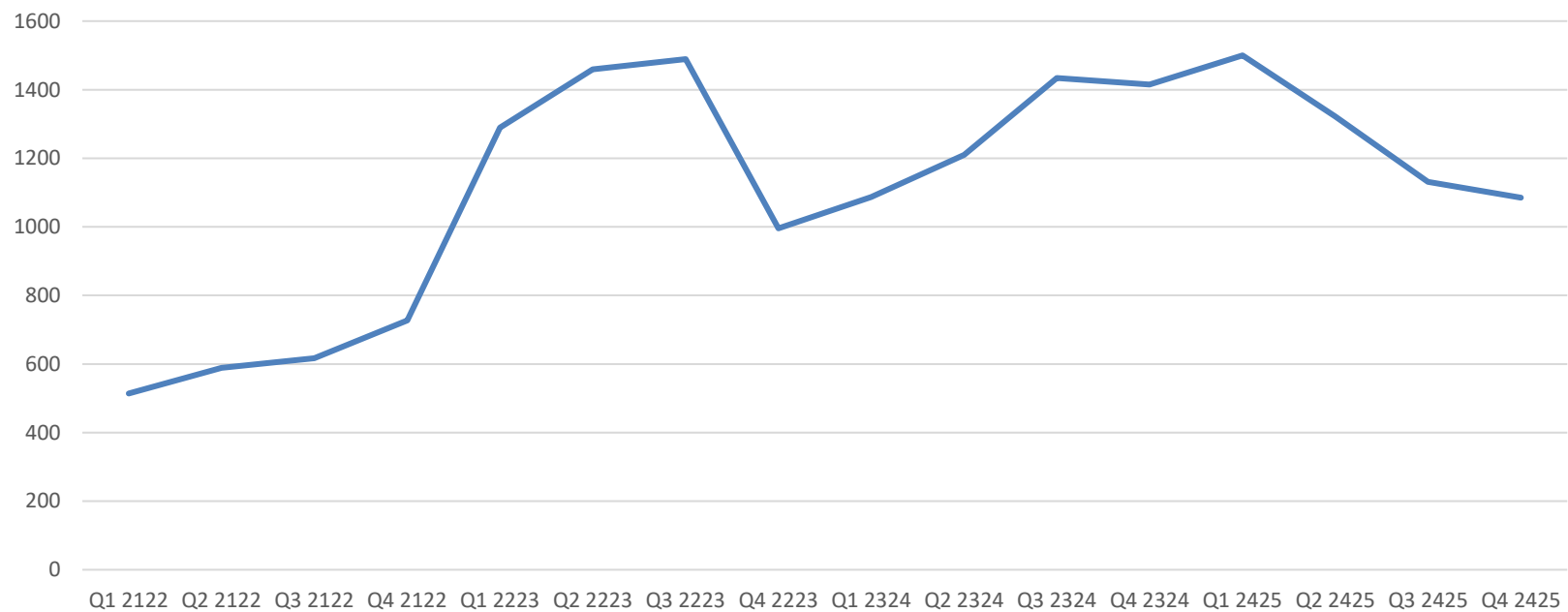


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
6. Number of individuals starting drug treatment per quarter	265	384	366	399	412	474	432	491	485	464	432	419



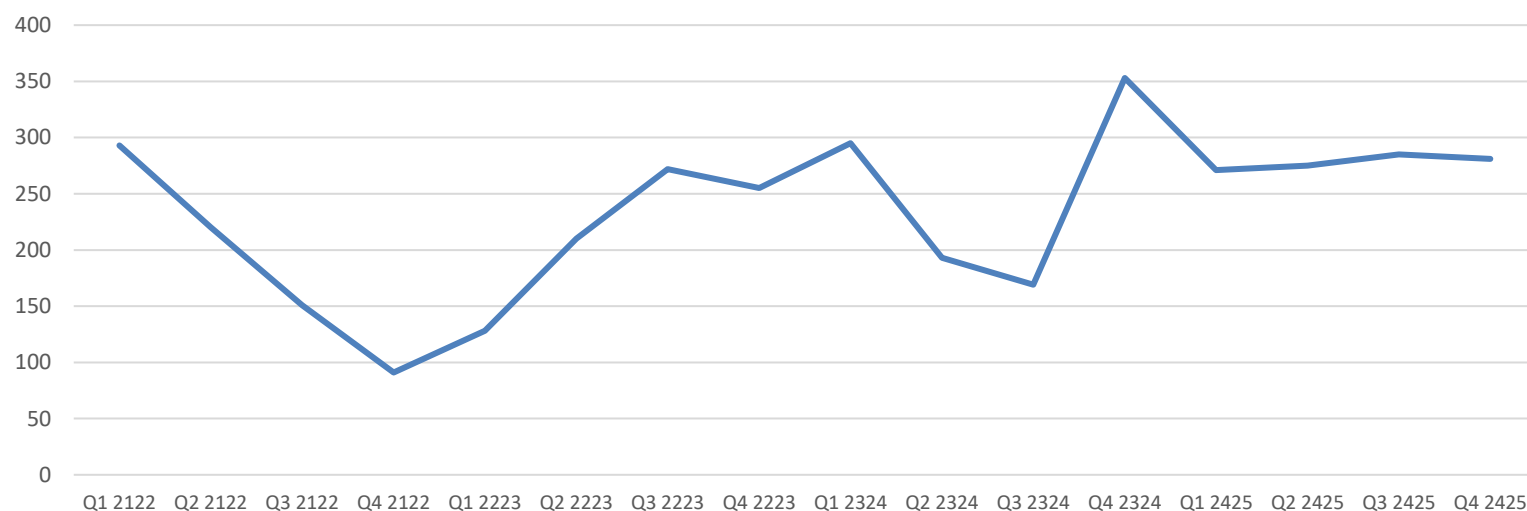
A decrease in treatment starts may reflect the changing profile in drug use in the city. 50% of people are self reporting cocaine as the main drug used and this is reflected in urine drug testing

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	1289	1459	1489	996	1087	1210	1434	1415	1500	1322	1131	1085



Some GPs now considering this business as usual and not recording as not lucrative timewise to do so. PHS no longer recording this indicator.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	128	210	272	255	295	193	169	353	271	275	285	281



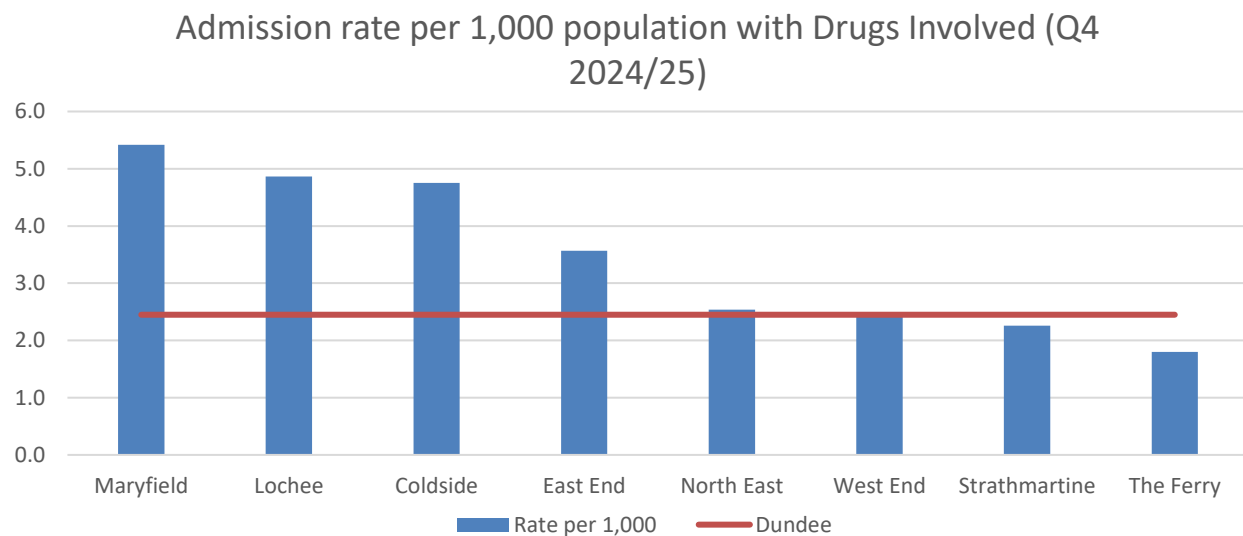
There are several caveats to this indicator. All 3 Tayside areas have chosen to no longer report on this indicator.

It is often the default option used for data cleaning and patient re-entered on the system so the indicator can be influenced by system coding changes and updates such as the recent DAISy review.

Changes to recording practice are also likely to be influenced by MAT 5 and MAT 7 where discharges, shared care and patient choice are not fully mirrored by DAISy recording options

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	356 (3.2)	287 (2.9)	260 (2.4)	238 (2.1)	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)

Decline since Q1 22/23. Rate per 1,000 has now stabilised

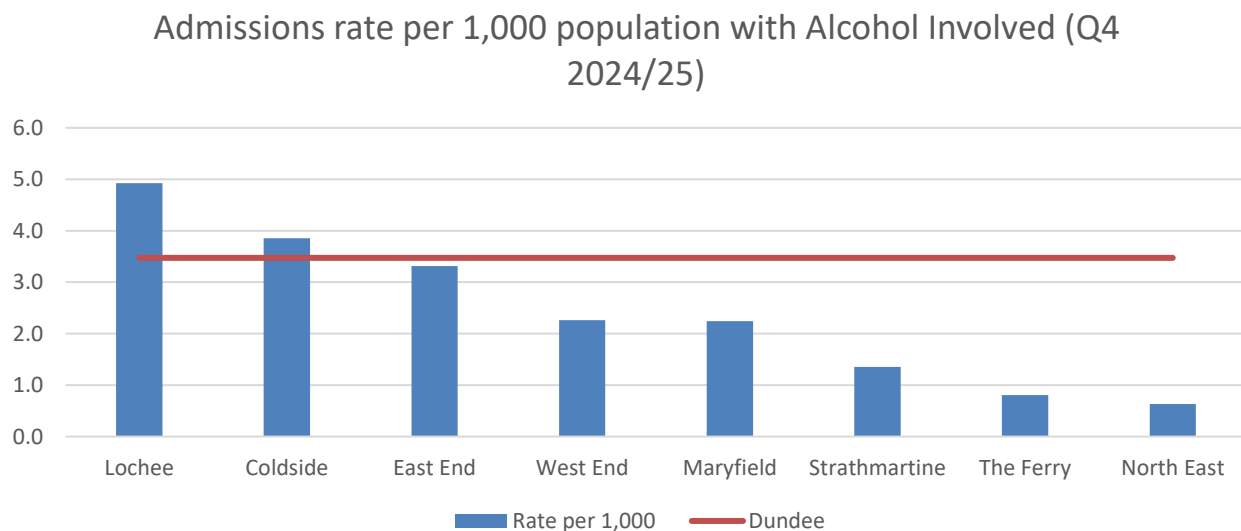


Source : Business Unit, NHS Tayside

For the period Q4 2024/25 (April 24 to March 25) Maryfield had the highest rate per 1.000 population and The Ferry had the lowest.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	466 (3.8)	456 (3.7)	438 (3.6)	422 (3.5)	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)

Gradual decline since Q4 23/24. Rate per 1,000 fluctuating between 3.5 to 4.0



Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Lochee had the highest rate and North East the lowest. Lochee and Coldside were the only 2 LCPP that had a higher rate than Dundee.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
11. Naloxone Spend in Dundee	£64,098	£70,622	£80,675	£77,134	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47,242.6	£52,656.40
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	353	388	398	410	323	293	268	255	243	238	258	266
All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply												
13. Total number of Naloxone Kits Issued	1944	1715	1602	1630	1528	1548	1456	1222	1303	1274	1394	1459
<p>Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)</p> <p>Naloxone spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.</p> <p>First supplies are starting to decrease as saturation point is reached. This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.</p>												

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not Rolling)	23/24 Q4 (Not Rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not available	£204,204.64	£196,178.98	£238,702.33	£825,912.32	£853,721.35	£869,670.96	

Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit). Please note that this data describes prescription costs for methadone and oral formulations of buprenorphine. DDARS now holds stock of Buvidal (long acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

Note rolling data will recommence Q1 2024/25

Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer, or indicate not applicable(n/a).

Document Title	Drug and Alcohol Service Indicators					
Type of document	Policy		Plan		Other- describe	Performance Report
Date of this Pre-Integrated Impact Assessment Screening					27/08/2025	
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
To provide an update to the Performance and Audit Committee on Indicators relating to Drug and Alcohol Services.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Jenny Hill, Head of Service						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Lynsey Webster, Lead Officer, Quality, Data and Intelligence						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Jenny Hill, Head of Service Lynsey Webster, Lead Officer, Quality, Data and Intelligence						
<u>Note</u> - some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision						X
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X

Dundee Integration Joint Board Integrated Impact Assessment

An update to an existing Plan (when additional actions are described and planned)		X
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Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation		X
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X
Offenders and former offenders		X
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>		
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	N
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>		
<p>Anticipated Date of IJB</p>		
<p>IJB Report Number</p>		

Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed	
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Dundee Integration Joint Board Integrated Impact Assessment

Complete STEP 2 only if pre-screening indicates that IIA is needed.

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)

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Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Describe any Human Rights impacts not already covered in the Equality section above.
Describe any Children's Rights impacts not covered elsewhere in this record.

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STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)				
North East (Whitfield, Fintry & Mill O'Mains)				
Lochee (Lochee Beechwood, Charleston & Menzieshill)				
Coldside (Hilltown, Fairmuir & Coldside)				
East End (Mid Craigie, Linlathen & Douglas)				
Maryfield (Stobswell & City Centre)				
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End				
The Ferry				
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

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STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations	
Care Experienced Children and Young People	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Lone Parent Families/Single Female Parent Household with Children	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Households including Young Children and/or more than 3 children	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Retirement Pensioner (s)	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Serious & Enduring Mental Health Conditions	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Homeless (risks of Homelessness)	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Drug and/or Alcohol issues	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Offenders and Former Offenders	
Positive	<input type="checkbox"/>
No Impact	<input type="checkbox"/>
Negative	<input type="checkbox"/>
Not Known	<input type="checkbox"/>

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.	
Explanation, assessment and any potential mitigations	
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)	
Positive	
No Impact	
Negative	
Not Known	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.	
Positive	
No Impact	
Negative	
Not Known	
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment	
Positive	
No Impact	
Negative	
Not Known	
Connectivity / Internet Access/ Digital Skills	
Positive	
No Impact	
Negative	
Not Known	
Health (including Mental Health) Specifically consider any impacts to Child Health	
Positive	
No Impact	
Negative	
Not Known	
Life expectancy	
Positive	
No Impact	
Negative	
Not Known	
Healthy Weight/Weight Management/Overweight / Obesity	
Positive	
No Impact	
Negative	
Not Known	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing	
Positive	
No Impact	
Negative	
Not Known	
Transport (including accessible transport provision and sustainable modes of transport)	
Positive	
No Impact	
Negative	
Not Known	
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2	

Dundee Integration Joint Board Integrated Impact Assessment

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
<p>If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</p> <p>Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</p> <p>Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IJA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.</p>				

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.