

# STRATEGIC NEEDS ASSESSMENT

Version 1



# CONTENTS

	Page No.
<b>1.0 CONTEXT</b>	<b>5</b>
1.1 Health and Social Care Integration	5
1.2 Strategic and Commissioning Plan	5
1.3 Strategic and Commissioning Process	5
1.4 Strategic Needs Assessment (SNA)	5
1.5 Strategic Needs Assessment at Care Group Level	6
1.6 The Case for Change	7
1.7 Strategic Priorities, Shifts and Actions	8
1.8 Outcomes and Performance Monitoring	8
1.9 Commissioning of Services	8
<b>2.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE</b>	<b>10</b>
2.1 Profile of Dundee	10
2.2 Key Findings from the Strategic Needs Assessment	10
<b>3.0 DEMOGRAPHICS</b>	<b>11</b>
3.1 Population of Dundee	11
3.2 Ethnicity	12
3.3 Life Expectancy	13
<b>4.0 DEPRIVATION</b>	<b>16</b>
4.1 Scottish Index of Multiple Deprivation	16
4.2 Benefit Claims and Income Deprivation	17
4.3 Employment Support Service	19
4.4 Health, Wellbeing and Lifestyle Factors	19
4.5 Smoking	19
4.6 Obesity	20
4.7 Drug Misuse	20
4.8 Alcohol Misuse	24
4.9 Sexual and Reproductive Health and Wellbeing and Blood Borne Virus	26
4.10 Teenage Pregnancies	27
<b>5.0 LONG TERM HEALTH CONDITIONS</b>	<b>29</b>
5.1 Prevalence of Long Term Health Conditions	29
5.2 Prevalence of Multi-Morbidities at a Younger Age	32
5.3 Community Pharmacy Data	35
<b>6.0 PUBLIC PROTECTION</b>	<b>37</b>
6.1 Child Protection	37
6.2 Adult Support and Protection	37
6.3 Violence Against Women (VAW) and Domestic Abuse	39
6.4 Levels of Crime and Supervision of Offenders	39

<b>7.0</b>	<b>HOUSING AND HOMELESSNESS</b>	<b>46</b>
7.1	Housing Tenure in Dundee	46
7.2	Homelessness in Dundee	47
<b>8.0</b>	<b>SHIFTING THE BALANCE OF CARE</b>	<b>50</b>
8.1	Unscheduled Care	50
8.2	Variation in Unscheduled Care Rates Between LCPP Areas	51
8.3	Variation in Unscheduled Care Rates Within LCPP Areas	55
8.4	Homecare Services	57
8.5	Care Homes	60
8.6	Falls	62
<b>9.0</b>	<b>PERSONALISED SERVICES</b>	<b>66</b>
9.1	Self Directed Support	66
<b>10.0</b>	<b>CARERS</b>	<b>67</b>
10.1	Carers in Dundee	67
10.2	Known Carers by LCPP Area	68
10.3	Inequalities for Carers in Dundee	70
10.4	Older Carers Aged 65+ Years	71
10.5	Respite Care	73
<b>11.0</b>	<b>CHILDREN AND YOUNG PEOPLE</b>	<b>74</b>
11.1	Care Leavers	74
11.2	Children with Disabilities	75
<b>12.0</b>	<b>STRATEGIC PLANNING GROUP CARE GROUPS</b>	<b>77</b>
12.1	Older People	77
12.2	Dementia	80
12.3	Physical Disabilities	80
12.4	Sensory Impairment	83
12.5	Learning Disabilities	88
12.6	Mental Health	91
12.7	Mental Health Officer Services	94
12.8	Cancer	96
<b>13.0</b>	<b>END OF LIFE CARE</b>	<b>101</b>
13.1	Location at Death	101
13.2	Time Spent at Home or Community Setting in Last 6 Months of Life	102
<b>14.0</b>	<b>STRATEGIC NEEDS ASSESSMENT IN DUNDEE: NEXT STEPS</b>	<b>104</b>



## 1.1 Health and Social Care Integration

The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires NHS Boards and Local Authorities to integrate the planning for, and delivery of, identified adult health and social care services.

As specified in the Regulations made under the terms of the legislation, NHS Tayside and Dundee City Council have delegated community health and social care functions for adults and older people to the Dundee Integration Joint Board (IJB). From 1st April 2016 the Dundee Health and Social Care Partnership (the Partnership) assumed its full operational responsibilities for all of these delegated functions and for the planning, oversight and delivery of integrated services.

The main purpose of integration is to use the available resources to improve the wellbeing of people who receive health and social care services, in particular those whose needs are complex and who require support from both health and social care at the same time.

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## 1.2 Strategic and Commissioning Plan

One of the key functions of the IJB is to prepare a Plan for integrated functions in accordance with national and local outcomes and integration principles.

A Strategic and Commissioning Plan (the Plan) which identifies a range of strategic priorities, shifts and actions has been developed for the Partnership. The Plan describes how health and social care services for adults in Dundee will be developed and delivered over the next five years from 1st April 2016.

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## 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*

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## 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 been used to identify the changes required in order to integrate and improve the quality of health and social care services in Dundee. In particular they have informed the strategic priorities, shifts and actions that are included in the Plan.

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## **1.5 Strategic Needs Assessment at Care Group Level**

The process of SNA undertaken in Dundee includes detailed individual Care Group SNAs, each of which has then fed into the overarching SNA outlined in this document.

Strategic planning and commissioning in Dundee is being undertaken at a Care Group level under the direction of the following Care Group Strategic Planning Groups (SPGs):

Older People	Carers
Older People with Dementia	Drugs and Alcohol
Learning Disabilities	Homelessness
Physical Disabilities	Mental Health
Sensory Impairment	Choose Life

All of these SPGs are in the process of preparing Strategic and Commissioning Statements which set out the strategic direction for each Care Group in Dundee for the next five years, in line with the 'direction of travel' and timeframe laid out for the Plan.

Each of these Statements will have an accompanying needs assessment describing the specific health and social care needs presented by each of the Care Groups at a service level. The Care Group needs assessments build on the population and demographic profiling of needs in the city and will feed into the overarching strategic needs assessment being further developed at a city wide, and locality level. It is anticipated that these Care Group Statements will be completed and published during the financial year 2016 – 2017.

## 1.6 The Case for Change

The analysis of the demographic and socio-economic situation in Dundee undertaken through the SNA has made a significant contribution to the case for change in Dundee.

The findings from the SNA have been included in the Case for Change section of the Plan (at Section 5) and identified as key 'drivers for change'. These drivers for change have been grouped into three main driver themes, and the analysis for change is presented under each of these three themed headings in the Plan, as follows:

### 1. Population Health and Wellbeing

- a) Demographic changes
- b) Deprivation and inequalities
- c) Prevalence of multi-morbidities experienced at a younger age
- d) Prevalence of key morbidities and multi-morbidities
- e) Variation in deprivation and multi-morbidity levels within LCPP areas
- f) Prevalence of morbidities and impact on use of health and social care services
- g) Palliative and end of life care
- h) Levels of risk and need for public protection
- i) Population health and wellbeing summary

### 2. Delivery of Right Support at Right Time

- a) Centralised service development and decision making
- b) Services are not tailored to address community/locality differences
- c) Contribution of unpaid carers
- d) Support is not sufficiently individualised
- e) Palliative and end of life care
- f) People report variable experiences of care and health

### 3. Fiscal Constraints

- a) Increasing demand/reducing resources
- b) High costs/reduced budgets
- c) Sustainability of current models
- d) Balance of care
- e) Effectiveness of current models

Each area of information and data collated and analysed as part of the SNA process is summarised and presented in the Plan under each of the driver theme(s) to which it relates.

All of the data and analysis that has been included in the Plan is presented in this document, Version I of the SNA. This document also presents details of the wider sources of information and data gathered and analysed within the SNA process that are not specifically referred to in the Plan.

## 1.7 Strategic Priorities, Shifts and Actions

In making decisions regarding the changes that are required in the planning, development and delivery of health and social care services, the analysis undertaken of the drivers for change have led to the identification of eight strategic priorities for Dundee. These strategic priorities are set out in the Plan as follows:

- |                                  |   |
|----------------------------------|---|
| 1. Health Inequalities           | 5. Building Capacity                        |
| 2. Early Intervention/Prevention | 6. Models of Support/Pathways of Care       |
| 3. Person Centred Care/Support   | 7. Managing Resources Effectively           |
| 4. Carers                        | 8. Localities and Engaging with Communities |

The data and information that made a direct contribution towards the identification of these strategic priorities, as well as their related shifts and actions, is included in the Case for Change section of the Plan, and in this document. The ongoing SNA process, together with the proposed outcomes and performance monitoring process, will allow the Partnership to ensure that any need for review of its strategic priorities, shifts or actions is identified and acted upon at an early stage.

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## 1.8 Outcomes and Performance Monitoring

The Scottish Government has developed a national performance framework for helping to improve health and social care services. This framework adopts an outcomes based approach, which allows the Partnership to identify the tangible differences that services and supports make to people's lives.

A suite of nine National Outcomes and 23 National Indicators have been developed, and these will be used to measure the Partnership's performance in improving outcomes for adults in Dundee. These will be linked to the local outcomes and indicators reflected in Dundee's SOA, and to the new local outcomes and indicators being developed to allow the IJB to track performance against the strategic priorities, shifts and actions contained in the Plan.

The National Outcomes and Indicators will be incorporated, with Dundee's local outcomes and indicators, into a Dundee Health and Social Care Partnership Outcomes and Performance Framework. This will be the framework within which all performance improvement and outcome reporting for health and social care services in Dundee will be organised and managed in the future.

Ongoing SNA will ensure that the Partnership has accurate information about the changes taking place in needs, service demand and usage across Dundee, as an appropriate basis on which to assess the impact of the strategic shifts and actions identified in the Plan on the people of Dundee.

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## 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 will also help shape the thinking regarding the commissioning or directing 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 Statement being produced by each of the Care Group SPGs will be informed by the SNA currently being compiled in relation to each of the designated Care Groups, as communities of interest in Dundee. These SNAs will support the identification and allocation of resources for those in need of health and social care services across communities of interest in Dundee. At the same time the SNAs will help the targeting and organisation of resources towards geographical communities where needs require to be prioritised and in this respect will inform the development of locality planning in Dundee.

It is the intention to develop a Market Facilitation Strategy that will articulate 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.

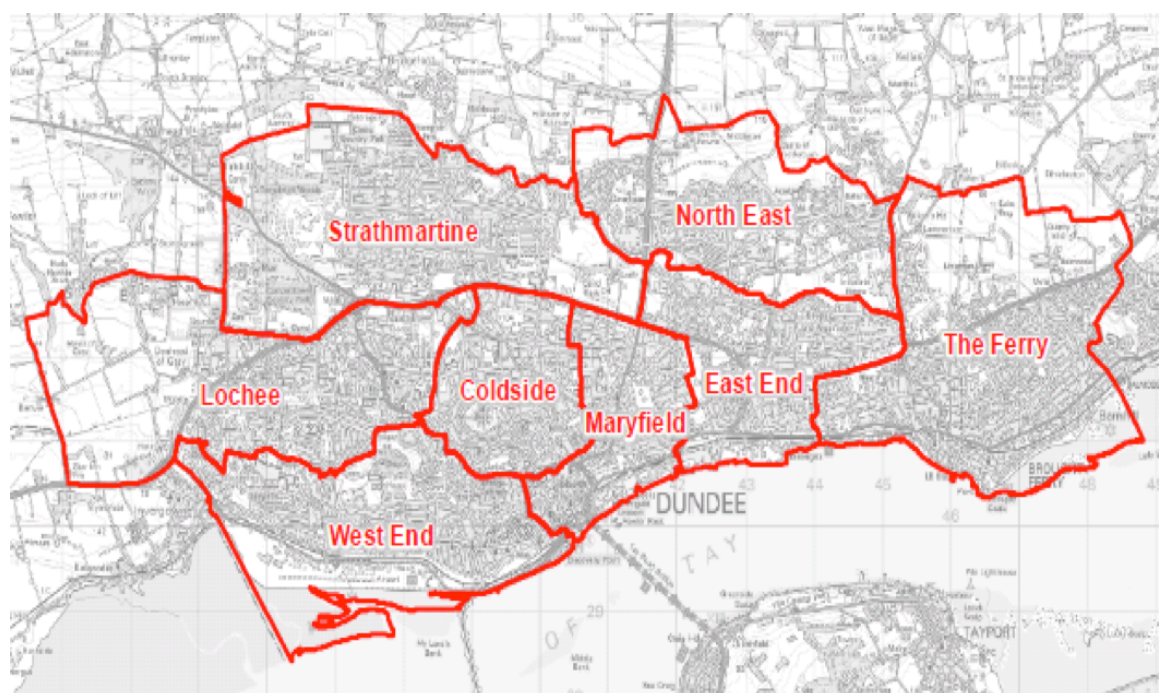
## 2.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE

### 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.

Dundee City is divided into eight Local Community Planning Partnership areas (LCPPs), 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.

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



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.

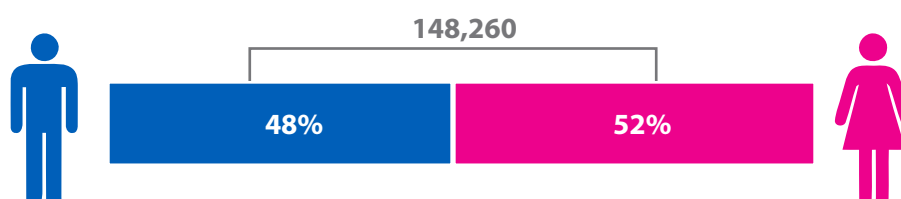
### 2.2 Key Findings from Strategic Needs Assessment

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.

## 3.1 Population of Dundee

The population of Dundee City accounts for 2.8% of the total population of Scotland. In 2014 the population of Dundee City was 148,260, which represents an increase of 0.1% from 148,170 in 2013. There were slightly more women (52%) than men (48%).

**Figure 2: Gender split of Dundee's population in 2014**

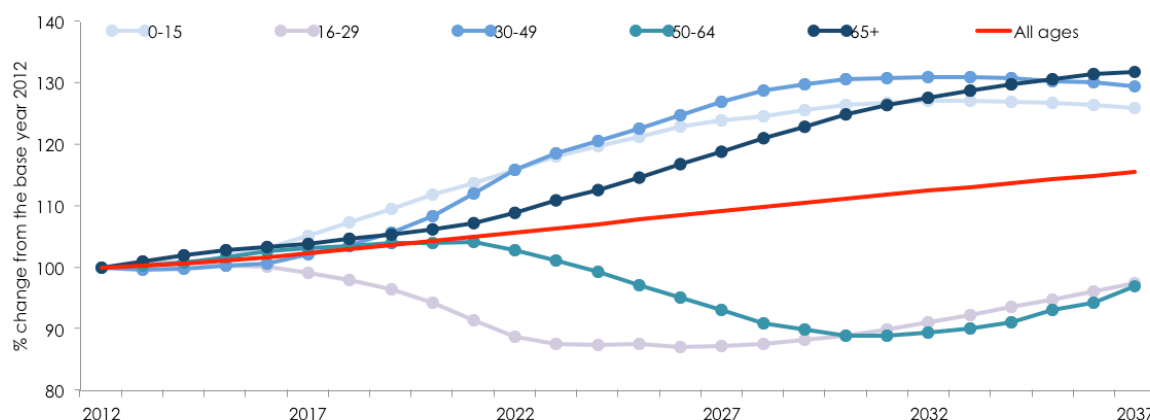


Source: National Records of Scotland NRS, 2014 Mid-year population estimate

In Dundee 24.5% of the population were aged 16 to 29 years. This is more than Scotland as a whole where 18.3% were aged 16 to 29 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 29 age group, however many students do not remain in the city beyond the end of their course of study.

People aged 65 and over made up 17.4% of the Dundee City population which is the same as for Scotland as a whole.

**Chart 1: Dundee City, projected population by age groups, 2012 to 2037**



Source: NRS Mid Year Population Estimates

As shown in **Chart 1**, by 2037 the total population of Dundee is projected to be 170,811. This is an increase of 15% when compared to the estimated population in 2012.

This growth can be attributed to a combination of in-migration and increased life expectancy.



The 16-29 and the 50-64 age groups are projected to fall in 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.

**Chart 1** 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 45% in the population aged over 75 by 2037. 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

Population increase in recent years can be attributed to in-migration. Between 2001 and 2011 an average of 300 people moved into the city each year.

Each of the LCPP areas has varying ethnic diversities. 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.

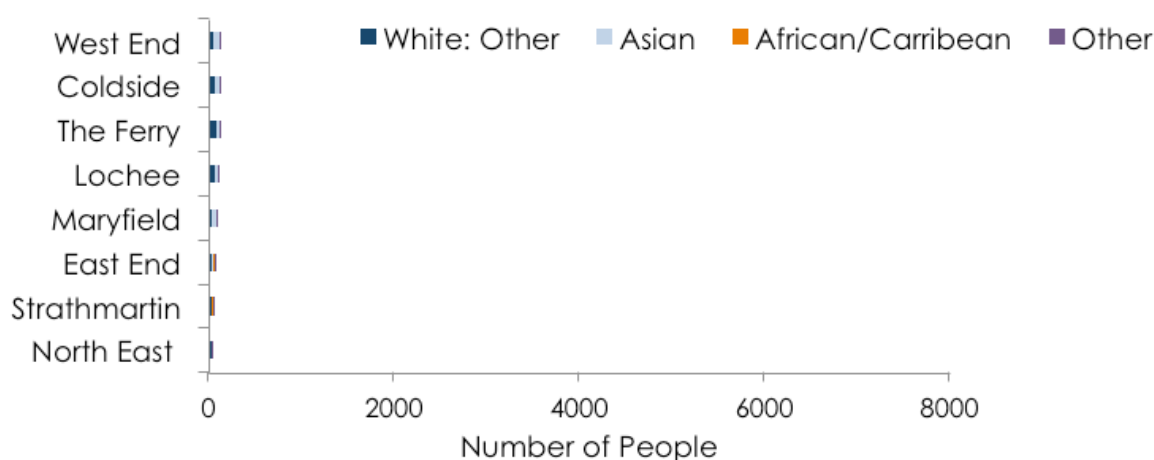
Between 2001 and 2011 there was an increase in the number of people who stated their ethnicity was 'White-Other'. In 2001, 2.7% of people identified themselves as 'White Other'. This increased to 4.7% in the 2011 Census.

Dundee also saw an increase in the Asian population from 2.8% in 2001 to 4% in 2011.

There are generational fluctuations in patterns of ethnicity, and it is important to assess patterns by age groups. This will assist with future planning of services.

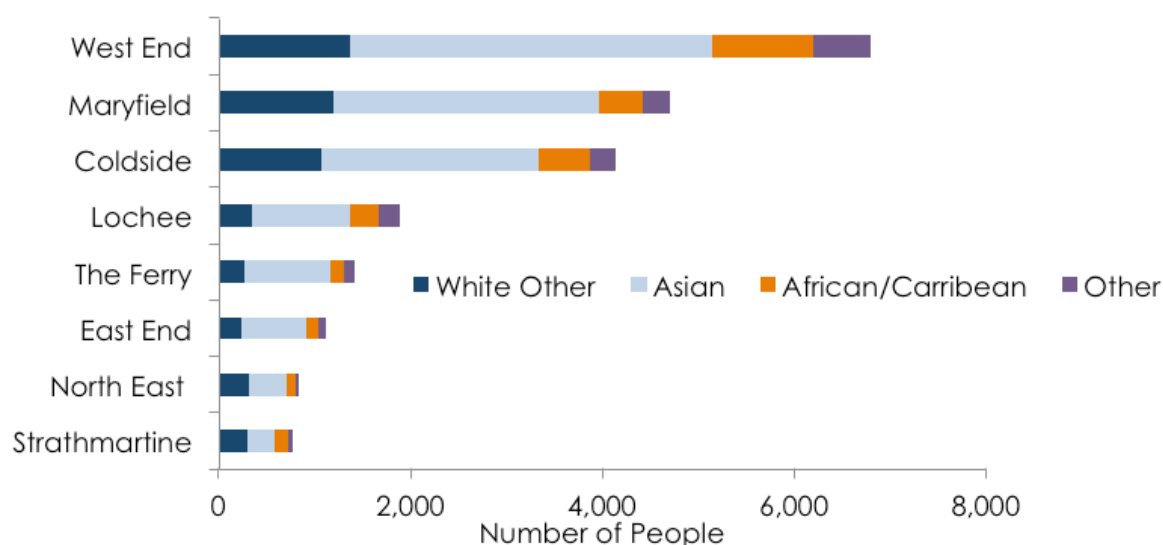
**Chart 2** shows the very low numbers of people aged 65+ in Dundee who are not 'White British'. However the much larger ethnic minority rate in the under 65 age group (**Chart 3**) means that if there is no outward migration by this group, there will be a much larger, older ethnic minority population in the future.

**Chart 2: Ethnic minority group breakdown by LCPP Area – Aged 65+**



Source: Scotland's Census, 2011



**Chart 3: Ethnic minority group breakdown by LCPP Area – Aged under 65**

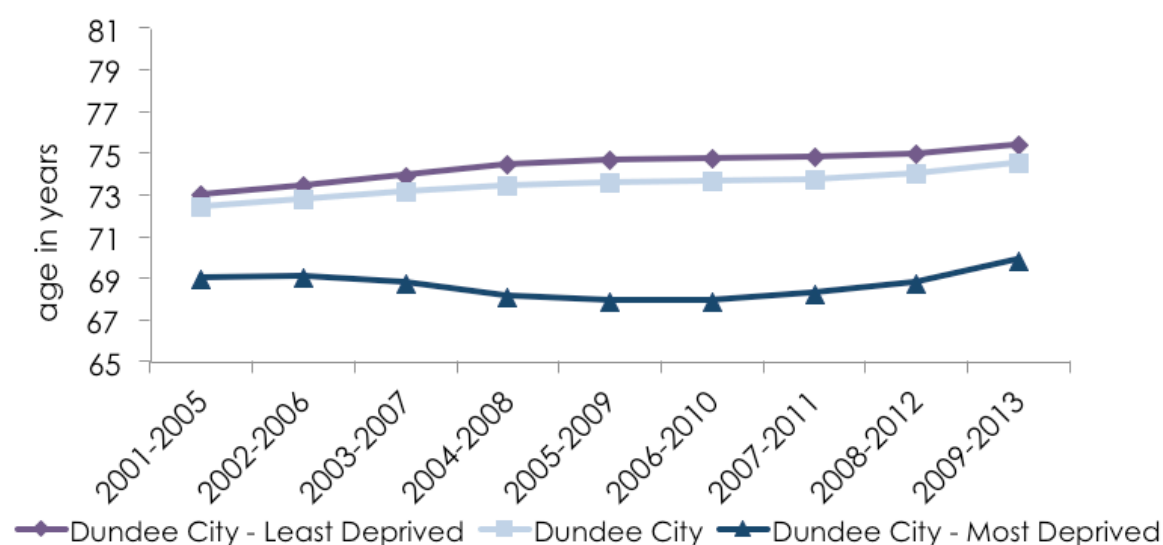
Source: Scotland's Census, 2011

The same scale was used for Charts 2 and 3 to assist with comparisons.

### 3.3 Life Expectancy

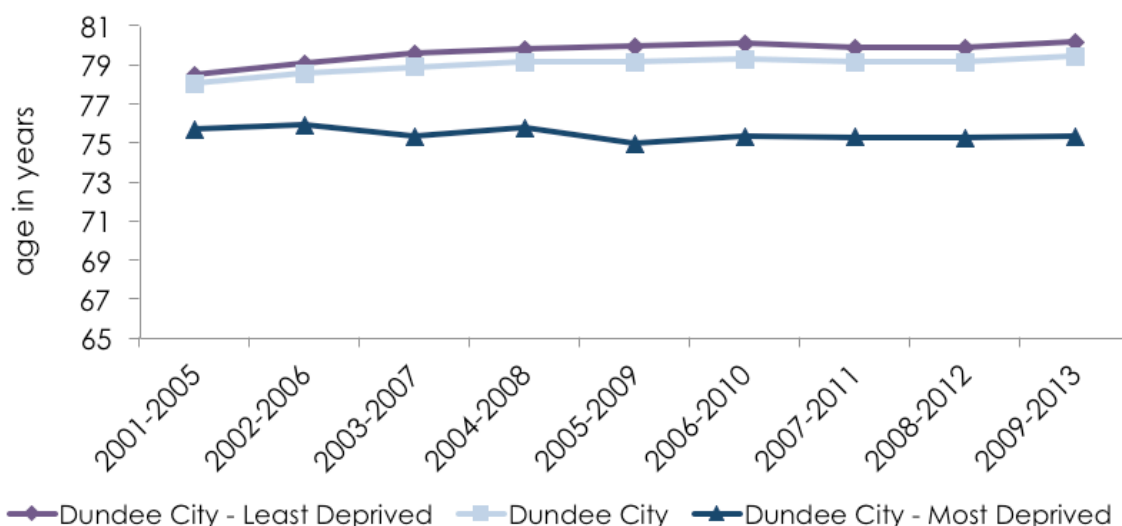
Dundee has the second lowest life expectancy in Scotland and although this has increased over the last ten years, it remains low in comparison to the rest of Scotland. In Dundee life expectancy is 76.8 years, whereas it is 78.7 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability.

**Charts 4 and 5** 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 over ten years more than a male who lives in one of the most deprived areas.

**Chart 4: Male life expectancy at birth in Dundee**

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

**Chart 5: Female life expectancy at birth in Dundee**



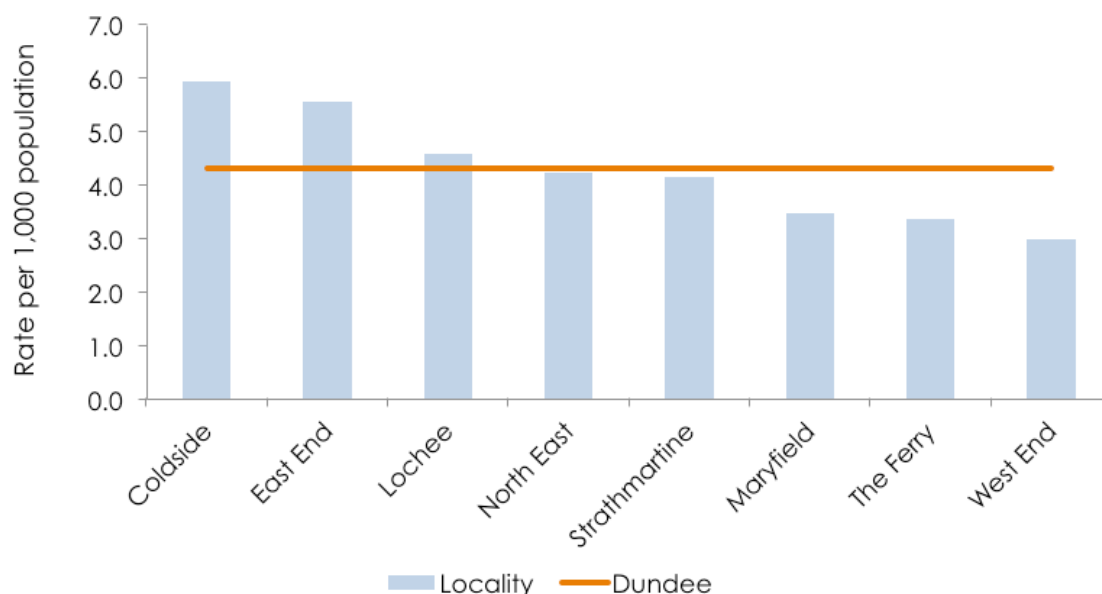
Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

While life expectancy is increasing across all areas of Dundee and at a faster rate in the least deprived areas, there is still a cohort of people who die prematurely. There is a strong link between premature mortality rates and deprivation. **Chart 6** shows that East End and Lochee, as two of the most deprived Local Community Planning Partnership (LCPP) areas, also have high premature mortality rates. The least deprived LCPP areas, West End and The Ferry, have the lowest premature mortality rates. The rates for West End and The Ferry are almost half the rate for Coldside.

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.

A significant proportion of the difference in life expectancy between Scotland and the rest of the UK 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.

More detailed information regarding the impact of substance use on mortality rates in Dundee is provided at Paragraphs 3.7 and 3.8 on next page.

**Chart 6: Premature (< 75 years) Mortality Rate (per 100,000 population) by LCPP area**

Source: National Records of Scotland (NRS) Annual Death Files & Midyear Population Estimates (Tayside Resident Based, All Ages) via Health Intelligence Team, Public Health, NHS Tayside

### Key Findings: Demographics

- Dundee's population is expected to increase by 15% over the next 20 years; this can be attributed to a combination of in-migration and increased life expectancy.
- Dundee has an ageing population – there will be an increase of 45% in the aged 75+ population over the next 20 years.
- 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 more frail.
- 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 10 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.

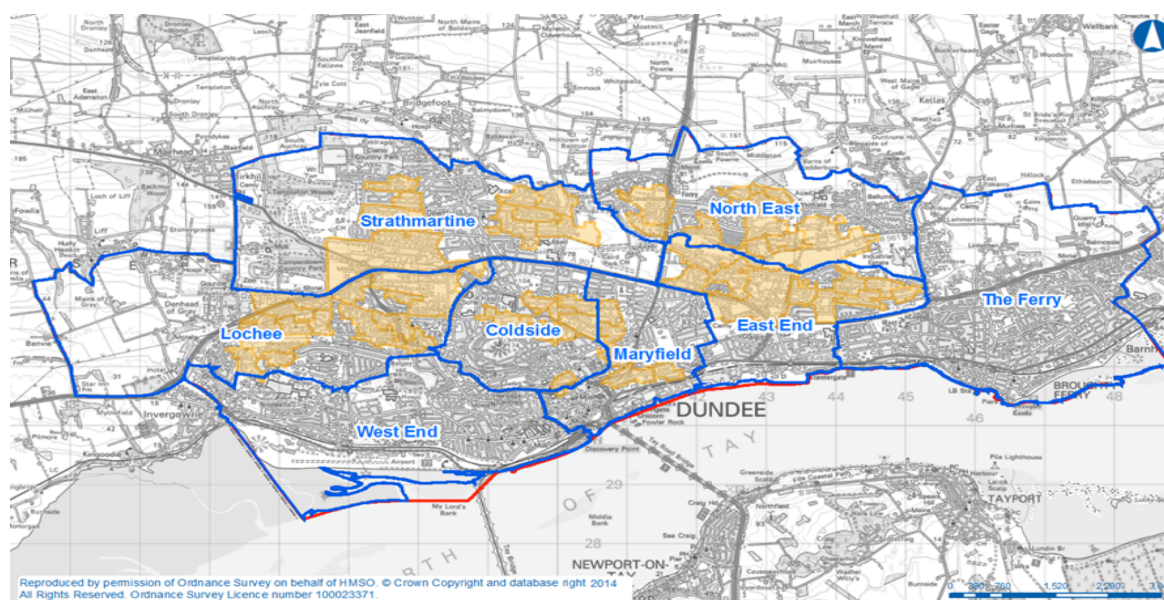
## 4.1 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) 2012 identifies small area concentrations of multiple deprivation across all of Scotland.

Deprivation in Dundee is high. Just over 29% of the population lives in the 15% most deprived areas of Scotland. Overall Dundee is the third most deprived local authority area in Scotland, with only Glasgow and Inverclyde having higher deprivation.

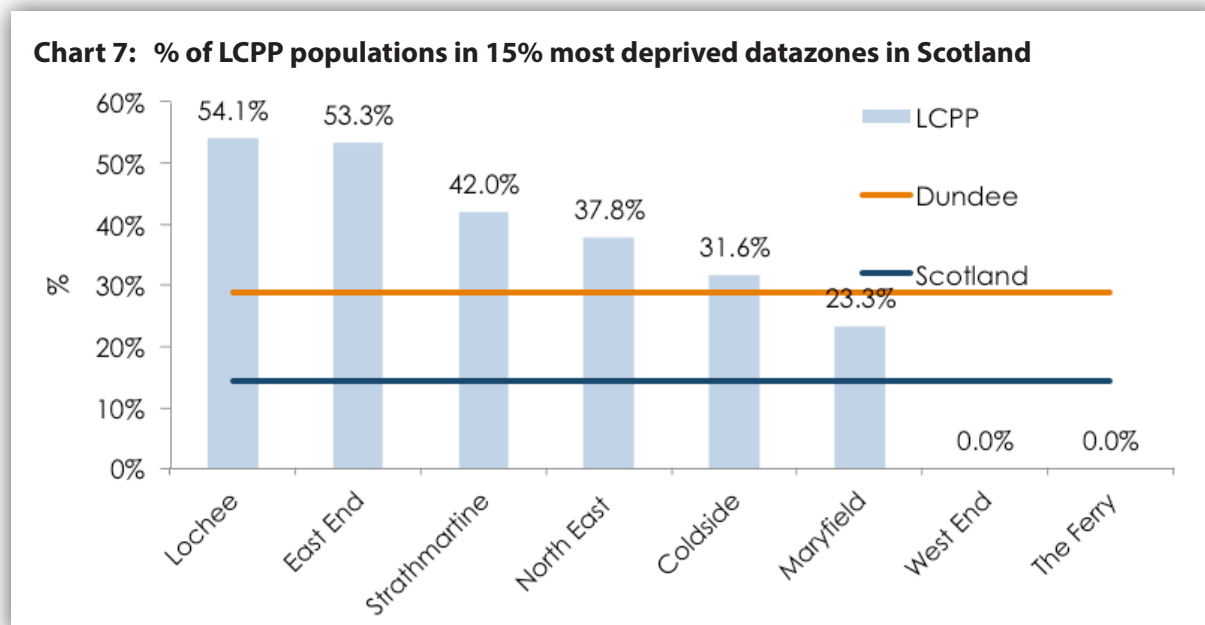
**Figure 3** shows those areas in Dundee which are within the 15% most deprived areas in Scotland.

**Figure 3: 15% most deprived datazones**



Source: Map produced by Dundee City Council using data from Scottish Index of Multiple Deprivation 2012, Scottish Government

**Chart 7** shows the percentage of people in Dundee living within the 15% most deprived areas in Scotland.



Source: Scottish Index of Multiple Deprivation 2012, Scottish Government

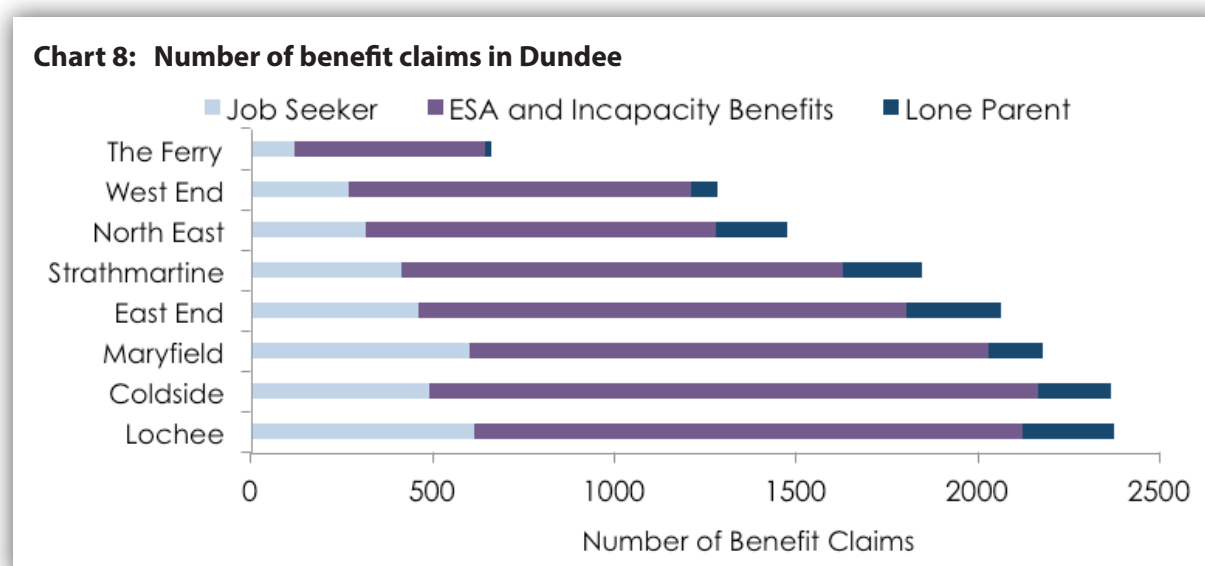
**Chart 7** also shows that six out of eight Dundee LCPP areas are above the Scottish average of 14.2% and five are above Dundee's average of 28.8%.

Over half of those living in Lochee and East End live in the 15% most deprived areas of Scotland.

## 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.

**Chart 8** shows the number of people who claim state benefits in Dundee (Job Seekers Allowance, Employment and Support Allowance, Incapacity Benefit and allowances for lone parents) by LCPP area. There is significant geographical variation between the least (The Ferry) and most deprived (East End) LCPP areas.

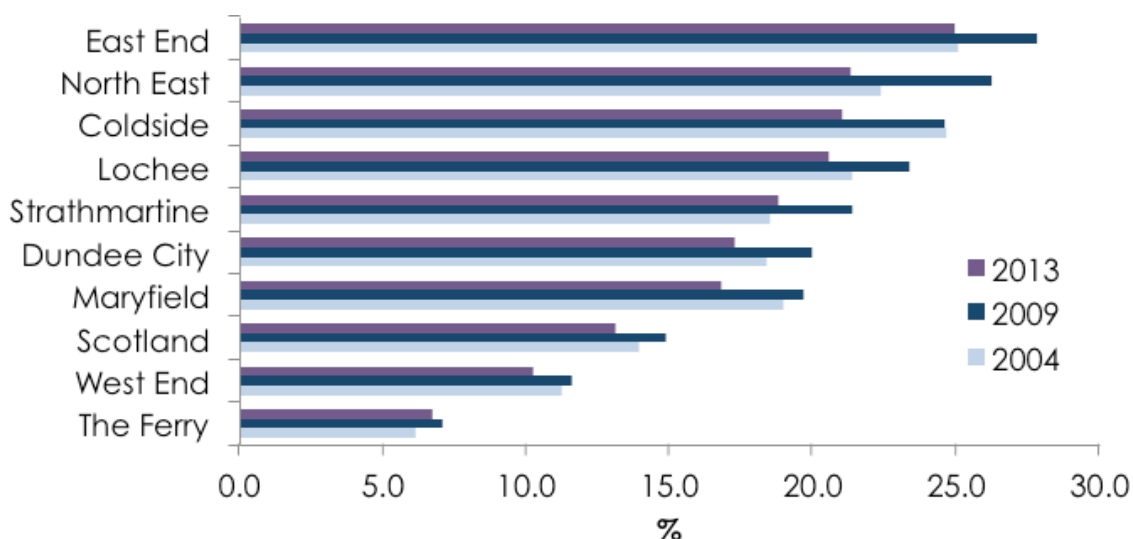


Source: Nomis Labour market profile, official labour market statistics, small area breakdown

**Charts 9 and 10** show that unemployment and low income is very high in some LCPP areas.

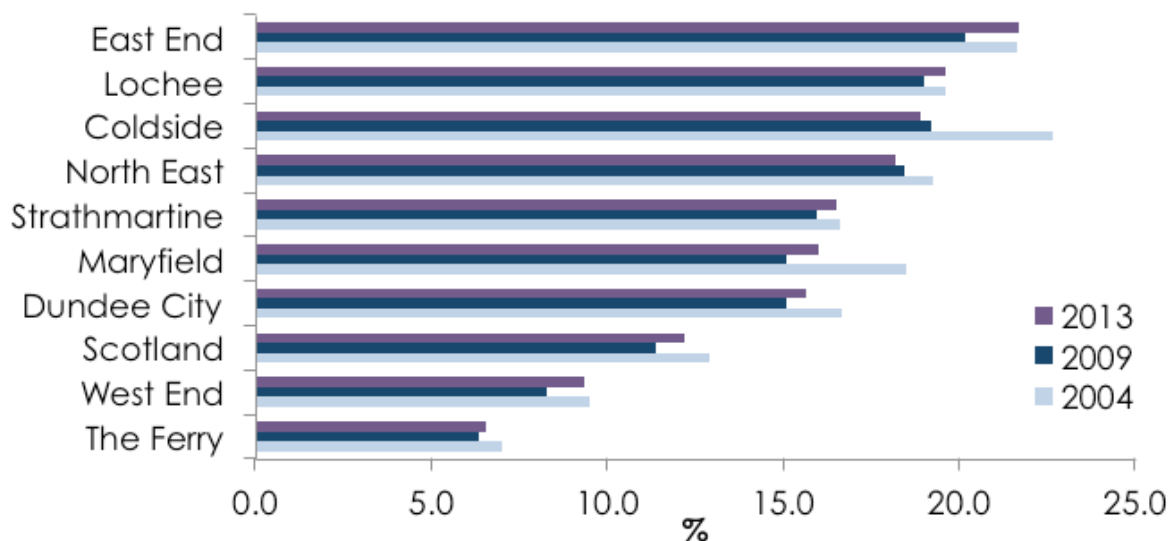
**Chart 9** also shows however that income deprivation has fallen since 2009 in most of the LCPP areas. The Ferry and Strathmartine are the only two LCPP areas where income deprivation rates were higher in 2013 than they were in 2004. There continues to be a significant disparity between LCPP areas, but these figures suggest that the gap may be narrowing to some extent.

**Chart 9: % of population in Dundee who are income deprived**



Source: Dundee Citizen Survey 2015

**Chart 10: % of population in Dundee who are employment deprived**



Source: Dundee Citizen Survey 2015

Although rates across all LCPP areas have reduced overall since 2004, they increased in all but 2 LCPP areas (Coldside and North East) between 2009 and 2013.

## 4.3 Employment Support Service

The Employment Support Service, which provides support to those who have barriers to gaining employment, is managed within Social Work Adult Services.

In 2013/14 the Employment Support Service provided support to 114 people, of whom 71 were men and 43 were women. Within this number, the service provided support to 20 people with mental health issues and is expected to help a further 30 people during 2015/16. The majority of people with mental health problems, who received support, were women.

### Key Findings: Deprivation

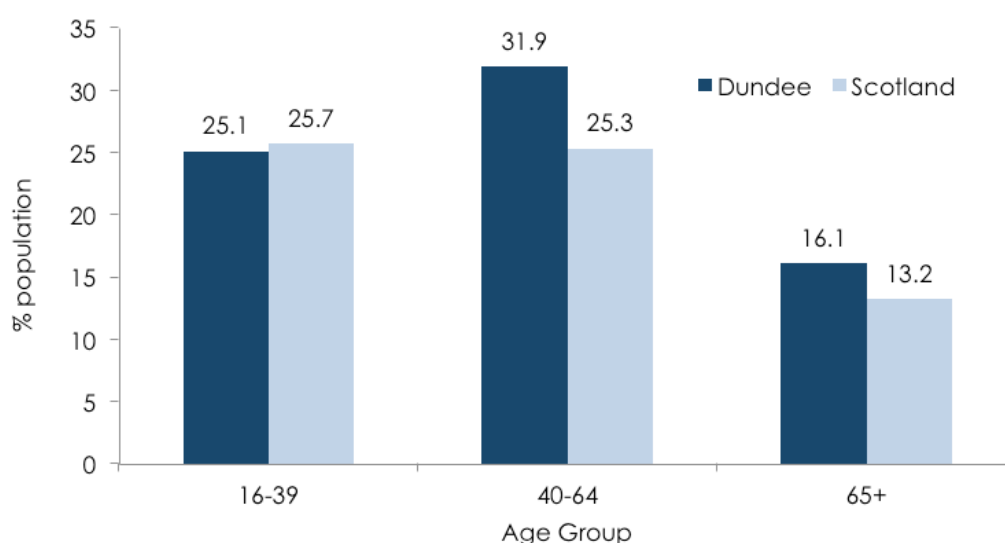
- Dundee is the 3rd most deprived local authority area in Scotland. Just over 29% of the population lives in the 15% most deprived areas of Scotland.
- 6 out of 8 of Dundee's LCPP areas have deprivation levels which are above the Scottish average and 5 out of 8 of Dundee's LCPP areas have deprivation levels which are above the Dundee average. We conclude that there are 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.
- There are high numbers of benefit claimants in Dundee with variation across LCPP areas.

## 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. People whose lifestyles include all or some of these factors, in general, have or will have poorer health and can experience a range of other risks to their wellbeing or safety.

## 4.5 Smoking

**Chart 11: % of population in Dundee who smoke tobacco, by age group**



Source: Scotland's Census 2011



**Chart 11** shows that a higher percentage of people aged 40+ in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer. Lung cancer was the most common type of cancer, making up close to one-fifth of all cancers in Dundee. The percentage of people aged 16-39 who smoke tobacco in Dundee is similar to Scotland as a whole.

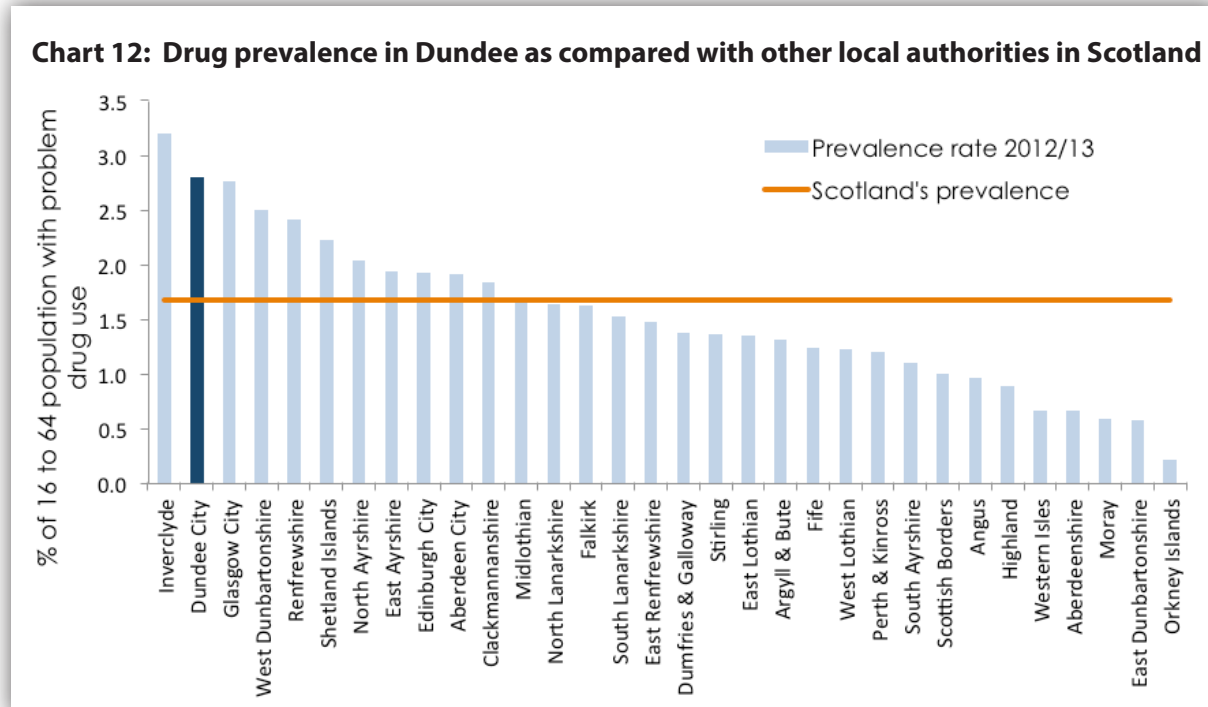
## 4.6 Obesity

Obesity registers are no longer kept by GPs. However, using the most recent data available shows that the prevalence of obesity is high in Dundee. In 2013/14 obesity was the long term condition with the 3rd highest prevalence.

There is a strong link between Type II diabetes, coronary heart disease (CHD) (plus many other long term conditions) and obesity. The 2014/15 data in Table 1 (Section 4) shows that Type II diabetes and CHD have the 3rd and 4th highest prevalence in Dundee. Dundee also has higher prevalence for diabetes than Scotland as a whole, and while prevalence in Dundee is not higher for CHD, it is higher for heart failure.

## 4.7 Drug Misuse

**Chart 12** shows that Dundee has the 2nd highest prevalence of drug misuse in Scotland. There are an estimated 2900 problem drugs users in Dundee. 1700 are male and 1200 are female. Dundee has a ratio of 59% males and 41% females, whereas Scotland has a ratio of 71% males and 29% females. The information in **Chart 12** is presented as a percentage of the 16 to 64 population who are problem drug users.



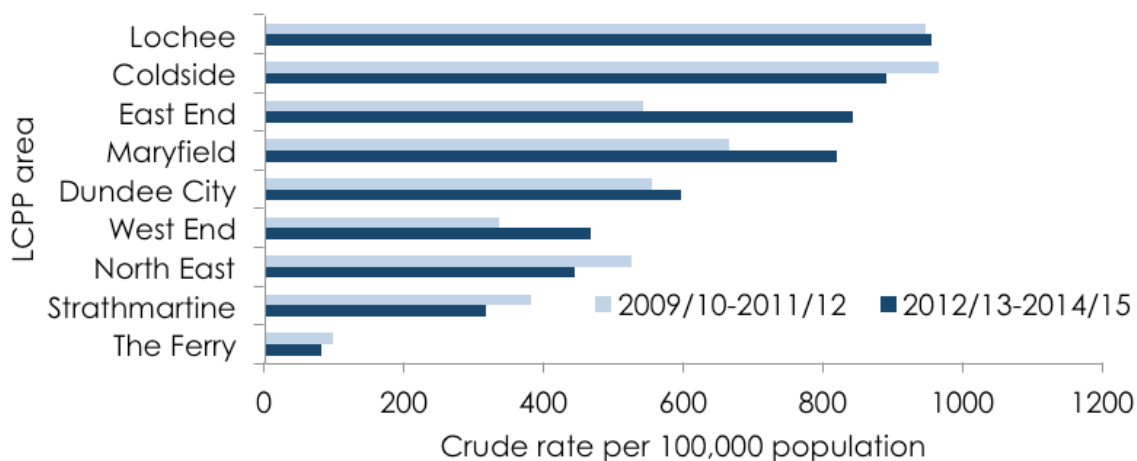
Source: Estimating the Prevalence of Problem Drug Use in Scotland 2012-13, ISD Scotland

There is a strong link between deprivation and drug misuse. In 2014/15 the drug related Accident and Emergency (A&E) attendance rate was 10 times higher for people who lived in the most deprived areas. 69% of drug related acute hospital episodes were from people who lived in the most deprived areas of the city.



**Chart 13** shows a three year aggregate of drug related hospital discharges from 2009/10 to 2014/15. During this period Lochee and Coldside had considerably higher rates of drug related discharges. East End, Maryfield and West End LCPP areas all showed increases in the same period. The majority (82%) of drug related hospital episodes in 2014/15 included the use of opioids.

**Chart 13: Dundee City drug related hospital discharges by LCPP area of residence, 2009/2010 - 2014/2015**



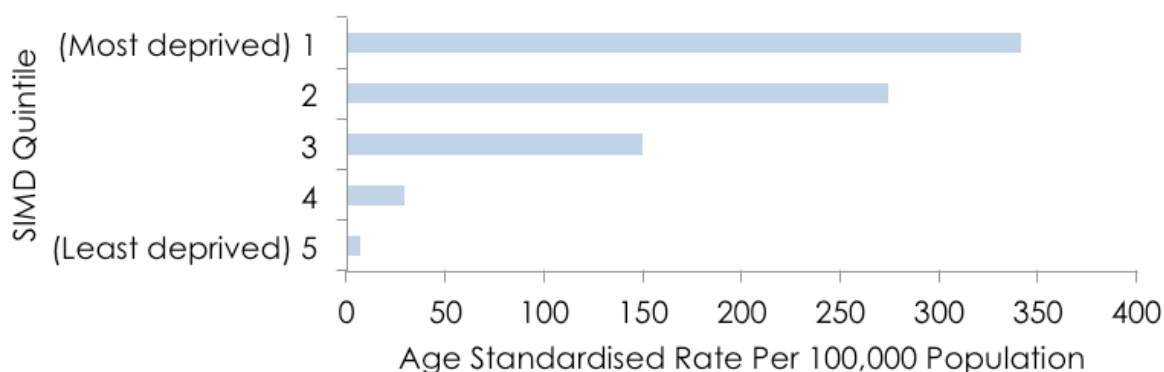
Source: Public Health Department, NHS Tayside

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.

**Chart 14** shows that a clear inequality gradient exists in drug related hospital discharges by quintile. The rate of drug related discharges is 9 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.

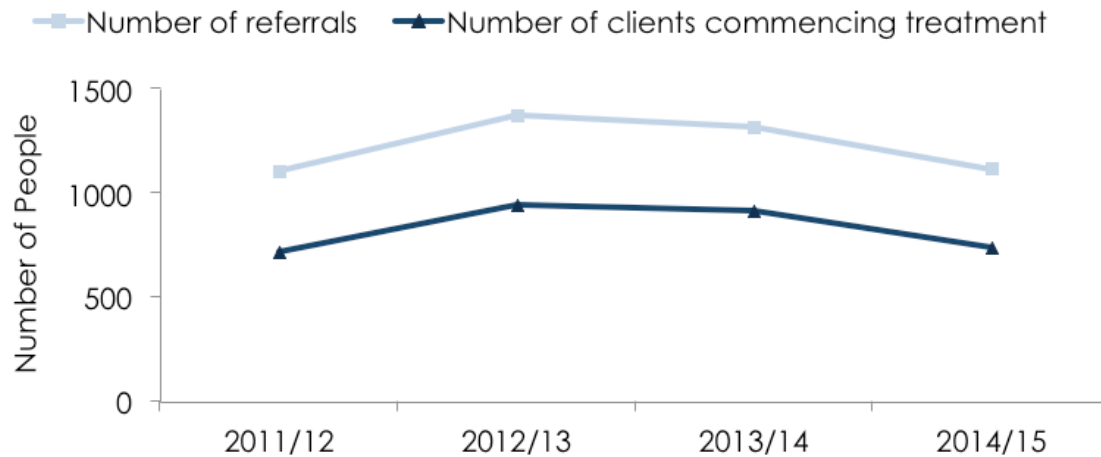
**Chart 14: Age standardised rate of drug related hospital discharges by SIMD quintile for Dundee City, 2014/15**



Source: Public Health Department, NHS Tayside

As of July 2014, there were 1,232 people in Dundee on a methadone prescription: 937 of these were supervised prescriptions.

**Chart 15: Number of people referred and commencing treatment for drug misuse within specialist services**

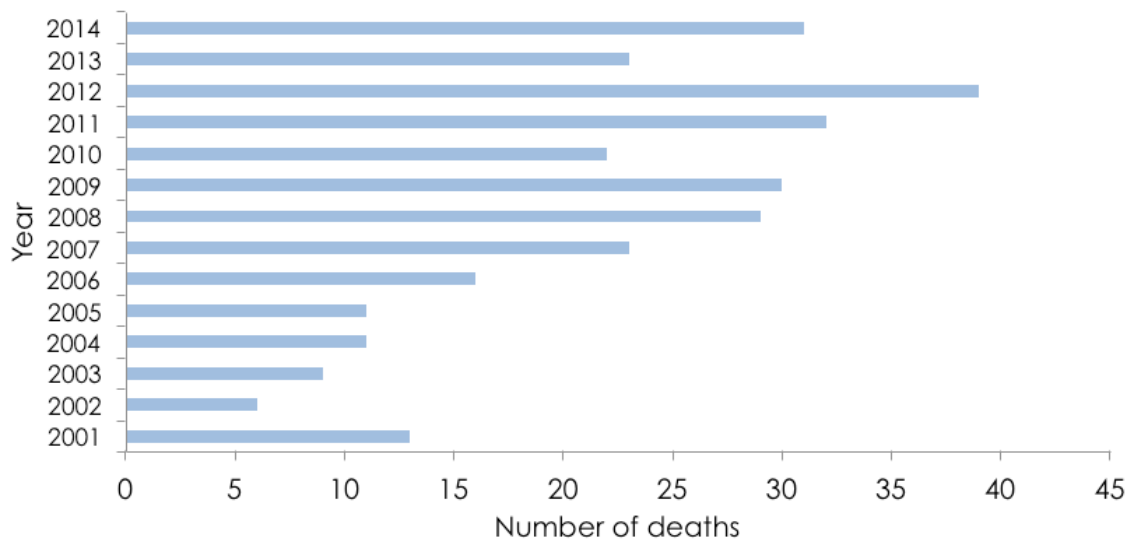


Source: Dundee Social Work Information System, K2, 2015

**Chart 15** shows that in 2014/15 there were 1119 referrals, with 738 people commencing treatment for drug misuse and specialist services.

**Chart 16** shows the number of drug related deaths in Dundee in the years 2001–2014.

**Chart 16: Number of drug related deaths in Dundee**



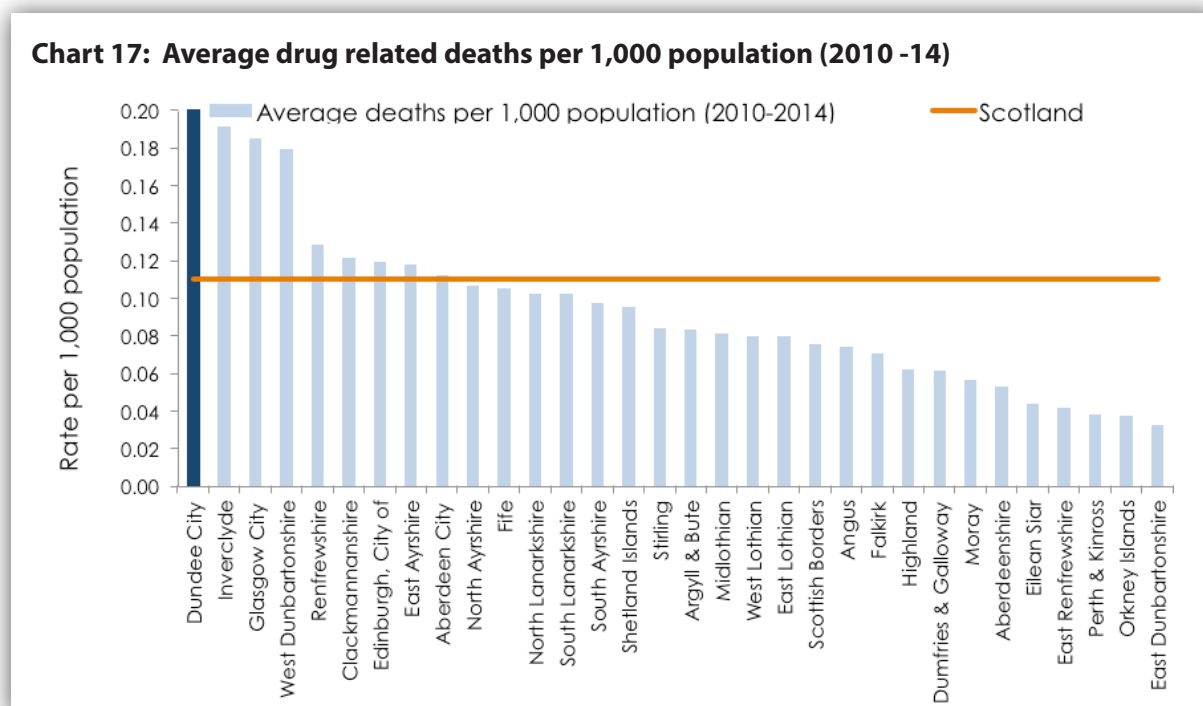
Source: Public Health Department, NHS Tayside

The number of drug related deaths in Dundee have increased since 2001, with a peak of 39 in 2012. In 2014, 613 drug related deaths were registered in Scotland, of which 31 were in Dundee.

The data in **Chart 16** covers the period 2010-2014. Using a four year average mitigates any annual fluctuations, and shows that:

- For Scotland as whole, the average of 558 drug related deaths per year represented a death rate of 0.11 per 1,000 of the population.
- Dundee had an average of 30 drug related deaths per year, representing a death rate of 0.2 per 1,000 of the population. This is the highest rate of all local authority areas in Scotland.

**Chart 17** shows the average number of drug related deaths per 1,000 of the population for each local authority area in Scotland.



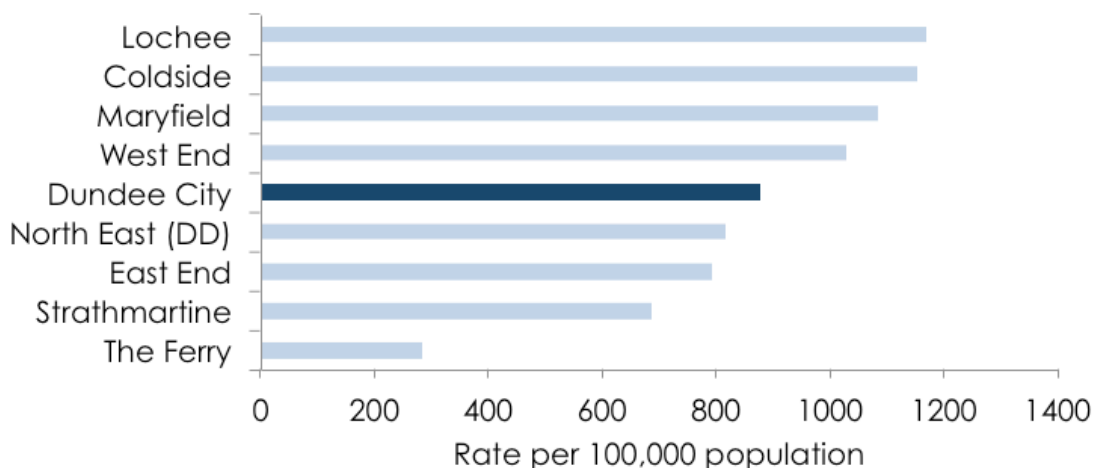
Source: Drug related deaths in Scotland 2014, National Records of Scotland

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 misuse, as well as the impact drug misuse has on some of our most vulnerable communities in Dundee.

## 4.8 Alcohol Misuse

There is a strong link between deprivation and alcohol related harm. The alcohol related Accident and Emergency (A&E) attendance rate across Dundee in 2014 varied from 1,169 per 100,000 in the LCPP area of Lochee to 283 in The Ferry.

**Chart 18: Dundee City alcohol related presentation rate to A&E, by LCPP area, 2014**



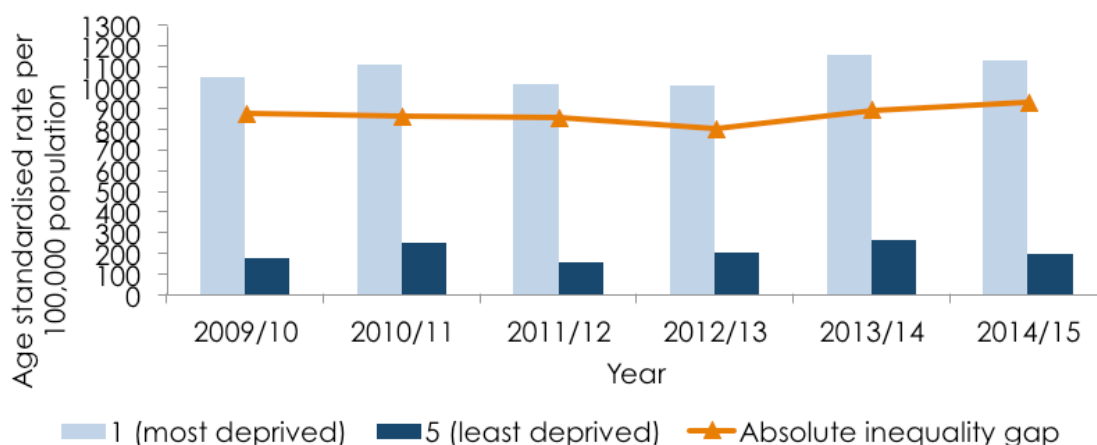
Source: Public Health Department, NHS Tayside

**Chart 18** shows there is a clear deprivation gradient for alcohol related attendances at A&E, with individuals from the most deprived LCPP areas accounting for 4 times the rate of presentations compared with those from the most affluent LCPP areas.

Alcohol related hospital discharges, although slightly 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 5.6 times higher than for those living in the least deprived LCPP areas.

**Chart 19** demonstrates the large inequalities gap in alcohol related hospital discharges in Dundee between the most and least deprived parts of the city.

**Chart 19: Inequalities gap between SIMD Quintiles 1 and 5 in alcohol related hospital discharges in Dundee 2009/10 to 2014/15**

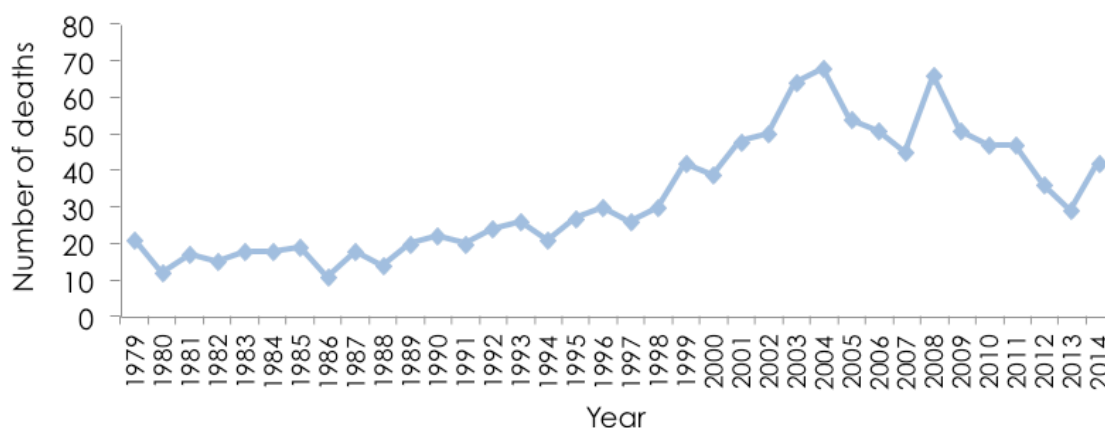


Source: Public Health Department, NHS Tayside

The absolute inequality gap measures the difference between rates in the most and least deprived areas. **Chart 19** shows that the gap was higher in 2014/15 than in the previous 5 years.

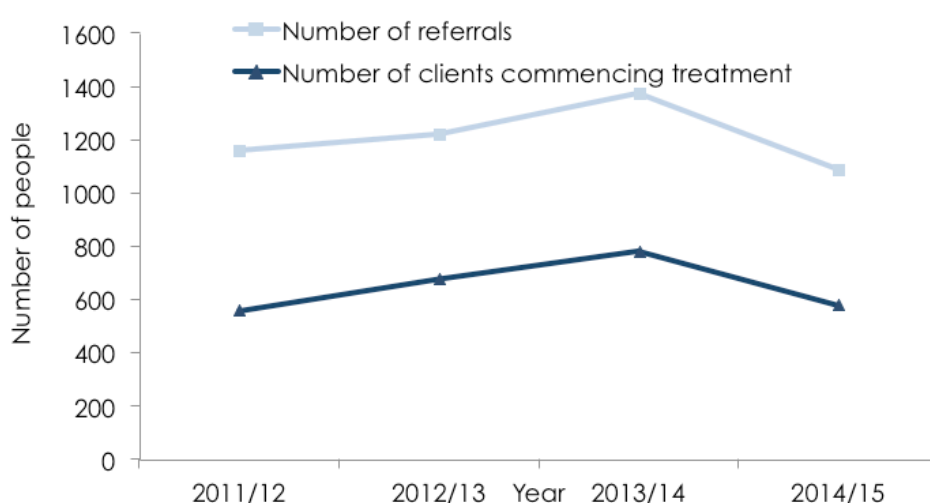
Alcohol related deaths have increased over time, peaking at 68 in 2004. **Chart 20** illustrates the trend in deaths from alcohol related conditions since 1979. In 2014 there were 42 alcohol related deaths recorded, which was the first increase in deaths since 2008.

**Chart 20: Number of alcohol related deaths in Dundee City, 1979-2014**



Source: Scottish Government 2015

**Chart 21: Number of people referred and commencing treatment for alcohol misuse within specialist services**



Source: K2, 2015

**Chart 21** shows that in 2014/15 1,087 people were referred to alcohol misuse specialist services, with 582 people commencing treatment.

## Key Findings: Health, Wellbeing and Lifestyle Factors

- Health and wellbeing is known to vary by deprivation. Lifestyles which include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. People whose lifestyles include all or some of these factors, in general, have or will have poorer health, and can experience a range of other risks to their safety or wellbeing.
- A higher percentage of people aged 40+ in Dundee smoke tobacco compared with Scotland as a whole. The percentage of people aged 16-39 who smoke tobacco in Dundee is similar to Scotland as a whole.
- In 2013/14 obesity was the long term condition with the 3rd highest prevalence in Dundee. There is a strong link between Type II diabetes and coronary heart disease (plus many other long term conditions) and obesity.
- 2014/15 data shows that diabetes and coronary heart disease (CHD) have the 3rd and 4th highest prevalence in Dundee. Dundee has higher prevalence for diabetes than Scotland as a whole.
- There is a strong link between substance misuse and deprivation.
- Dundee has the 2nd highest prevalence of drug misuse in Scotland. There are an estimated 2,900 problem drugs users in Dundee.
- Dundee had the highest number of drug related deaths in Scotland for the period 2010 – 2014.
- Dundee has a high number of people who have problems with alcohol consumption.
- Alcohol related deaths are high in comparison with other areas of Scotland.

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

As with many of the other poor life outcomes for people in Dundee, there is a strong correlation between deprivation and poor sexual health and blood borne virus.

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.

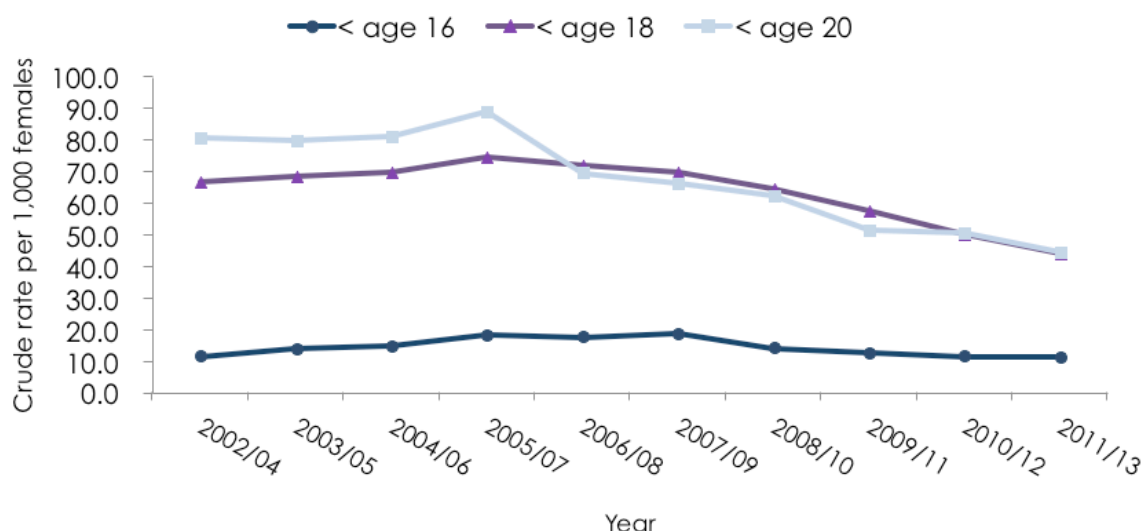
Whilst the prevalence of HIV is relatively low, the burden of disease is unequal, with men who have sex with men being at the greatest risk of transmission. Approximately 24% of people living with HIV are undiagnosed, and over 50% are diagnosed late or very late, with significant implications for their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

59% 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 published by the Information Services Division (ISD) for 2013 show that rates of teenage pregnancy continue to reduce year on year in Tayside. Rates have reduced by almost 50% since 2007 and are now at the lowest levels since records began. From consistently having the highest rate in Scotland, Tayside is now below the national average for teenage pregnancy in the under 20s.

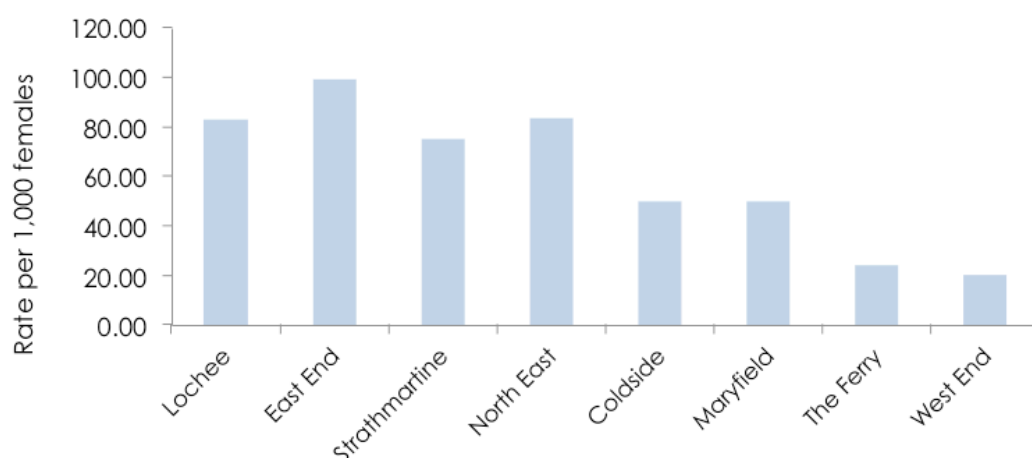
**Chart 22: Teenage pregnancies in Dundee: crude rate per 1,000 females (3 year rolling averages)**



Source: ScotPho, 2015

Dundee shows a similar downward trend. **Chart 22** shows that the rate of teenage pregnancies for females aged under 20 has reduced by almost 50% since 2007. However the teenage pregnancy rate for females aged under 16 has not reduced.

**Chart 23: Teenage Pregnancies rate per 1,000 females by LCPP, 2010-12**



Source: ScotPho, 2015

**Chart 23** 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. In 2013/14, 3341 people accessed a sexual health service provided by The Corner 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**

- 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. 59% 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. However the teenage pregnancy rate for females aged under 16 has not reduced.
- There is a link between teenage pregnancy rates and LCPP area. The most deprived LCPP areas have the highest rates.



## 5.1 Prevalence of Long Term Health Conditions

The Quality & Outcomes Framework (QOF) reports on the main sources of potential income for General Practice (GP) surgeries. It is a performance management system to improve the quality of General Practice services. The QOF register gives prevalence data for a range of conditions.

**It is recognised that QOF registers may be affected by a range of factors including differences in:**

- health care seeking behaviour
- access to services
- coding or definitional issues
- diagnostic practice
- data recording practice

**At the same time QOF rates are crude, taking no account of differences between populations in terms of:**

- demographic structure
- other factors that influence the prevalence of health conditions

**Table 1: QOF Prevalence Dundee**

Health Condition	14/15 Prevalence	13/14 Rate*	14/15 Rate *	Trend
Asthma	10723	6.2	6.3	
Atrial Fibrillation	2685	1.6	1.6	
Cancer	3477	1.9	2.0	
CHD (Coronary Heart Disease)	6919	4.2	4.1	
CKD (Chronic Kidney Disease)	5335	3.3	3.1	
COPD (Chronic Obstructive Pulmonary Disease)	4907	2.9	2.9	
Dementia	1546	0.9	0.9	
Depression	9129	5.0	5.4	
Diabetes	8834	5.1	5.2	
Heart Failure	1676	1.0	1.0	
Hypertension	23766	14.0	14.0	
Mental Health	1893	1.1	1.1	
Osteoporosis	2.4	0.3	0.1	
Peripheral Arterial Disease	2007	1.2	1.2	
Rheumatoid arthritis	918	0.5	0.5	
Stroke & Transient Ischaemic Attack	3958	2.3	2.3	

Source: QOF prevalence data, ISD Scotland \*Rate per 100 people

The column which is titled 'trend' in **Table 1** has been colour coded, to show prevalence which has increased (red), remained the same (yellow) or reduced (green) between 2013/14 and 2014/15.

**Table 1** shows that prevalence for four of the long term conditions increased between 2013/2014 and 2014/2015, three decreased and nine stayed the same.

**In 2014/15, the long term conditions with highest prevalence in Dundee were:**

1. Hypertension
2. Asthma
3. Depression
4. Diabetes
5. Coronary Heart Disease (CHD)

**In 2014/15, Dundee had higher prevalence than Scotland for:**

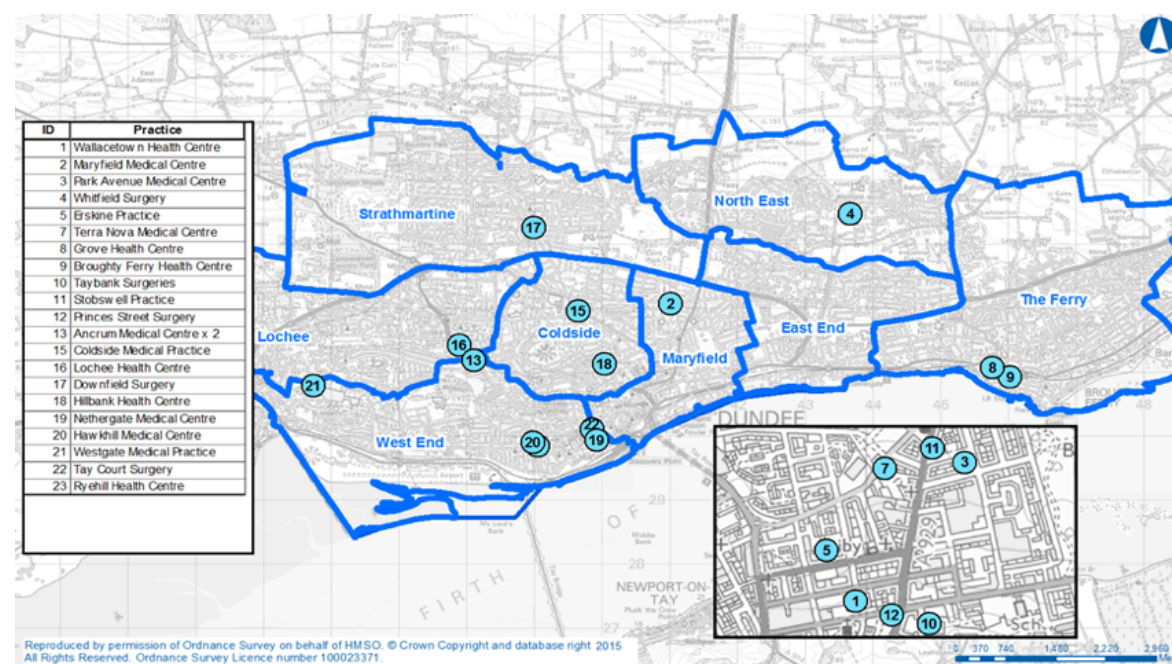
- COPD
- Dementia
- Diabetes
- Heart Failure
- Hypertension
- Mental Health
- Peripheral Arterial Disease
- Stroke & Transient Ischaemic Attack.

In Dundee there is not a link between where a person lives and which GP practice they attend. Many people 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.

Future analysis will look at SPARRA (Scottish Patients and Risk of Admission and Readmission Algorithm) scores and also pharmacy data as proximal indicators of long term condition prevalence by LCPP area.

**Figure 4: Location of Dundee GP Practices**

The map in **Figure 4** 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 Arthursstone 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 outwith the area where they live. **Table 2** shows which GP surgeries people are most likely to be registered with, by area where they live.

**Table 2: 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
Coldsides	Hillbank Health Centre (14%), Coldsides 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%), Coldsides Medical Practice (8%)
The Ferry	Broughty Ferry Health Centre (35%), Grove Health Centre (22%)
West End	Hawthill 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 Table 2 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

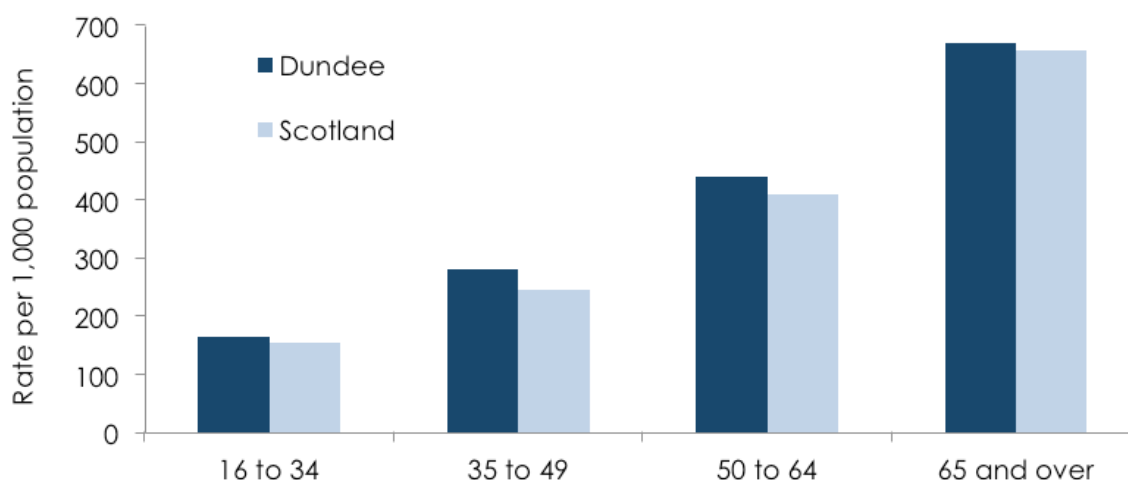
A recent Scottish cross-sectional study of 1.8 million people found that, while the prevalence of two or more health conditions increased with age, the number of cases under 65 years old was greater than those 65 years and older (Barnett, et al., 2012). In addition, the onset of multi-morbidity was 10 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.

**Chart 24** shows the rate of people living in Dundee and Scotland who have one or more health condition.

**Chart 24: One or more health condition: rate per 1,000 of the population (aged 16 and over) in Dundee and Scotland**

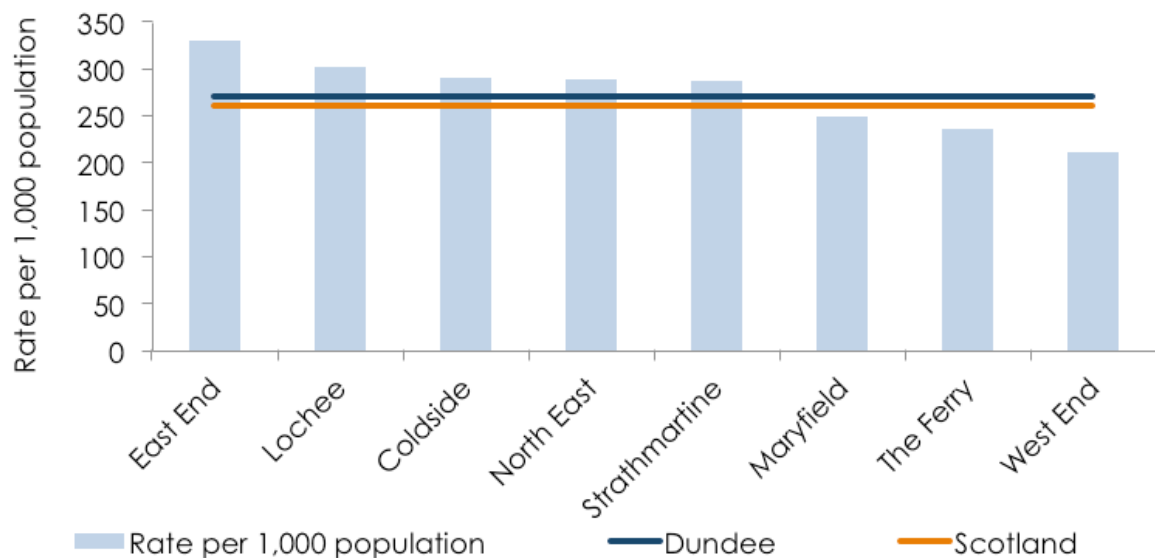


Source: Scotland Census 2011

This chart 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. **Charts 25 and 26** 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.

**Chart 25: 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**

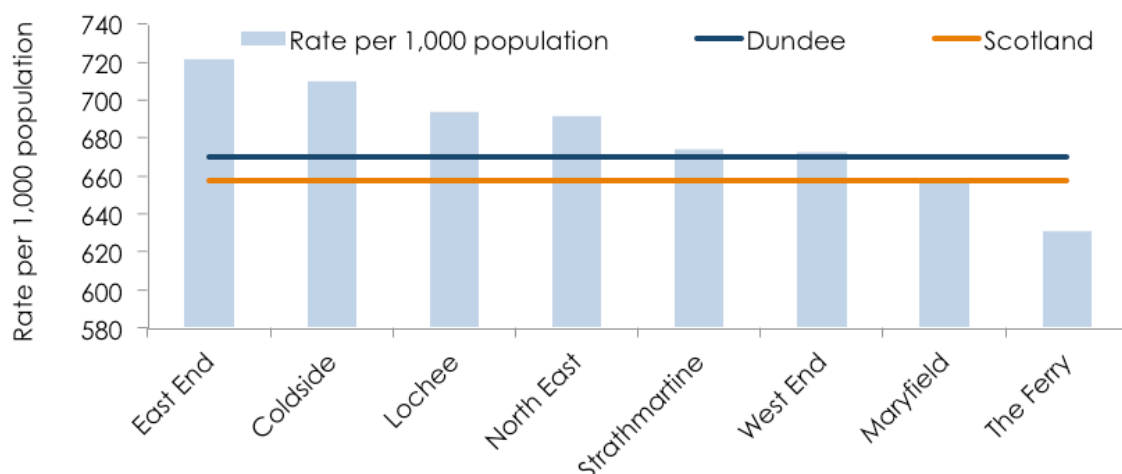


Source: Scotland Census 2011

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.

**Chart 26: 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 **Chart 25**, **Chart 26** 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**.

#### **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.

### 5.3 Community Pharmacy Data

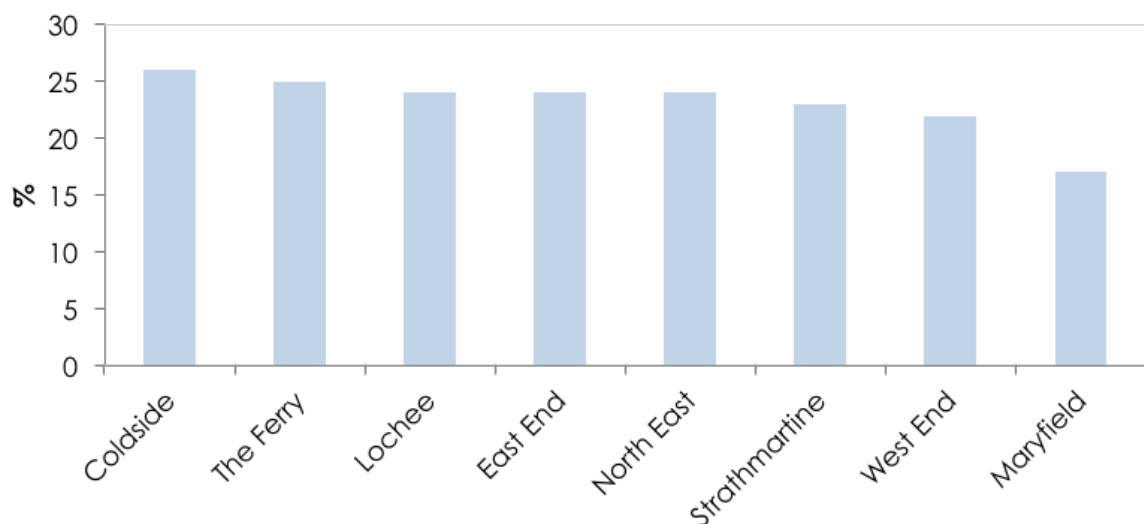
Analysis has been undertaken in relation to data collected by community pharmacies to help us further understand population health need in Dundee. Pharmacy data regarding type of prescription and frequency of use can make it possible to determine morbidity and multi-morbidity prevalence.

**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

**Chart 27** shows the percentage of people who used pharmacies and were prescribed 5+ distinct BNF chapters and flagged as 'high risk'.

**Chart 27: % of people who used pharmacies who were prescribed 5+ distinct BNF chapters (high risk)**



Source: NHS Tayside, 2016

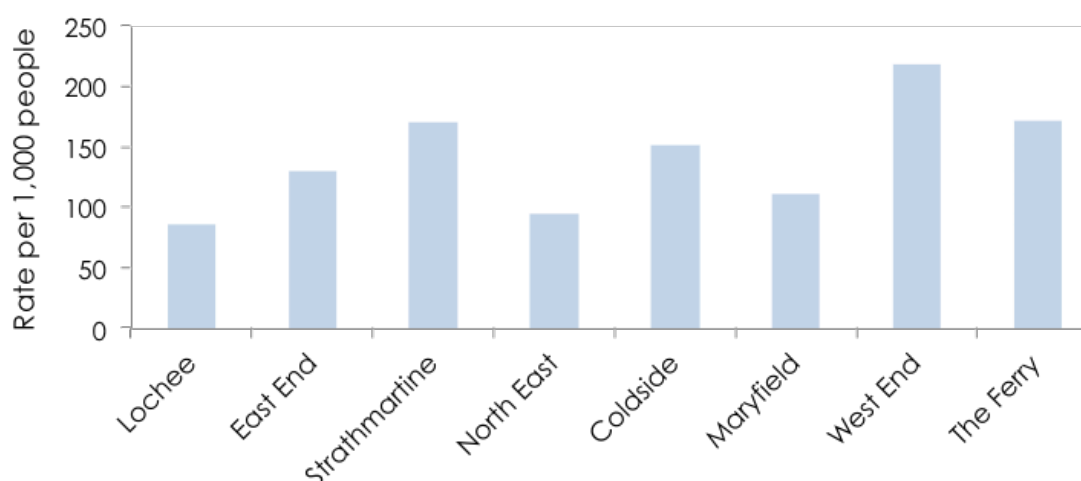
**Chart 27** further supports findings which show Coldside as having proportionately higher levels of need based on the prevalence of one or more health condition (and rates of unscheduled hospital admissions, as described in Section 8 below).

However across all LCPP areas the health needs of people are high. **Chart 27** shows that between 17% and 26% of all prescriptions dispensed were for people who were prescribed 5 or more distinct BNF chapters and were flagged as high risk.

In addition to prescribing information, pharmacies hold a wealth of additional information which can be used to assess need at a city wide and LCPP level. This includes information regarding the number of people registered for a Minor Ailments Service.



**Chart 28: Rate of people per 1,000, who live in each LCPP who are registered for a Minor Ailment Service within that LCPP**



Source: NHS Tayside, 2015

**Chart 28** shows the rate of people who live in each LCPP and are registered for a Minor Ailment Service in the LCPP where they live.

The chart is organised in order of deprivation level, with the most deprived LCPP to the left of the chart. Lochee is the most deprived LCPP area and has the lowest rate of people who are registered for this service within their LCPP area. (This information should however be treated with a degree of caution as people may be registered for a service in another LCPP area.)

The West End has the highest rate but, as this area covers the city centre pharmacies, people from other LCPP areas may be registered at pharmacies in the city centre. The Ferry is the area with least deprivation and has the second highest rate of people registered for a Minor Ailments Service within the area where they live.

Our continued assessment of need will further analyse the data collected by pharmacies for additional evidence of key morbidities and multi-morbidities which may have higher prevalence in certain LCPP areas.

### 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).
- Across all LCPP areas the health needs of people are high. Between 17% and 26% of all prescriptions dispensed were for people who were prescribed 5 or more distinct BNF chapters and who were flagged as 'high risk'.
- Registration with a Minor Ailments Service in the LCPP area where people live varies by LCPP area and there appears to be a link with deprivation. The most deprived LCPP area has the lowest rate of people registered, and the least deprived LCPP areas have the highest rate of people registered. However, it cannot be assumed that people always use the pharmacy in the area where they live.



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.

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## 6.1 Child Protection

The Protecting People framework includes the arrangements in place to ensure that children at risk of abuse or neglect are appropriately protected.

The responsibility for managing child protection sits with Children's 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 those adults who are responsible for their safety and wellbeing.

At 31 July 2014 there were 71 children on the Child Protection Register (the Register) in Dundee. 63% of children were placed on the Register as a result of parental substance misuse and 32.4% as a result of parental mental health problems. There is therefore a need for targeted involvement of adult services including substance misuse, 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.

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## 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 number of Adult Support and Protection (ASP) referrals has increased considerably over the last 5 years, rising from 368 referrals in 2010/11 to 1,313 referrals in 2014/15. 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.

Adult abuse takes many forms and includes physical, psychological and emotional harm, as well as financial harm. Referrals for an adult protection response are also made when self-harm is involved, although depending on the severity of the risk, most of these result in no formal action.

## ASP Referrals Resulting In No Formal Action

In 2014/15 there were 206 ASP referrals which required no further action. 201 (77%) of these referrals were from Police Scotland (Tayside).

### The types of harm which resulted in 'no further action' were as follows:

- Suicide Attempt or Ideation 74 (28%)
- Emotional or Psychological 61 (23%)
- Welfare Concern Issues 51 (20%)
- Other 20 (29%)

In the main, these referrals related to people who did not meet the "three-point test" for an adult at risk. This could include those who had, for instance, threatened to harm themselves while under the influence of alcohol or drugs, indicated afterwards that they would not welcome any support, and had not previously engaged with services.

## ASP Initial Referral Discussion (IRD) and Case Conference

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) directly to Initial Referral Discussion and Case Conference has reduced from 136 referrals (37%) in 2010/11 to 82 referrals (6%) in 2014/15.

Of the 82 referrals in 2014/15 which proceeded to Initial Referral Discussion or Adult Support and Protection Case Conference, financial harm was most likely to proceed to more formal investigation and coordination processes (45% of the 82 referrals). Over the three year period 2012 -2015, there were 44 Case Conferences held in Dundee where one of the concerns related to financial harm.

There are several factors which may increase an individual's vulnerability to financial harm. These include living alone and loneliness, increased dependency on external support, and reduced capacity to manage financial affairs.

*For older people in particular, potentially increased assets coupled with low cost lifestyles and a lack of awareness of the modern world may make them more susceptible.*

(SCIE 2011)

A study into the abuse of older people in the UK (O'Keeffe et al 2007) found that financial abuse is the second most prevalent type of mistreatment after neglect. The study reported that approximately 1% (86,500) of people aged 66 and over were subjected to financial abuse over a 12-month period. (SCIE 2011, p12). In addition to this National Trading Standards stated that:

*Each year mass marketing mail scams, which often target vulnerable or disadvantaged consumers, cause approximately **£3.5 billion** worth of detriment to UK consumers.*

(National Trading Standards, 2014)

## 6.3 Violence Against Women (VAW) and Domestic Abuse

VAW can take many forms. This includes domestic abuse, rape, sexual assault, forced marriage, female genital mutilation 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. Those affected by VAW include some of the most vulnerable people in our communities who have a range of complex needs.

In 2014/15 there were 1,703 incidents of domestic abuse recorded by Police Scotland per 100,000 population in Dundee. These figures were the highest recorded for any local authority area in Scotland.

**The actual number of incidents of domestic abuse recorded by Police Scotland for Dundee City over the past three years is:**

- 2,525 in 2012/13
- 2,442 in 2013/14
- 2,525 in 2014/15

*Scottish Government Crime & Justice Figures, published 2015*

Multi-Agency Risk Assessment Conferences (MARAC) are well established in Dundee, playing a key role in sharing information and improving the safety of people at high risk of domestic abuse. Between 1 January and 31 December 2015 there were 142 individuals discussed through MARAC in Dundee.

## 6.4 Levels of Crime and Supervision of Offenders

### Levels of Crime in Dundee

The level of poverty in Dundee has impacted on crime and re-offending rates, with the victims of crime more likely to live areas of multiple deprivation. However over the last five years crime levels across Dundee, in almost all of the major crime groups, have shown a downward trend. The following figures illustrate:

- Youth crime has fallen by 34%
- Vandalism has reduced by 37.8%
- Robberies have reduced by 36.3%
- House break-ins have reduced by 40.5%
- Violent crimes have reduced by 16.8%
- Number of people reconvicted annually has fallen by 28%

At the same time a high proportion of the community (98%) have indicated that they feel increasingly safe and believe that crime is reducing (Dundee Annual Citizens Survey 2012).

However there continue to be increasingly high levels of domestic violence, high numbers of short term prison sentences of less than twelve months for acquisitive substance misuse related crime, and high levels of drug related deaths, particularly among prison leavers. There also continue to be a small, but significant group of offenders whose behaviour may present a serious risk to the members of public, including children, young people and women.

The most common responses from people when asked what factors they believe contribute towards crime were alcohol/drugs (27%), unemployment (6%) and gangs/youths (5%). To some extent, these perceptions reflect data on the profile of local people who offend. In accordance with

the needs of offenders identified by Audit Scotland, additional factors include mental health issues, attitudes towards offending and involvement with anti-social peers.

While other forms of offending are reducing therefore, the reduction in the levels of domestic violence and substance misuse are likely to continue to form two of the main priorities for CJS partners in Dundee, as they move forward.

## Provision of Court Reports

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

**In 2014-15, 1662 Criminal Justice Social Work (CJSW) reports were prepared for court.**

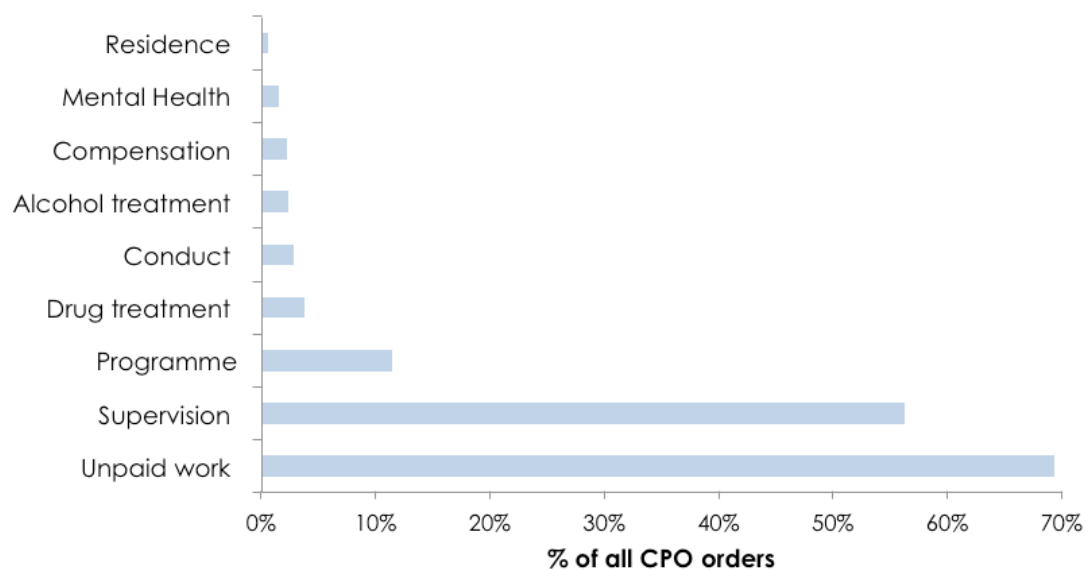
**Analysis of these shows:**

- 80 % of the CJSW reports were in relation to males, 20% to females
- 3% of the CJSW reports were related to 16-17 year olds, 15% to 18 - 21 year olds and 31% of the reports were for the 22-30 age group, as the largest group.
- 5% of the CJSW reports were on people who were homeless or in homeless accommodation and 16% were in prison
- For those with a community address, 19% lived in Lochee and 18% in Coldside.
- 66% of the reports were for people who lived in SIMD Quintile 1 and 86% lived in either SIMD Quintile 1 or 2.
- 78% were unemployed or not seeking employment.
- Over a fifth had committed dishonesty offences and just under a fifth had committed violent offences, of which 6% were domestic violence offences.

## 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 2014-15 717 CPO orders were made. **Chart 29** shows the different requirements imposed as part of these orders.

**Chart 29: CPO requirements**

Source: CPO annual returns 2014-15, [www.gov.scot](http://www.gov.scot)

The use of the CPO is now well embedded and as **Table 3** illustrates, growing numbers of people subject to an Order have completed successfully.

**Table 3: Completion of CPO orders**

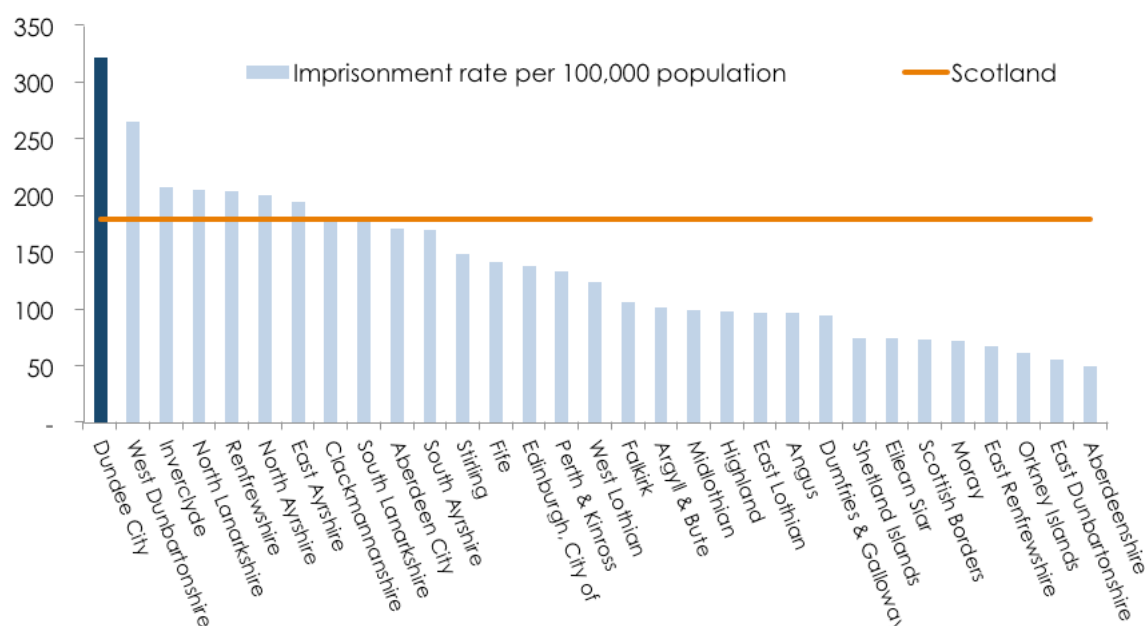
Year	16-17 years	Females	Males	Total
2013-14	70%	76%	71%	<b>72%</b>
2014-15	69%	78%	76%	<b>76%</b>

Source: Dundee CJSW Statistics, 2015

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. More detailed evaluation is required to illustrate the extent of CPO impact and the particular characteristics of the most effective local partnership work. However initial indications appear positive.

## Prison Population and Statutory Throughcare

**Chart 30: Prison population 30 June 2013, per 100,000 population**



Source: Prison Statistics Scotland 2013-14, Scottish Government

**Chart 30** shows that Dundee has the highest imprisonment rate in Scotland with 322 people per 100,000 population in prison on 30th June 2013. The Scotland rate is 179 per 100,000 population.

A high percentage of the population in Perth Prison are from Dundee, with many serving short sentences of less than one year. The needs of people who receive a prison sentence, particularly those who are separated from their children, families and communities for significant periods of time, can be considerable. They often require a robust package of services and supports to help them to reintegrate into everyday life, and where it is possible, within their own local communities.

CJS provides voluntary assistance and resettlement for short term prisoners. There were 343 cases in 2014/15, an increase from 2013/14 figures, which totalled 304.

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. Since 2011 the total number of people recorded as being subject to through care in prison at 31st March has increased year on year, from 114 to 165 in 2015.

**Table 4: Offenders in Prison who will be subject to Statutory Supervision on Release**

Through care in Prison	2010/11	2011/12	2012/13	2013/14	2014/15
Number of New Admissions	68	73	39	78	71
	31/03/2011	31/03/2012	31/03/13	31/03/14	31/03/15
Total Number of Open Cases	114	136	141	157	165

Source: Dundee Social Work Department 2015

**Table 4** indicates that the number of new throughcare in prison cases has remained broadly the same, although the total number of open throughcare cases has increased year on year.

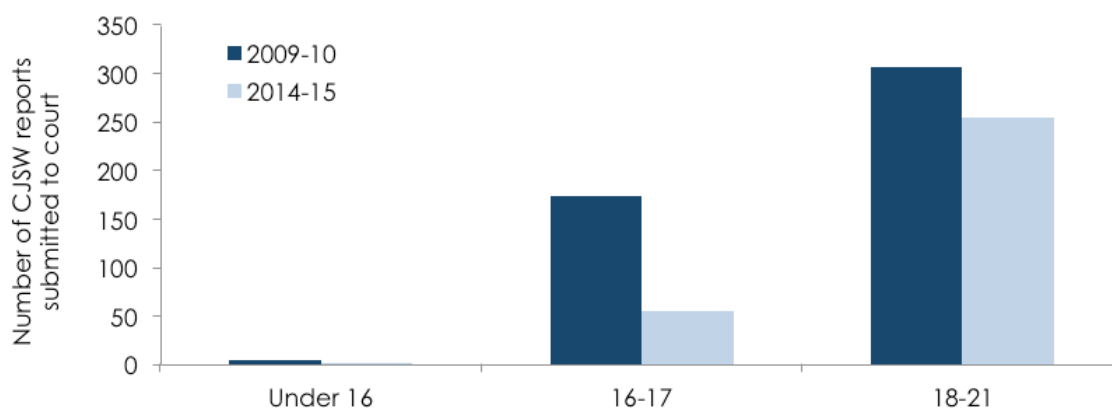
In addition to providing statutory post-custodial supervision the service also assess and manage registered sex offenders who are subject to community and post-custodial supervision requirements. This is in line with the jointly established Multi-Agency Public Protection Arrangements (MAPPA).

### 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 and restricted patients) 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 Criminal Justice Service (CJS) assess and manage registered sex offenders who are subject to community and post-custodial supervision requirements. At 31st March 2015 160 offenders were being managed through MAPPA; this represents a significant increase in numbers compared with the same time the previous year.

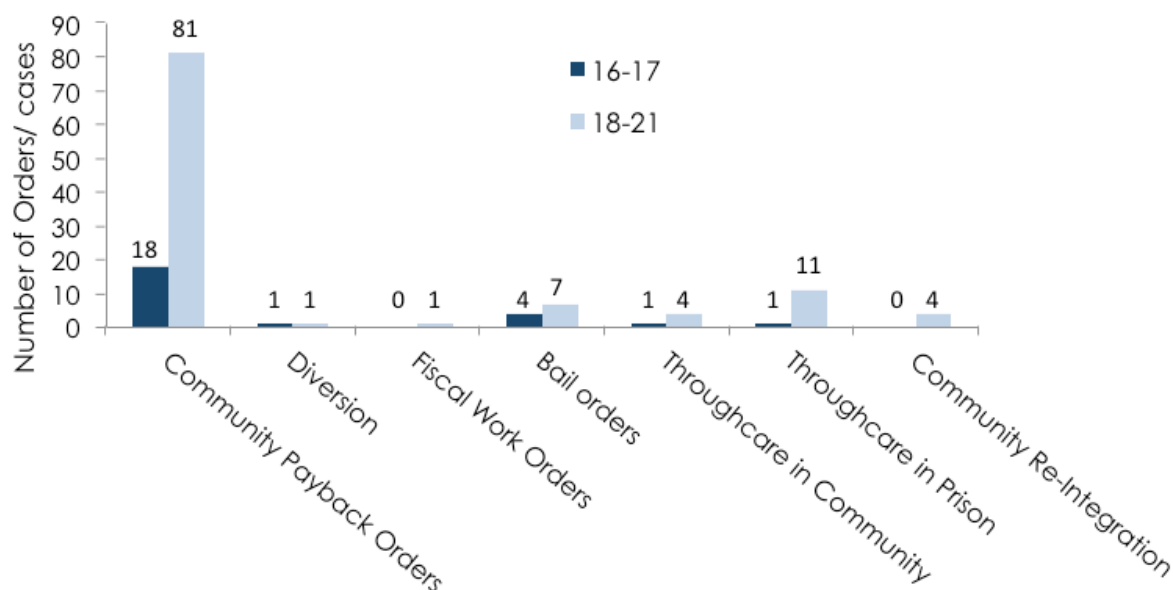
### Young Offenders

**Chart 31: Number of Court reports for young offenders, 2009-10 and 2014-15**

Source: K2 database, Social Work Information System

**Chart 31** shows that there has been a drop in the number of reports completed for young offenders. This is a positive trend which can be attributed to earlier interventions and overall reductions in youth crime.

**Chart 32: Current orders and interventions for young offenders, at Feb 2016**



Source: K2 database, Social Work Information System, Feb 2016

The majority of young offenders are sentenced to Community Payback Orders (CPOs) which include at least one of the 9 specified requirements.

Prison statistics and population projections Scotland 2013-14 (Scottish Government bulletin, additional tables) show that 84 young people (aged 16 to 21) were liberated from prison to Dundee. Of these, 67% had been remanded and 17% had sentences of less than one year.

The Scottish Government dataset does not provide a breakdown for 16-17 year olds and 18-21 year olds. However data from K2 (Social Work Information system) shows that patterns are different for these two age groups. There has been a significant reduction in imprisonment rates for 16-17 year olds, illustrating earlier intervention can prevent an escalation of offending in later years and the more punitive sentences which can occur as a result. The fact that there were a small number of prison sentences given for young people suggests that those involved had committed serious offences.



## 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.
- The number of referrals received regarding Adult Support and Protection (ASP) has increased considerably over the last 5 years and financial abuse is the type of referral most likely to proceed to formal investigation (Initial Referral Discussion or Case Conference).
- Over the last five years crime levels across Dundee, in almost all of the major crime groups, have shown a downward trend. However, rates of domestic abuse and substance misuse related acquisitive crime have not reduced.
- In 2014/15 there were 1,703 incidents of domestic abuse recorded by Police Scotland per 100,000 population in Dundee. These figures were the highest recorded for any local authority area in Scotland.
- At 31st March 2015 160 registered sex offenders were being managed through MAPPA; this represents a significant increase in numbers compared with the same time the previous year.
- Dundee has the highest imprisonment rate in Scotland, with 322 people per 100,000 of the prison population on 30th June 2013 (compared with the Scotland average of 179 per 100,000).
- There has been a drop in the number of reports completed for young offenders in Dundee, a positive trend which can be attributed to earlier interventions and overall reductions in youth crime.
- The majority of young offenders are sentenced to Community Payback Orders, with at least one of the specified requirements.
- In 2013/14, prison statistics show that 84 young people (16 to 21) were liberated to Dundee, of whom 67% had been remanded and 17% had received sentences of less than one year.
- The fact that there were a small number of prison sentences given for young people suggests that those involved had committed serious offences.

## 7.0 HOUSING AND HOMELESSNESS

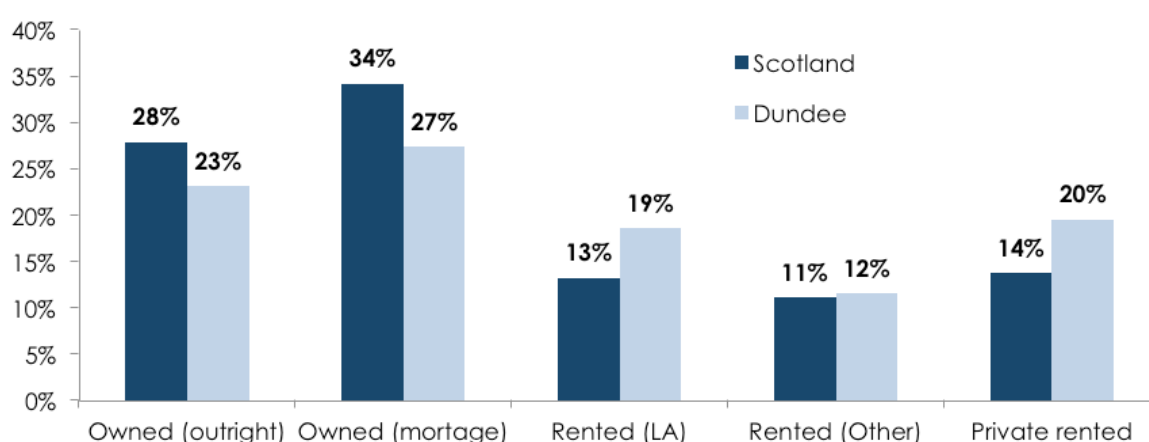
### 7.1 Housing Tenure in Dundee

The following information regarding housing and homelessness in Dundee is based on the 2011 Census.

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.

**Chart 33: Household tenure in Dundee and Scotland**

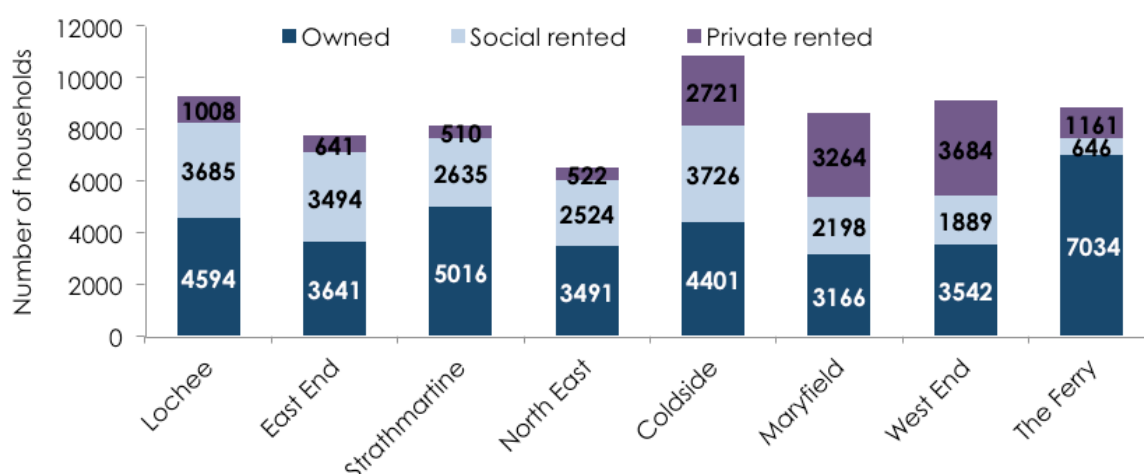


Source: 2011 Census, [scotlandscensus.gov.uk](http://scotlandscensus.gov.uk)

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.

**Chart 34** profiles household tenure by locality. This Chart shows that 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.

### Chart 34: Household tenure by LCPP area



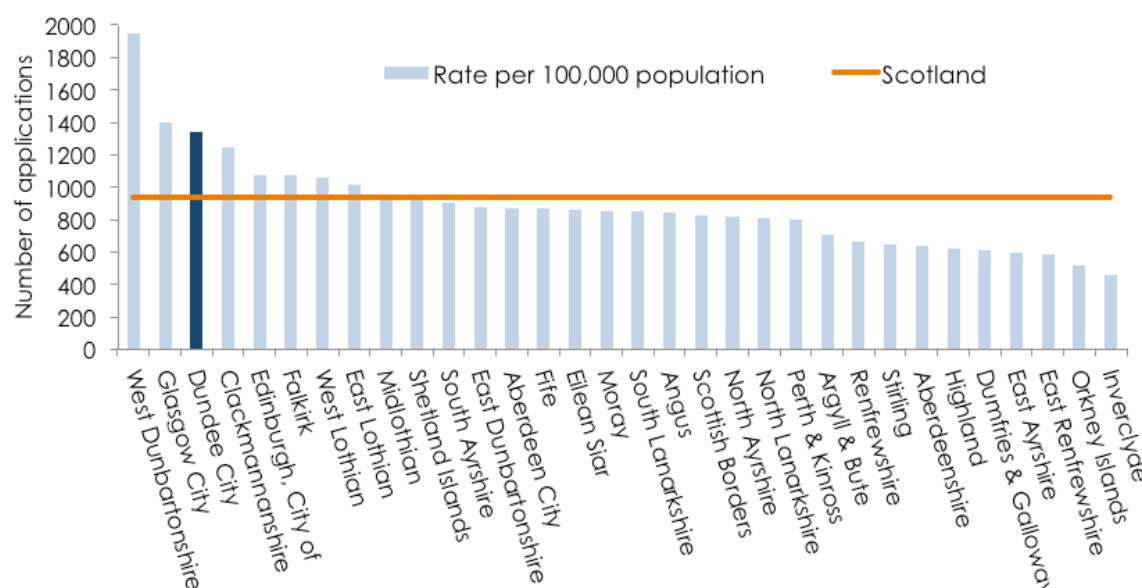
Source: 2011 Census, [scotlandscensus.gov.uk](http://scotlandscensus.gov.uk)

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

**Chart 35** shows the rate of homeless applications per 100,000 of the population for local authorities across Scotland in 2014-15.

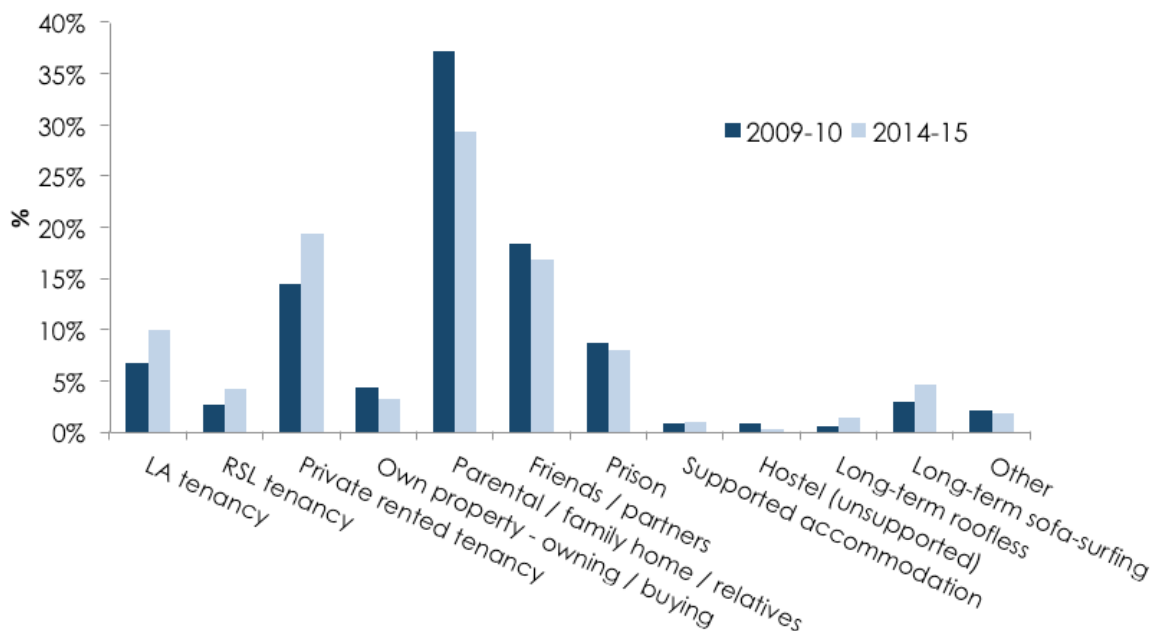
**Chart 35: Homeless applications in 2014-15, per 100,000 population**



Source: Scottish Government Operation of Homeless Persons Legislation, 2014-15

**Chart 35** shows that Dundee had approximately 1400 homeless applications in 2014-15. This equated to approximately 1338 people in every 100,000 of Dundee's population of 16-70 year olds, a rate which is much higher than the Scotland level of 935 applications per 100,000 population. Dundee had the third highest rate of homeless applications per 100,000 population, with only West Dunbartonshire and Glasgow City with higher rates.

**Chart 36: Previous circumstances of homeless applicants, 2009-10 and 2014-15**

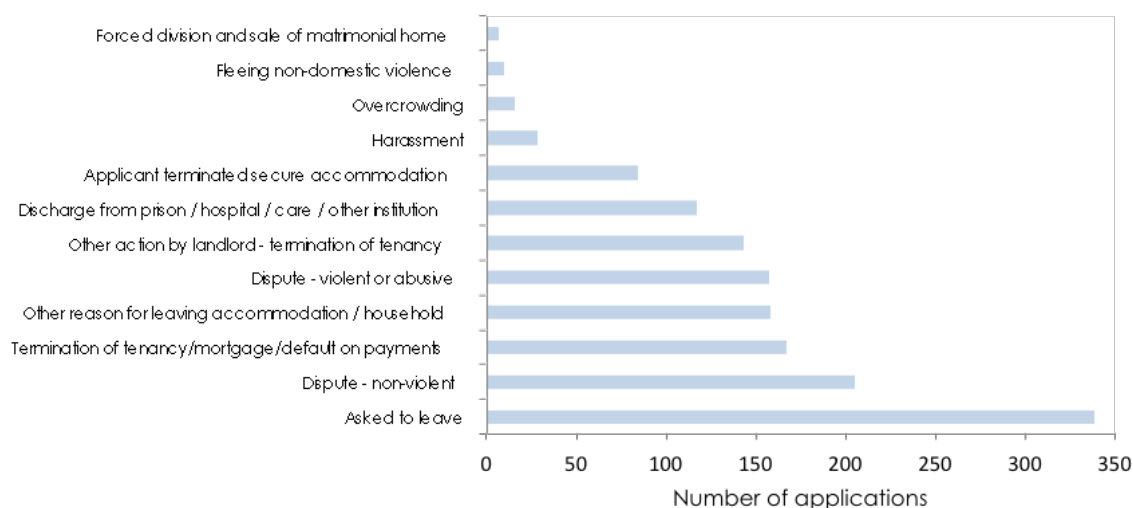


*Housing Department annual report 2014-15, homeless applications*

As can be seen from **Chart 36**, most homeless applications were from people who had previously been staying with parents/ family or relatives. In 2009-10, 37% of the applicants had been staying with parents/ family or relatives, although this fell to 29% in 2014-15.

These figures also indicate that a third of the people who submitted homeless applications had previously had a tenancy with either a local authority, a social landlord or a private landlord. In 2014/15 19% had previously been in private rented accommodation; this is an increase from 14% in 2009-10.

**Chart 37** shows that the main reason for homeless applications in Dundee in 2014-15 related to the applicant being asked to leave his/her accommodation. The second highest reason involved a dispute within the household or relationship breakdown.

**Chart 37: Homeless applications by reason 2014-15**

*Housing Department annual report 2014-15, homeless applications*

### Key Findings: Housing and Homelessness

- There is a higher proportion of the Dundee population in rented (local authority, private or social) accommodation than elsewhere in Scotland.
- There is variation in levels of home ownership and house rentals across LCPP areas.
- There are high rates of homelessness, especially where the previous tenancy was a rented property.
- Most homeless applications were from people who had previously been staying with parents/family or relatives. In 2009-10, 37% of the applicants had been staying with parents/family or relatives, although this fell to 29% in 2014-15.
- The main reasons for homeless applications were that the applicants were asked to leave, dispute, relationship breakdown or default on rent payments.

### 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 2014/15 the bed day rate in Dundee for people admitted to hospital as an emergency totalled 81,465 bed days, against the Scotland average of 73,597 bed days, per 100,000 of the population. This rise in the use of unscheduled care has brought about an incremental and significant shift in the balance between the rate of planned and unplanned admissions to hospital in Dundee. This has presented a significant challenge in the effective planning and management of the allocation of health and social care resources.

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 39% of NHS Tayside hospital episodes are from people who live in Dundee.

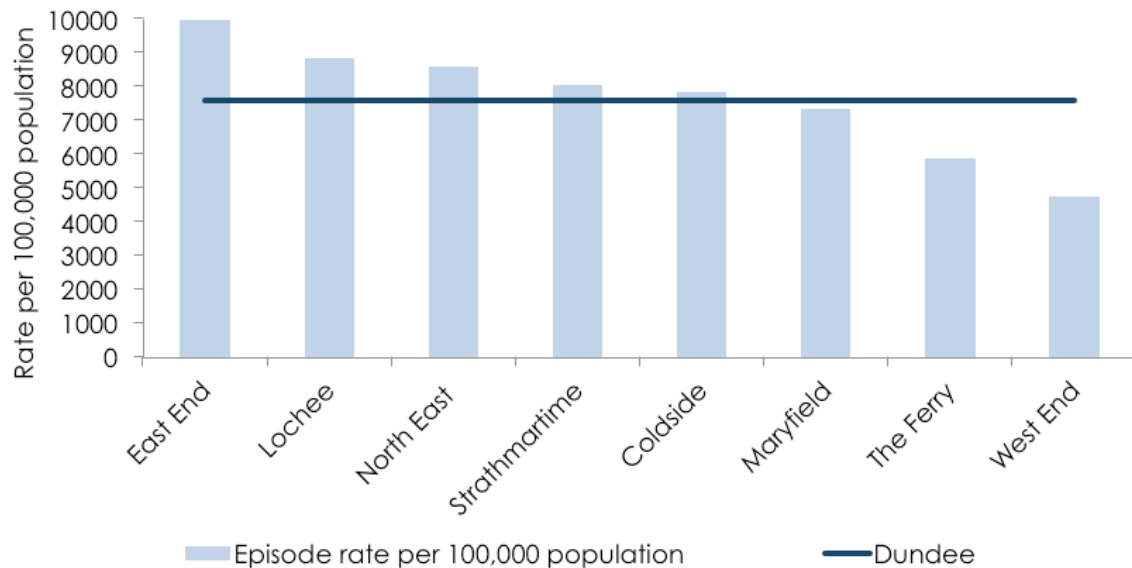
Dundee residents had an additional 1,245 NHS admissions outwith NHS hospitals in Tayside: 33 were in Fife (2.65%), 11 were in Forth Valley (0.88%), 169 were in Grampian (13.57%) and 1,032 were in another NHS area (82.89%).

## 8.2 Variation in Unscheduled Care Rates between LCPP Areas

### People aged 16-64

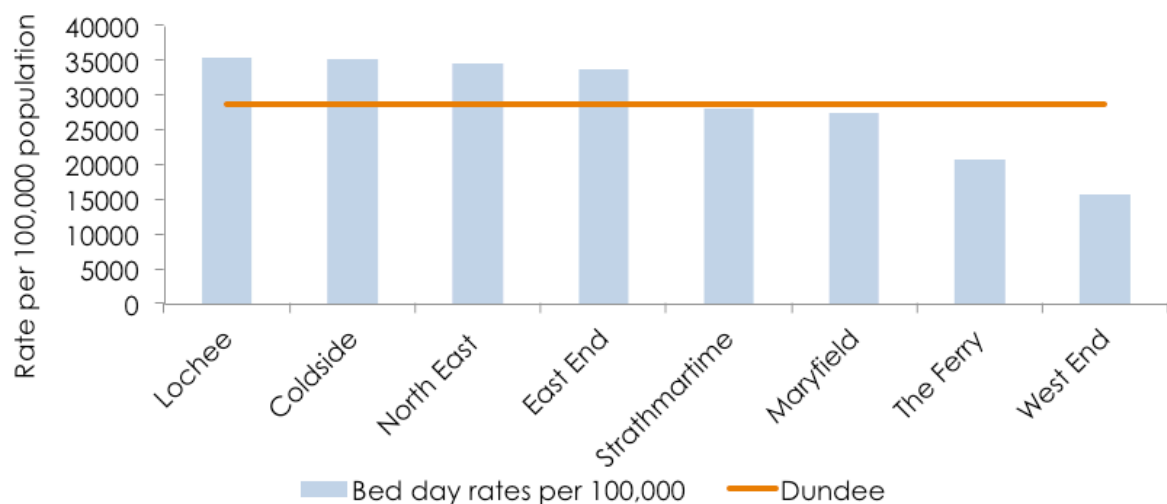
When comparing the rates of unscheduled care at LCPP level for people aged 16-64, the most deprived areas are shown to have higher admission and bed day rates than the least deprived LCPP areas. This is illustrated in **Charts 38** and **39**.

**Chart 38: Number of emergency admissions per 100,000 population (people aged 16-64)**



Source: NSS ISD 2015

**Chart 39: Number of emergency bed days per 100,000 Population (people aged 16-64)**



Source: NSS ISD 2015

**Charts 38** and **39** 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 and Coldside LCPP areas.

## East End

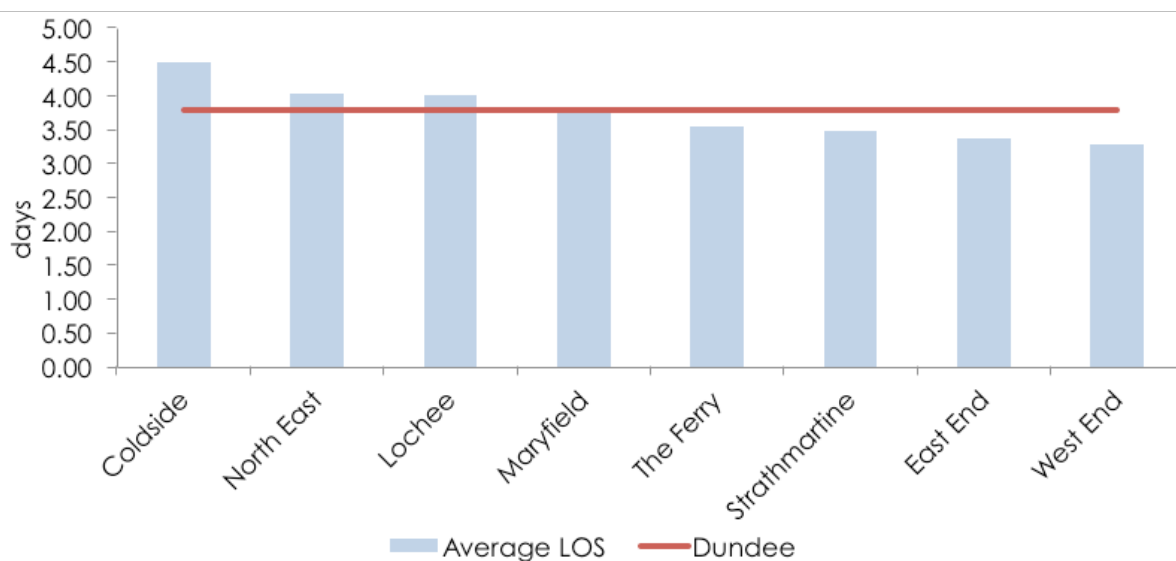
**Chart 40** shows that the East End had the highest emergency admission rate, but the 4th highest bed day rate. The average length of stay (LOS) which can be calculated by dividing the total number of bed days by the total number of admissions, is 2nd lowest in the East End, with only West End having a lower average (by 0.9%).

## Coldside

Coldside has the 2nd highest bed day rate and the highest average length of stay of all the LCPP areas. This links with the data in **Chart 25** which shows that Coldside has the 3rd highest rate of people with one or more health conditions. The rate of emergency hospital admissions is lower and is the 4th lowest rate of all of the LCPP areas.

This may indicate that people in Coldside are being admitted to hospital at a much later stage of their illness than they perhaps would have been if they lived in another LCPP area. Future work will consider reasons for admissions and neighbourhood trends across LCPP areas, as this may indicate causes and trends which may be linked with deprivation.

**Chart 40: Average length of stay for unscheduled admissions by LCPP area, 2013/14 for people aged under 65**



Source: NSS ISD 2015

Taken together **Charts 38, 39** and **40** show a trend across most LCPP areas between emergency admission rates, emergency bed day rates, the rates of people living in deprivation, and the rates of people with one or more health condition, when comparing these variables by LCPP area.

All eight LCPP areas do not rank in exactly the same order for emergency admission rates, emergency bed day rates and deprivation. However, when only considering the most deprived and least deprived LCPP areas, there is a stronger correlation between these variables. For instance, Lochee, as the LCPP area with highest levels of deprivation, is also the highest in Dundee for problem drug misuse and mental illness. This may explain the high emergency admission and bed day rates for this LCPP area for the 16-64 age group.

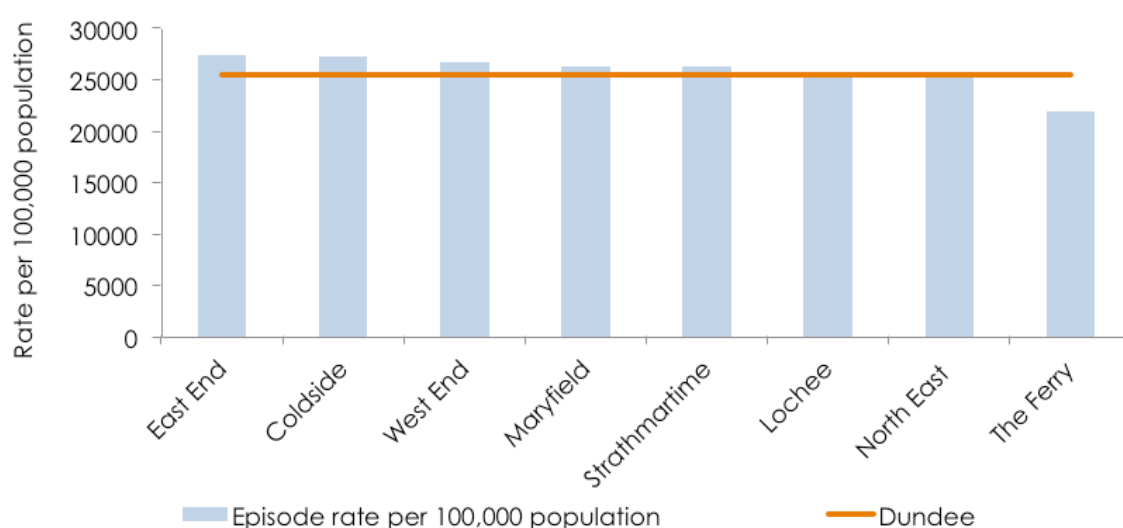


## People aged 65+

There is a strong link between bed day rates and the rate of **people aged 65 and over** with one or more health condition, for some LCPP areas. East End, Coldside, Strathmartine and The Ferry are LCPP areas that are ranked in the same order for both of these variables. This is a link which is not unexpected, as both of these variables relate to health needs. Those with one or more health conditions are at higher risk of emergency admission to hospital. East End and Strathmartine are two of the most deprived LCPP areas and Coldside and The Ferry have the highest rate of older people. Long term conditions associated with deprivation and older age are likely to increase bed day rates in these LCPP areas.

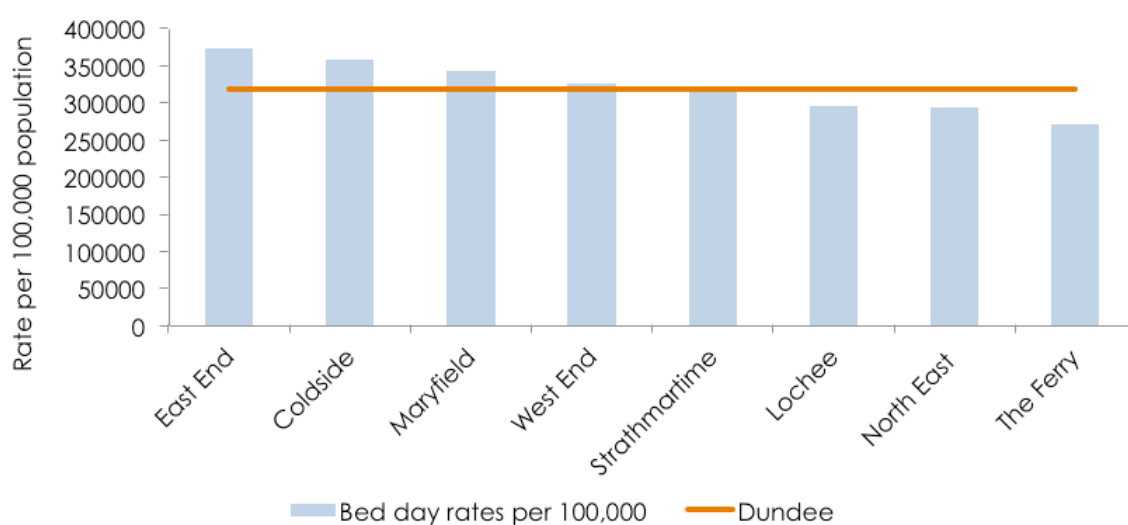
**Charts 41 and 42** show the emergency admission and bed day rates by LCPP areas for people aged 65 and over. There is significantly less variation overall in bed day rates between LCPP areas, apart from The Ferry, which shows a much lower rate than all other LCPP areas in the city.

**Chart 41: Number of emergency admissions per 100,000 population (people aged 65+)**



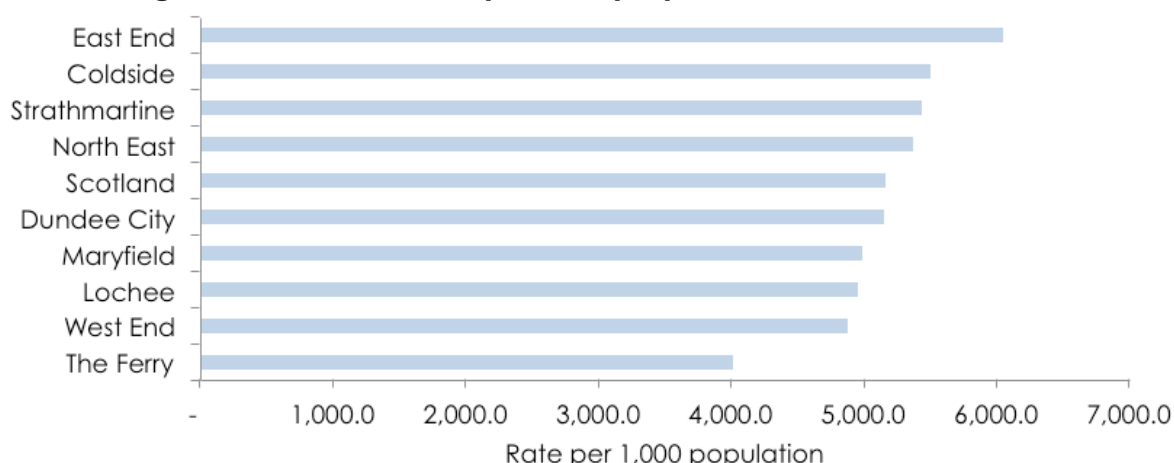
Source: NSS ISD 2015

**Chart 42: Number of emergency bed days per 100,000 Population (people aged 65+)**



Source: NSS ISD 2015

**Chart 43: Dundee City patients (aged 65+) with multiple (2+) emergency hospitalisations 2013/14 (age standardised as a rate per 1,000 people)**



Source: NSS ISD 2015

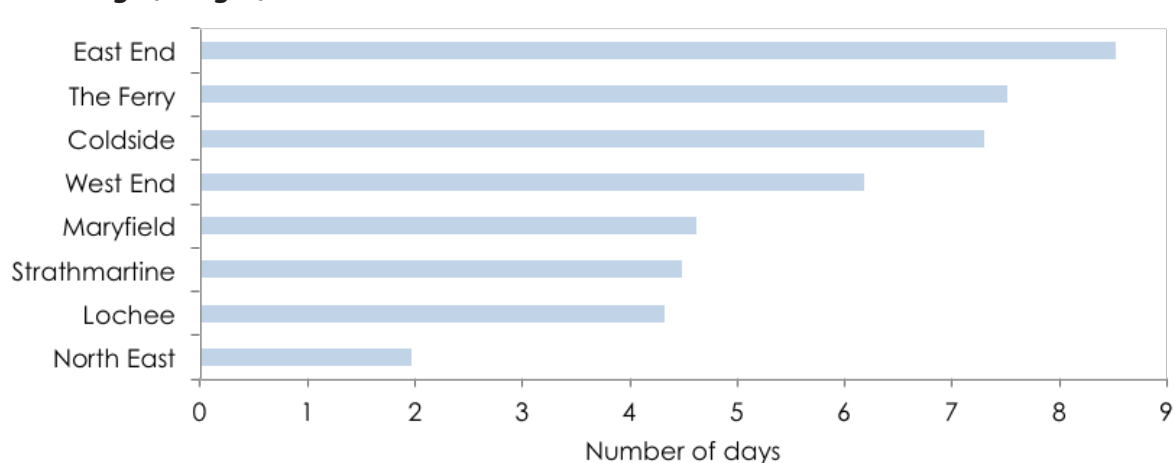
**Chart 43** shows the rate per 1,000 people in each LCPP area who had two or more admissions to hospital in 2013/14. The data has been standardised by age which means that any trend cannot be attributed to a greater proportion of people aged 65+ living in any LCPP area. A person is deemed to require additional support when they have had two or more emergency admissions to hospital.

**Chart 43** shows that East End had the highest rate of people with 2+ hospital admissions and The Ferry had the lowest rate compared with other LCPP areas. The remaining six localities have similar rates and are quite close to both the Dundee and Scotland rates.

## All Age Groups

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.

**Chart 44: Average number of days people spend in hospital when they are ready for discharge (all ages) 2011-13**



Source NHS Tayside, 2015

**Chart 44** shows the average number of days people spent in hospital when they were ready for discharge, between 2011 and 2013, and the variation across LCPP areas. This can be attributed to age, complexity of need and existing arrangements for unpaid care to support people on their return home.

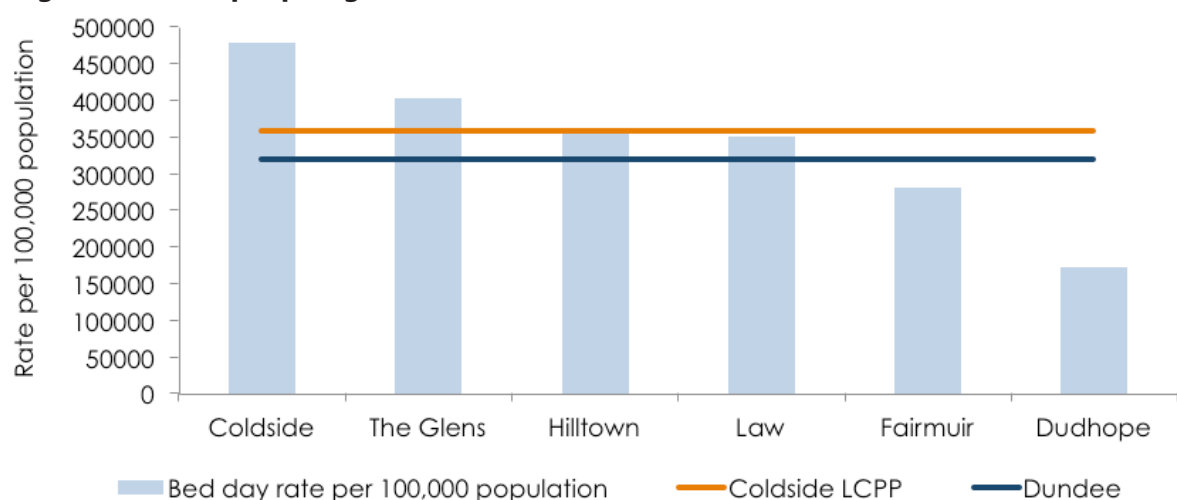
The main reason for delayed discharges relates to the need for, and lack of availability of, suitable long term residential care placements at the time when they are needed. There are other factors which can delay hospital discharge. These include issues relating to the requirements of the Adults with 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 Coldside. As shown in **Chart 45**, there is a neighbourhood within the Coldside LCPP, which is also called Coldside. This neighbourhood has the highest bed day rate per 100,000 of the population for people aged 65+ (479,122 bed days). The neighbourhood in the Coldside LCPP with the lowest bed day rate for those aged 65+ is Dudhope (173,200 bed days).

**Chart 45: Number of emergency bed days per 100,000 population for Coldside LCPP neighbourhoods (people aged 65+)**



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

The high bed day rate in the Coldside neighbourhood can be related, at least in part, to the cluster of very sheltered housing and housing with care, and the high rate of multi-morbidities of the frail, older population living there.

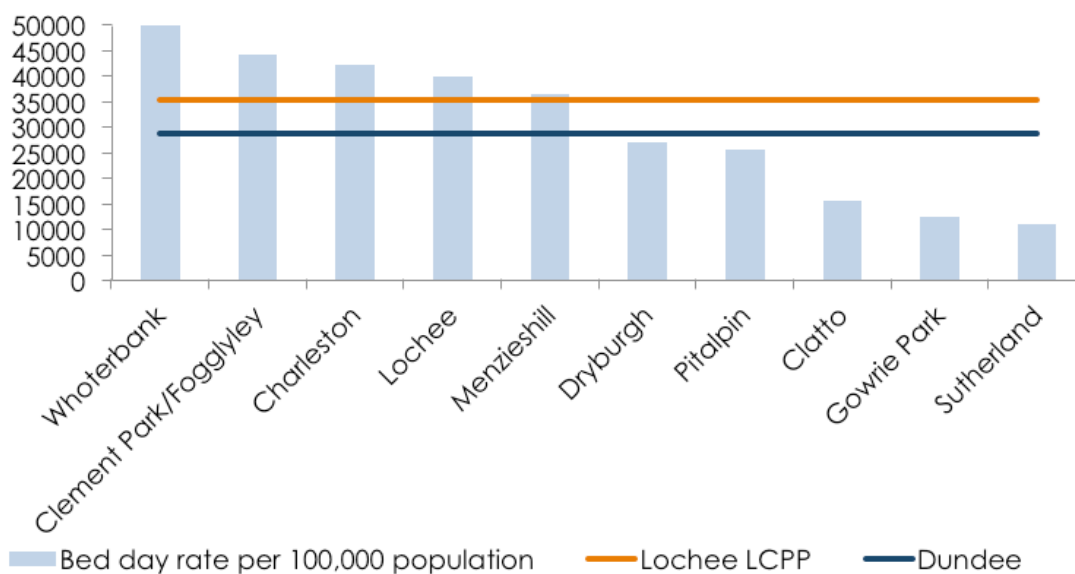
The LCPP area with the highest variation in bed day rates for people **aged 65 and under** is Lochee. Within Lochee the neighbourhood with the highest bed day rate for this age group per 100,000 of the population is Whorterbank (49,928 bed days) and the neighbourhood with the lowest bed day rate is Sutherland (11,092 bed days). (It should be noted that there is a neighbourhood in the Lochee LCPP also called Lochee.)

Whorterbank, Clement Park/Foggyley, Charleston and Lochee are among the most deprived areas in the city, while Gowrie Park and Sutherland are among the least.

**Chart 46** shows that the least deprived neighbourhood areas in the Lochee LCPP have significantly lower levels of unscheduled care usage. It also shows by comparison the high usage of unscheduled care in the under 65 age group living in five of the 10 neighbourhood areas in the Lochee LCPP.

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

**Chart 46: Number of emergency bed days per 100,000 population in Lochee 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 3000 people receive adult Social work services in Dundee, and over half of these receive home care services.

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

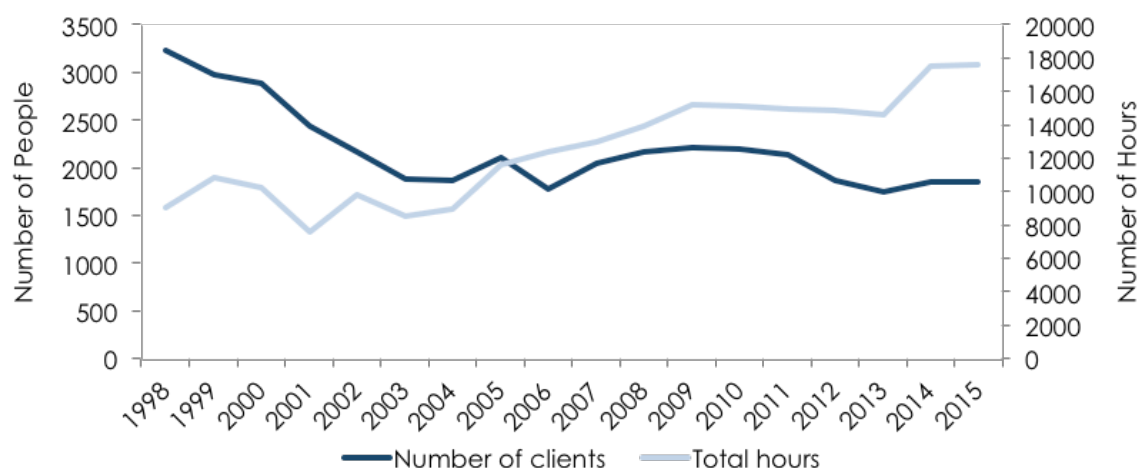
### Personal care is a type of homecare service and includes:

- 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

In 2014/15 1,862 people received homecare services, with a total of 17,656.07 homecare hours delivered (as shown in **Chart 47**). This is an average of 9.48 hours per person, per week.

**Chart 47: Number of people who received homecare and number of hours – snapshot weeks, 1998 - 2015**

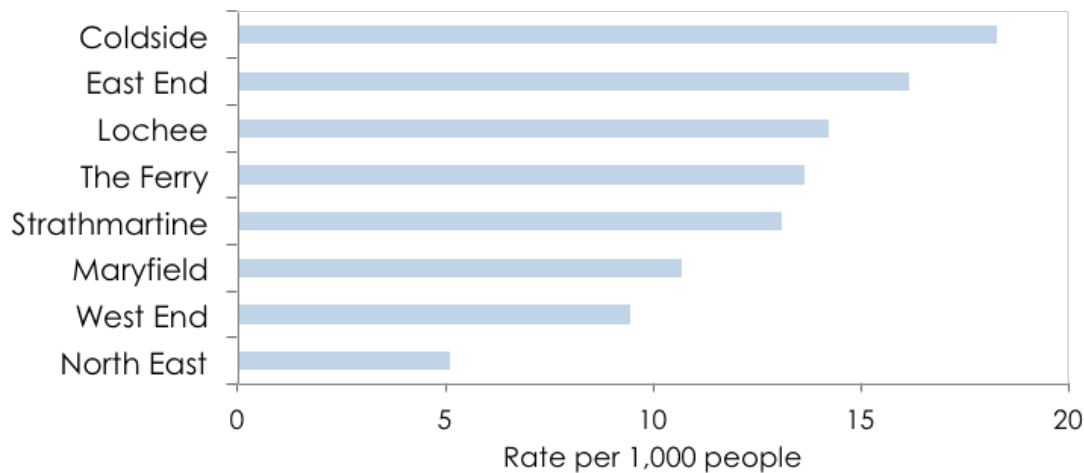


Source: Social Work Information System, K2 2015

**Chart 48** shows the rate per 1,000 people (of all ages) who received homecare, by LCPP area where they lived.

Coldside 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. Further work and analysis is required to confirm this.

**Chart 48: Rate per 1,000 people who received homecare 2014/15 (snapshot week)**



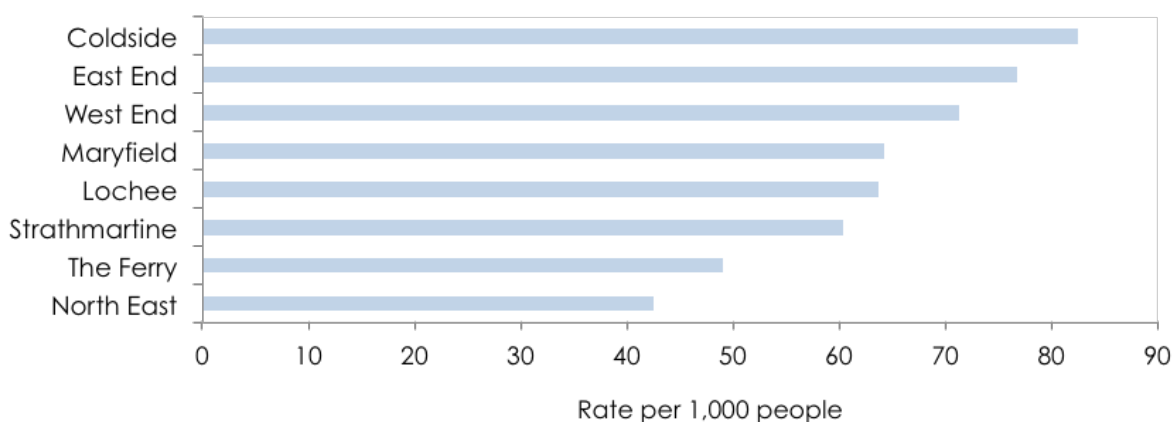
Source: Social Work Information System (K2) 2015

## Homecare Services – Aged 65+

There were 1,616 people aged 65+ who received homecare totalling 14,558.24 hours in 2014/15. This is an average of 9.01 hours per person, per week.

In 2014/15 1140 people received personal care totalling 9,552 hours. This is an average of 8.38 hours of care per person, per week.

**Chart 49: Rate per 1,000 people aged 65+ who received homecare, 2014/15 (snapshot week)**

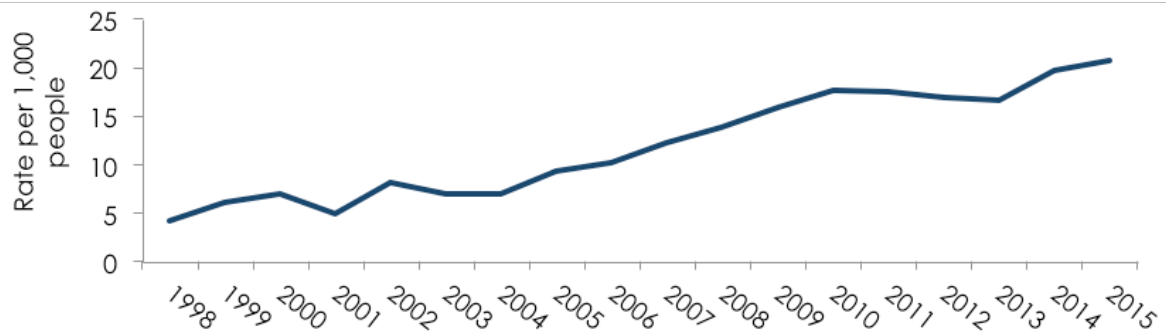


Source: Social Work Information System (K2) 2015

**Chart 49** shows the rate per 1,000 of the age 65+ population who received homecare. There is significant variation between LCPP areas, with the rate in the North East being almost half the rate in Coldside.

When 10 or more hours of homecare is provided each week, it is referred to as 'intensive homecare'.

**Chart 50: Rate of people aged 65+ who received 10 hours or more of homecare**



Source: Social Work Information System (K2) 2015

**Chart 50** shows that the rate of people aged 65+ who received intensive homecare has increased considerably over the last 15 years.

As a result of increasing frailty and co-morbidities the need for intensive packages of homecare is rising at a higher rate than the current and projected demographic changes. Despite the changing demographics, and in line with the increasing trend in the rate of people receiving intensive homecare, the number of people living in care homes has remained stable over the last 10 years.

### Key Findings: Homecare Services

- Over half of those who received adult Social Work services received homecare as part of their care package.
- Coldside and East End are the LCPP areas with the highest rates of people who received homecare and this reflects the high levels of care and support need in these areas (as demonstrated in Chart 25 for rates of people with one or more health conditions).
- As a result of increasing frailty and co-morbidities the need for intensive packages of homecare is rising at a higher rate than the current and projected demographic changes.
- Despite the changing demographics, and in line with the increasing trend in the rate of people receiving intensive homecare, the number of people living in care homes has remained stable over the last 10 years.

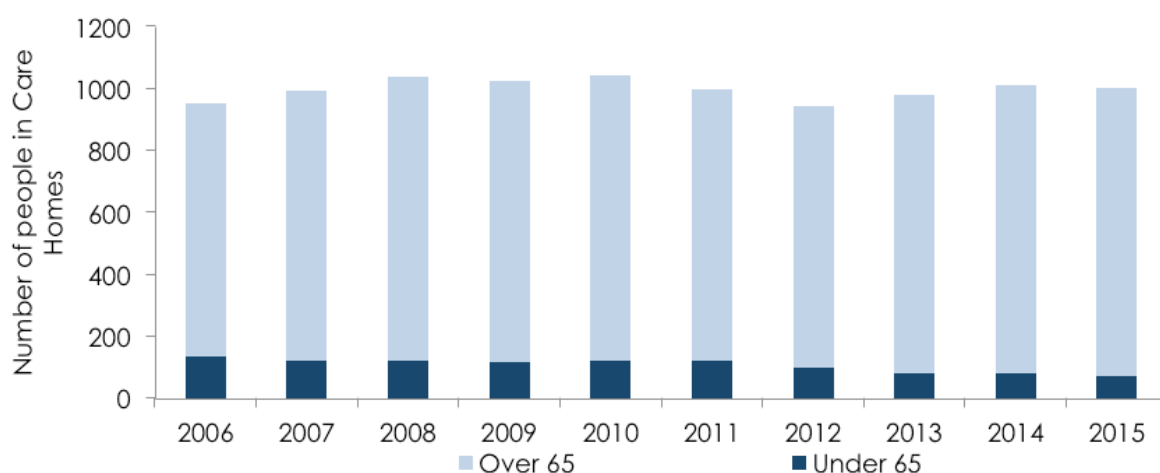
## 8.5 Care Homes

Dundee has 34 registered care homes. 27 of these are for older people with an additional one for people with physical disabilities, one for people with mental health issues and five for people with learning disabilities.

**Chart 51** shows the number of care home residents in Dundee and the number of registered places. In 2014 the number of available places was higher than the previous two years, although they dropped slightly in 2015.

The average weekly charge for those who self funded in 2014 was £674 with no nursing care and £728 with nursing care. This is slightly lower than the average Scotland figure which was £683 with no nursing care and £754 with nursing care.

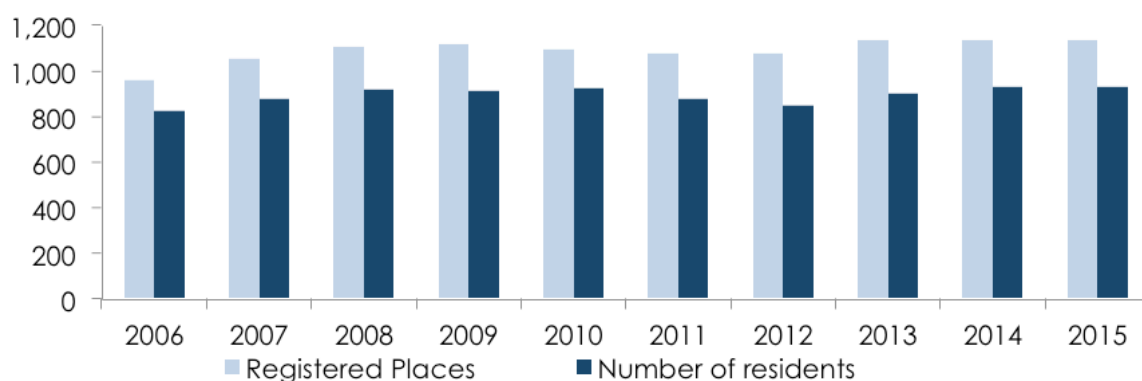
**Chart 51: Care homes trends over a 10 year period, ages over 65 and under 65**



Source: Care home census 2015, ISD Scotland

**Chart 51** shows that 93% of care homes residents were aged 65 and over, and 7% were under 65 years of age.

**Chart 52: Care homes for older people (aged 65+)**

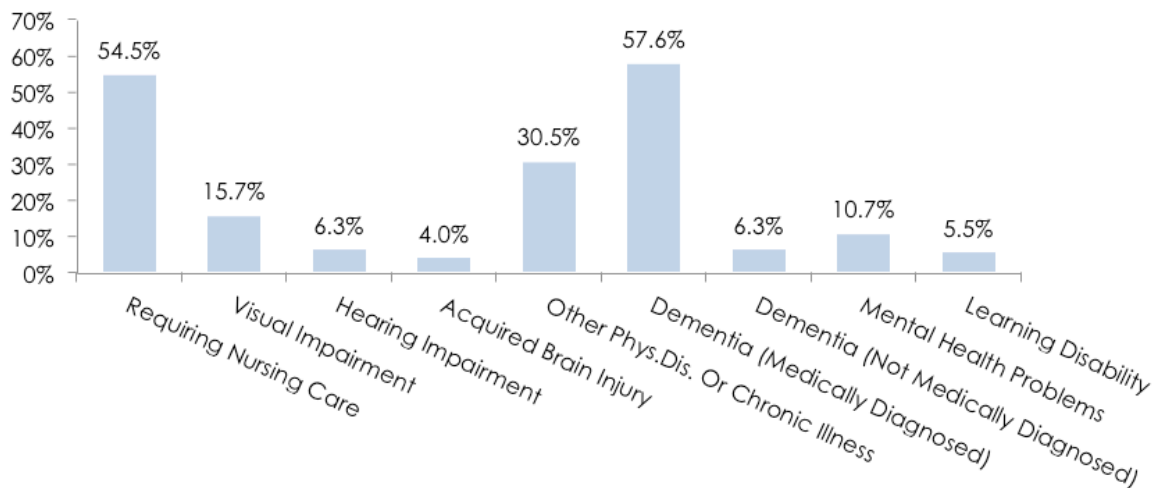


Source: Care home census 2015, ISD Scotland



**Chart 52** gives further detail about the number of those aged 65+ in care homes. The number of registered places and the number of care home residents have increased over the last 10 years. There continues to be availability of care home places when comparing registered places with number of residents. This does not mean that when a care home place is sought that there will be suitable availability, as personal choice, complexity of care needs and financial arrangements can delay the allocation of places.

**Chart 53: Health characteristics for people in care homes, all ages**



Source: Care home census 2015, ISD Scotland

**Chart 53** shows that in 2015 approximately 64% of those in care homes had dementia, either medically diagnosed or not medically diagnosed. Approximately 55% of care home residents required nursing care.

Data from the Social Work residential care home database shows that the average length of stays in care homes in Dundee increased from 18.5 months in 2010/11 to 22.5 months in 2014/15. 54% of those admitted in 2014/15 were aged 85+ compared to 48% in 2010/11. In 2014/15, 58% were admitted from hospital.

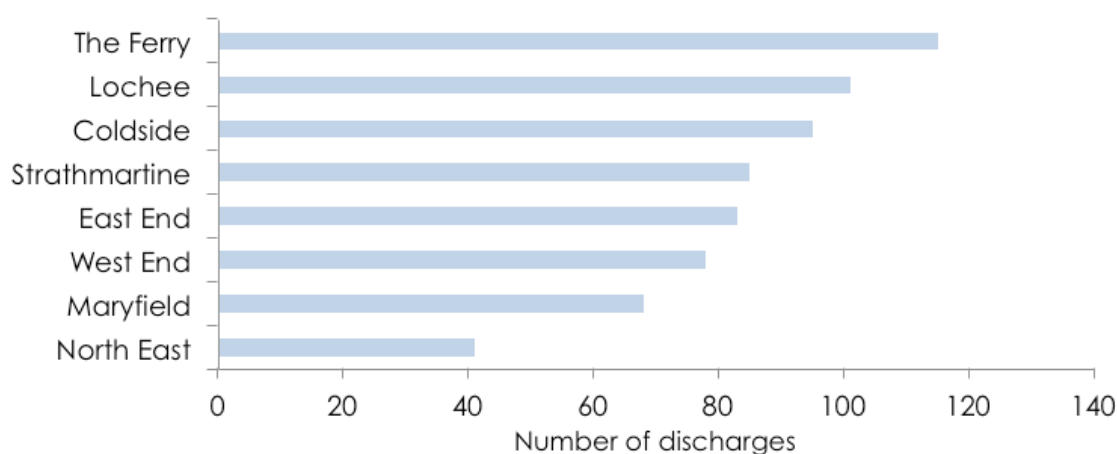
## 8.6 Falls

Falls at home or in the community account for a large number of hospital admissions. There are services in the community that help to prevent the risk of falling. These include occupational therapy, physiotherapy and enablement services. The Social Care Response Service responds to people who use their alarm to seek help when they have fallen.

### Hospital Discharges

**Chart 54** shows the number of discharges from hospital in 2013/14, following treatment for a fall, by the LCPP area where the person lived.

**Chart 54: Number of discharges for the treatment of falls, by LCPP area, for people aged 65+, in 2013/14**



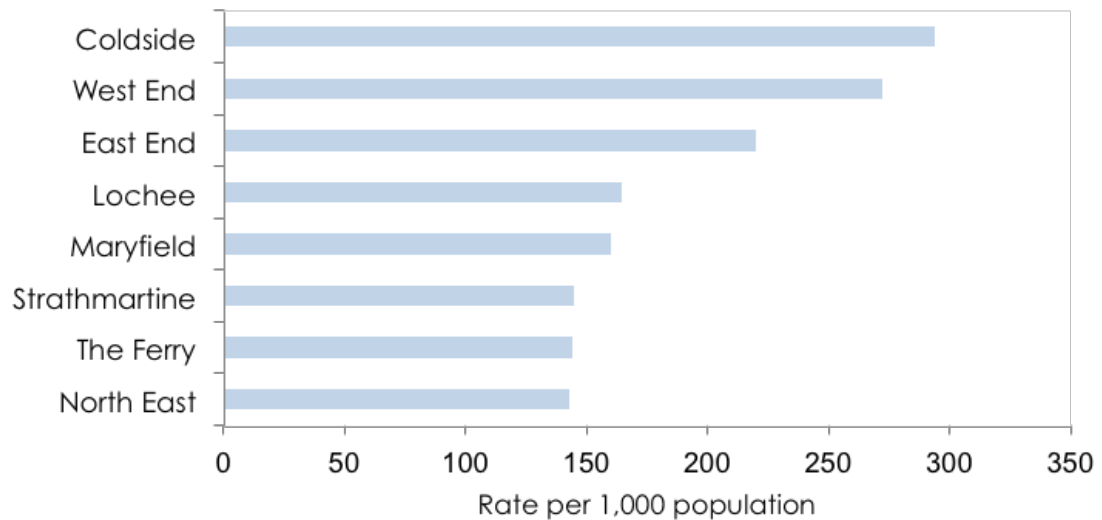
*NHS Tayside 2015*

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.

## Social Care Response Service

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

**Chart 55: 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 2015

### A comparison of Charts 54 and 55 shows that:

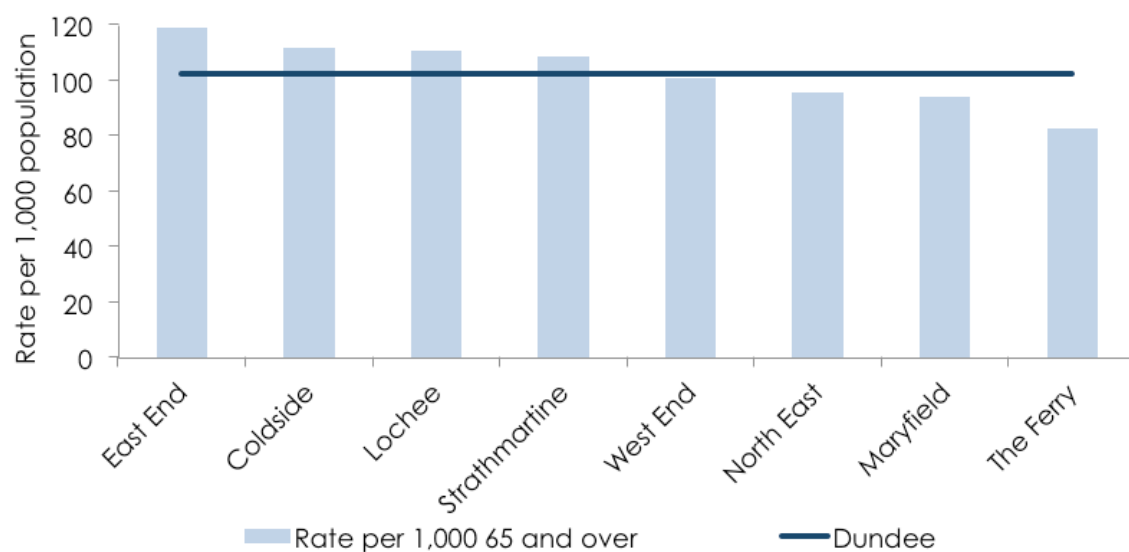
- West End has the 2nd highest rate of people aged 65+ who are supported by the Social Care Response Service, and the 3rd lowest rate of hospital discharge for treatment of a fall. This may indicate that the Social Care response service contributes to a reduction in the rate of hospital admissions due to a fall.
- The Ferry has the 2nd lowest rate of people supported by the Social Care Response Service, but the highest number of people discharged for treatment following a fall.
- The North East has the lowest rate of people aged 65+ who are supported by the Social Care Response service and the lowest number of discharges following treatment for a fall. This may be an indication of lower demand for the Social Care Response service in North East.

## Occupational Therapy Service

The Occupational Therapy service offers assessment, services and aids to prevent falls. Between April 2014 and March 2015 approximately 4,200 Occupational Therapy (OT) assessments were carried out; of these 93% were completed within 20 days. The average time to complete an OT assessment was 7 days.

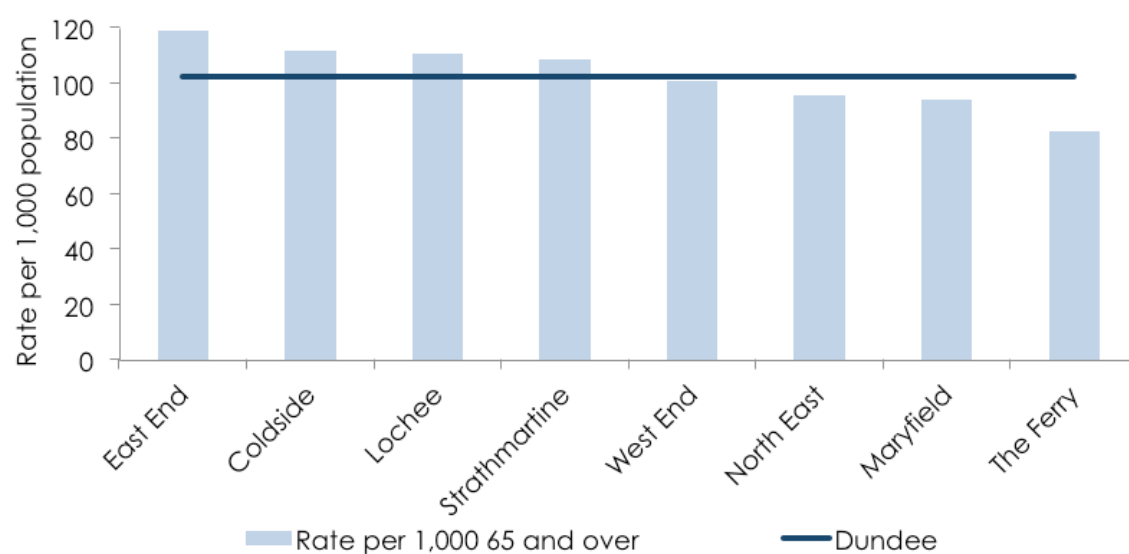
55% of those who received an OT assessment were aged 75+ and 73% were aged 65+. **Charts 56 and 57** show OT assessments by LCPP areas.

**Chart 56: OT assessment for people aged 65+, by LCPP area**



Source: Social Work Information System (K2) 2015, unpublished data Apr 2014 to Mar 2015

**Chart 57: OT assessment for people aged 18-64, by LCPP area**



Source: K2 database, Social Work client index system, unpublished data Apr 2014 to Mar 2015

**Charts 56 and 57** show that in 2014-15 there were a high proportion of OT assessments completed in the East End for both the 65+ and the 18-64 age groups. The East End had the 4th lowest number of discharges for the treatment of a fall compared with other LCPP areas in 2013/14.

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

- The average length of stay in care homes has increased from 18.5 months in 2010/11 to 22.5 months. The average age at admission has also increased. This reflects the ageing, but increasingly frail population in Dundee.
- Falls at home or in the community account for a large number of hospital admissions. There is variation in the number of discharges following treatment for a fall by LCPP areas.
- West End has the 2nd highest rate of people aged 65+ who are supported by the Social Care Response Service and the 3rd lowest rate of hospital discharge following treatment for falls. This may indicate that the Social Care Response Service has contributed to reducing the rate of hospital admissions due to a fall.
- The Ferry has the 2nd lowest rate of people supported by the Social Care Response Service, but the highest number of people discharged following treatment for a fall.
- The top 3 LCPP areas where people aged 65+ received an OT assessment is the same as the top 3 LCPP areas for people with one or more health condition. One LCPP in particular, North East, does not follow this trend. This indicates that the health conditions most prevalent in this area are not related to physical mobility.
- There was not a link between the rate of people aged 18-64 in Coldside who received an OT assessment and the rate of people with one or more health condition. This indicates that the health conditions experienced by people aged 18-64 in Coldside are not related to physical mobility.

## 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.

2014/15 was the first year information was provided to the Scottish Government about SDS. **Table 5** gives a breakdown of Options One and Two.

**Table 5: Option One and Option Two uptake and costs in Dundee, 2014/15**

Option	No. of people	Cost	Dundee Rate per 100,000 population	Scotland rate per 100,000 population
Option One	49	£860,256	33.1	116.1
Option Two	12	£22691	8.1	64.3

*Source: Social Work Information System, 2016*

The number of people who received Options 1 or 2 in 2014/15 was very low in Dundee, although here has been a 24% increase in SDS spend between 2011/12 and 2014/15. The year on year increase in spend continues, with a predicted increase of approximately 18% between 2014/15 and 2015/16.

## 10.1 Carers in Dundee

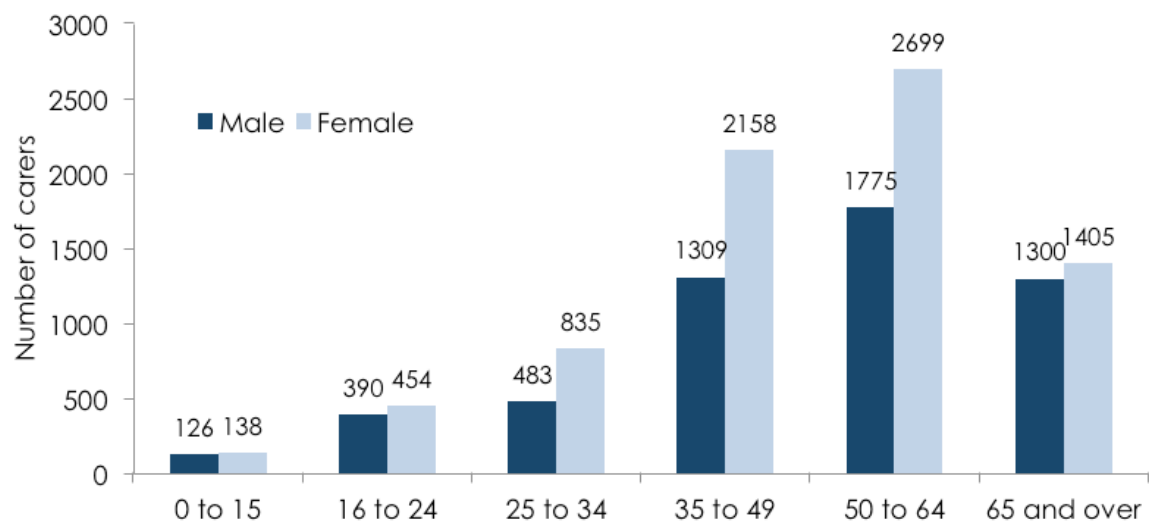
The 2011 Census asked people whether they look after, or give any help or support to other family members, friends, neighbours or others because of either long term physical and/or mental ill-health, disability or challenges related to old age. The definition did not include paid employment.

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.

**Chart 58: Known carers by gender and age group, 2011 Census**



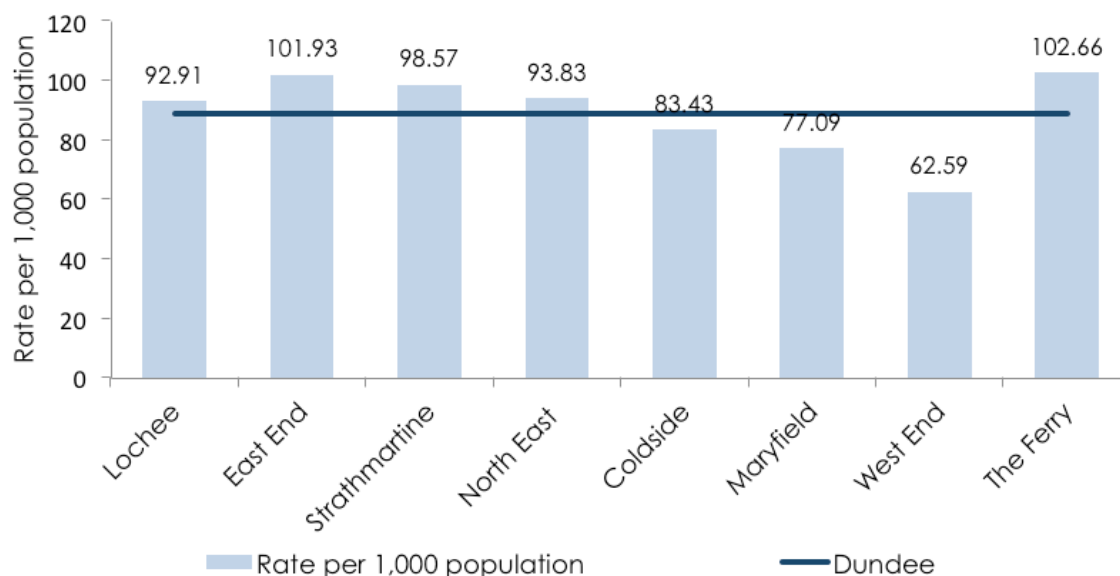
Source: Scotland's Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 58** 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).

## 10.2 Known Carers by LCPP areas

**Charts 59** and **60** 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.

**Chart 59: Known carers by LCPP per 1,000 population**



Source: Scotland's Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

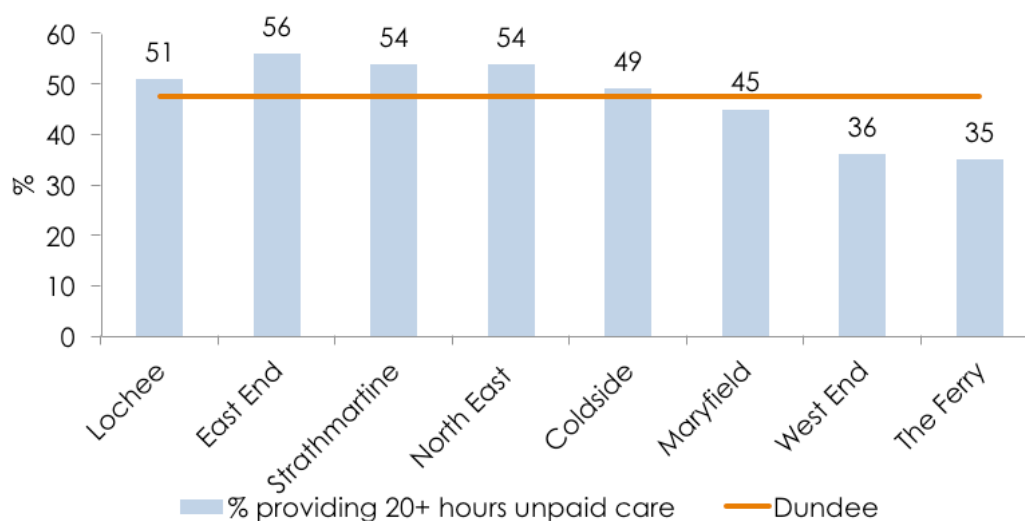
The Ferry has the highest rate of people who identified themselves as being a carer, and West End has the lowest rate. The Ferry also has the highest population of people who are aged 65+.

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.

**Chart 60** 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.

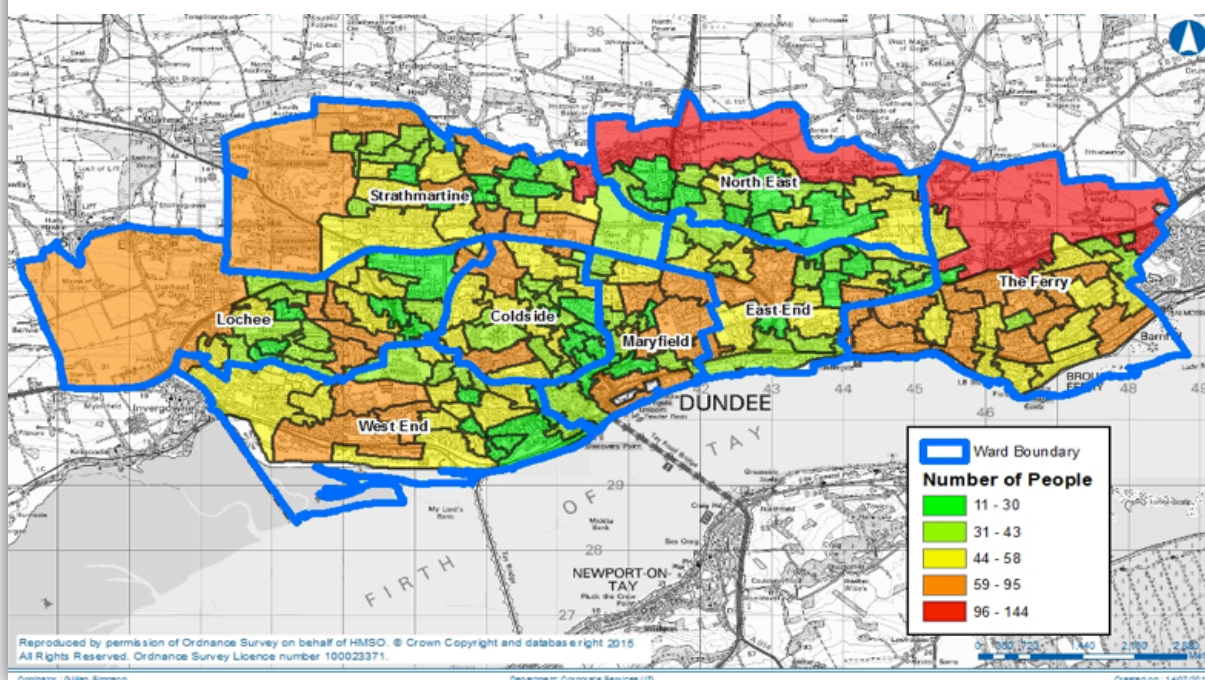
East End had the highest proportion of people who provided 20 hours or more of care, and just over a third of carers in the East End provided 50 hours or more of unpaid care.



**Chart 60: % of Carers in each LCPP who provide over 20 hrs of unpaid care**

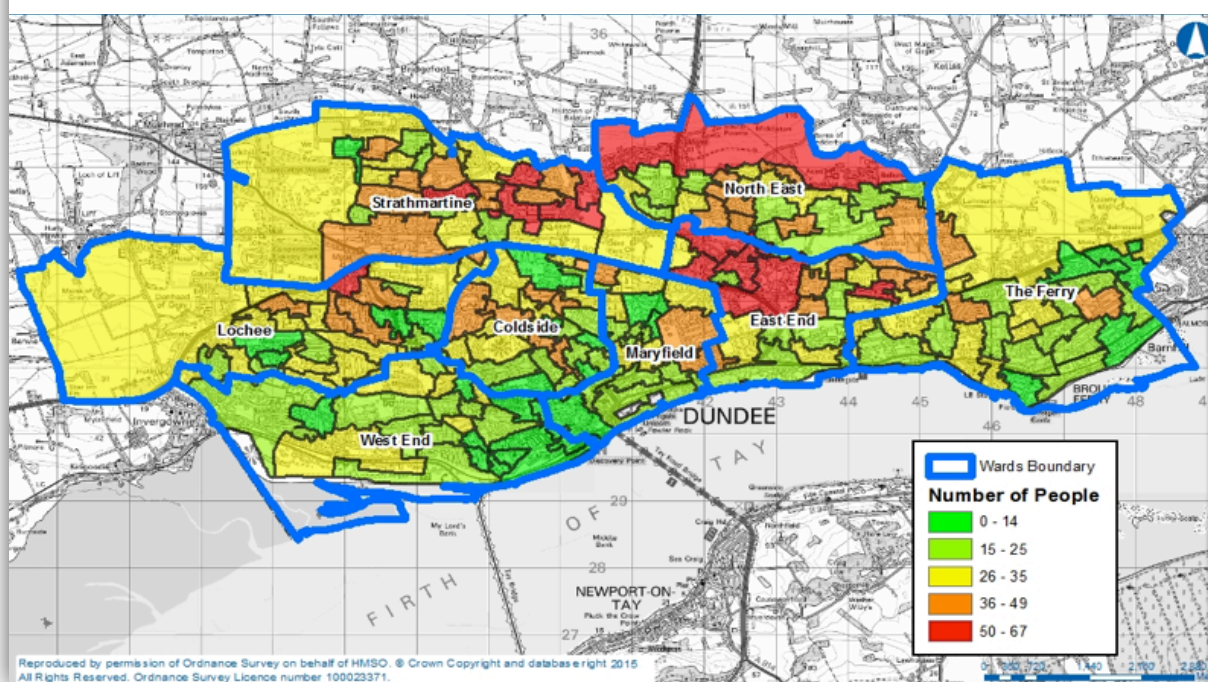
Source: Scotland's Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Figures 5 and 6** 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 5: People providing 1 to 34 hours of care in Dundee**

Source: Census data 2011 by datazones, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Figure 6: People providing 35 hours or more of care in Dundee**



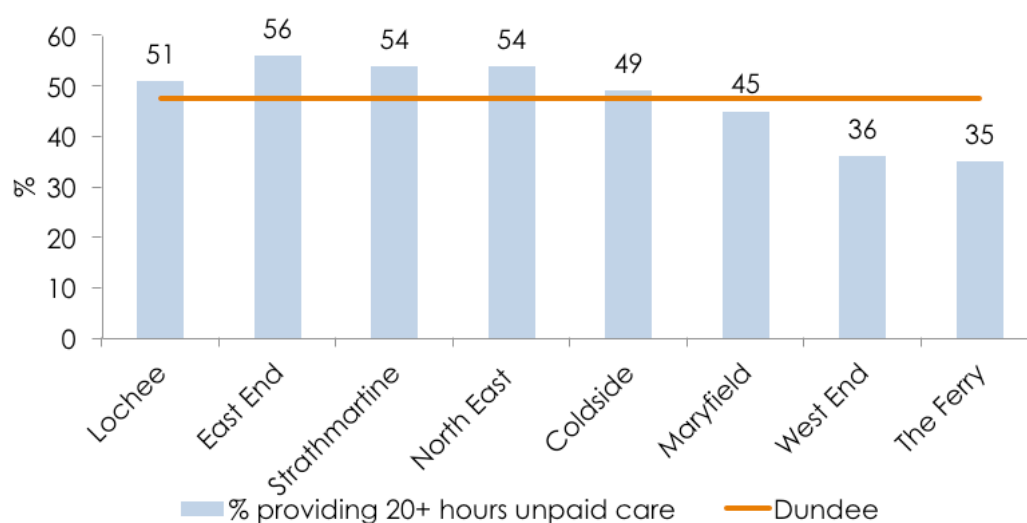
Source: Census data 2011 by datazones, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

## 10.3 Inequalities for Carers in Dundee

The information presented in Charts 61 and 62 is based on a snap shot of claimants for Carers Allowance and Disability Allowance during November 2014.

Carers Allowance claimants must be aged 16 or over and spend 35 hours or more looking after the cared for person. Disability Allowance is a benefit for disabled people who need help with mobility or care costs.

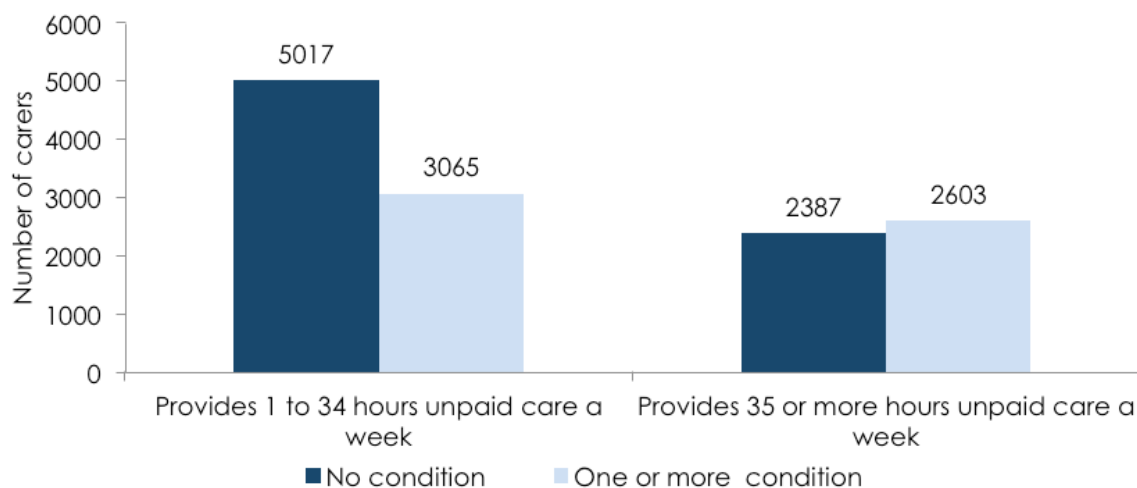
**Chart 61: Number of carers and disability allowance claimants per 1,000 population, by LCPP area, at November 2014**



Source: Nomis Labour market profile, official labour market statistics, small area breakdown

In November 2014 Dundee had just over 1600 claimants for Carers Allowance. East End and Strathmartine had the highest rates of people (aged 16 to 64) claiming Carers Allowance. West End had the lowest rate of people (aged 16 to 64) claiming Carers Allowance. Strathmartine had the highest rate of Disability Allowance claimants followed by the East End. There are higher proportions of claimants of Disability and Carers Allowance in LCPP areas that have high levels of deprivation.

**Chart 62: Unpaid carers who have health conditions by the number of hours of care they provide, 2011**



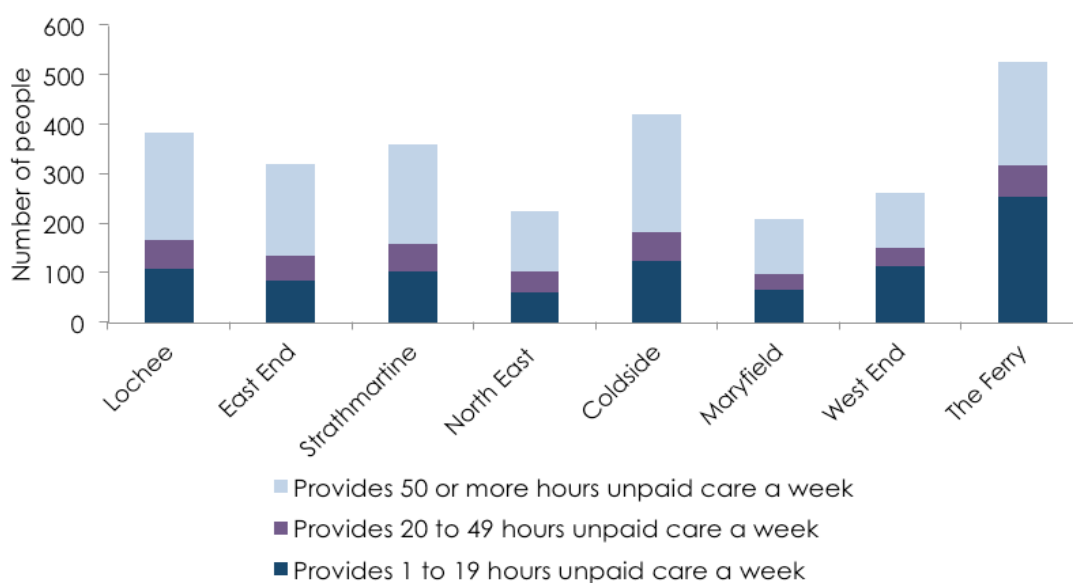
Source: Scotland's Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 62** shows that over half of those who provided 35 or more hours of unpaid care a week have one or more health condition.

## 10.4 Older Carers Aged 65+ Years

One fifth of carers in Dundee are over 65 years of age. Chart 63 shows the number of carers in each LCPP area by the number of hours of unpaid care they provided each week.

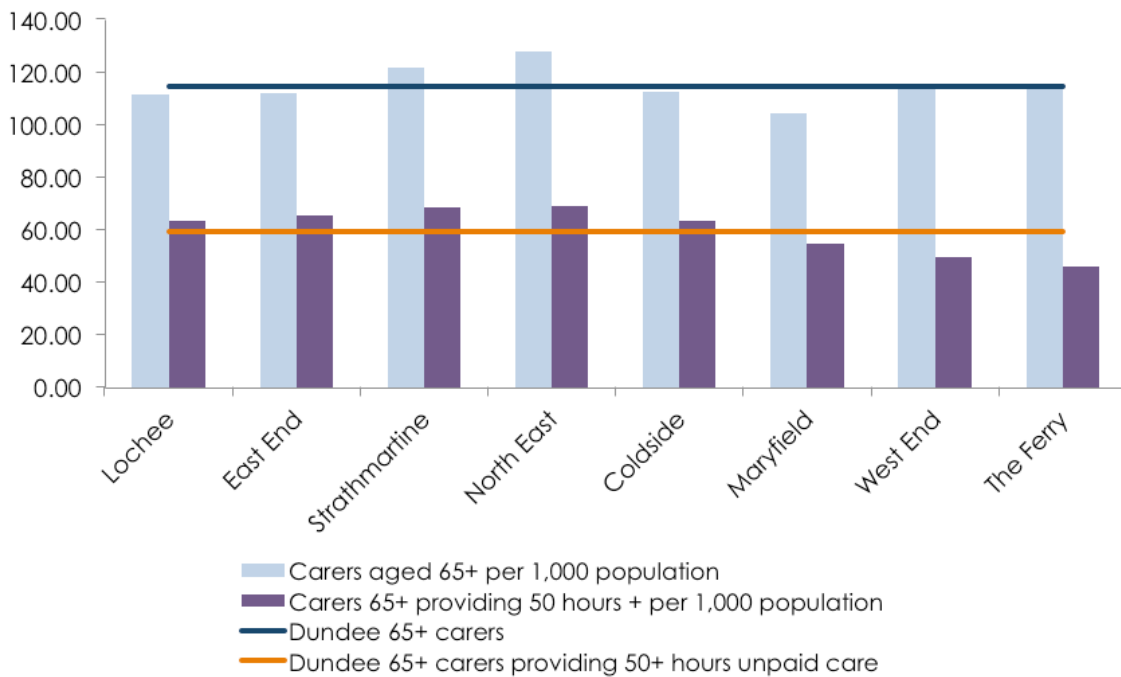
**Chart 63: Number of older unpaid carers by LCPP area, 2011**



Source: Census 2011, [scotlandcensus.gov.uk](http://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.

**Chart 64: Older unpaid carers per 1,000 population, by LCPP, 2011**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

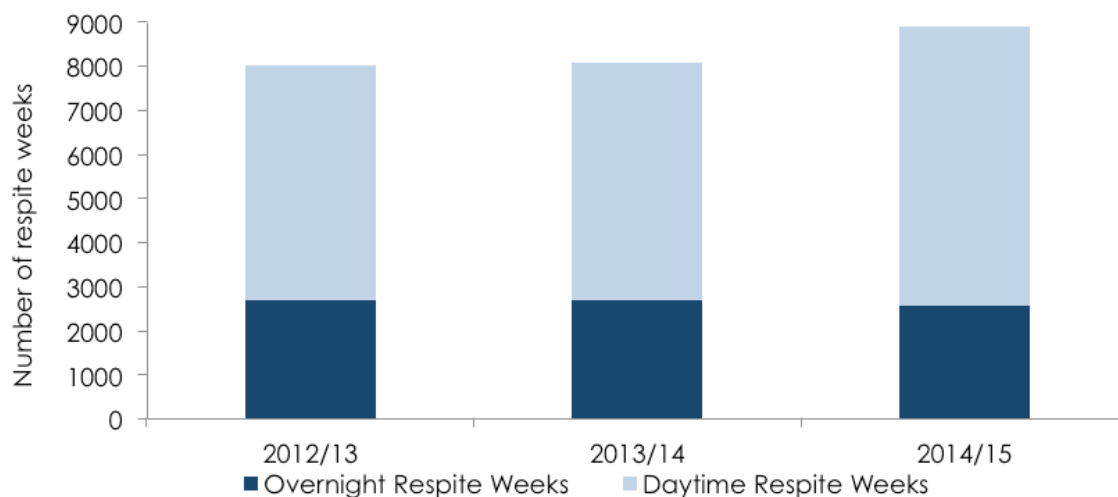
The North East older population provided the highest rate of unpaid care in comparison to the other LCPP areas. Carers who were aged 65+ in North East were more likely to provide 50+ hours of care, in comparison to the other LCPP areas.

Strathmartine and Coldsides 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.

## 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 during the day as part of an enabler service, or for instance at a day care centre. It can also be during the night in the cared for person's home or in a care home.

**Chart 65: Provision of respite weeks in Dundee City (all ages) 2012/13 to 2014/15**



Source: Respite Care Information 2013/14, Scottish Government and unpublished Respite Return 2014-15

Since 2012/13 there has been an increase in the provision of respite in Dundee, whereas the trend for Scotland has stayed about the same. 29% of the respite provided in Dundee was overnight respite, and 71% was day time respite.

Dundee exceeds the Scottish average for respite care provision. In 2014/15 6% of respite care was for the 17 and under age group, 57% was for the 18-64 age group and 37% was for the 65+ age group. There has been an increase in respite care for the 18 to 64 age group and a fall in respite for people who are aged 65+.

### Key Findings: Carers

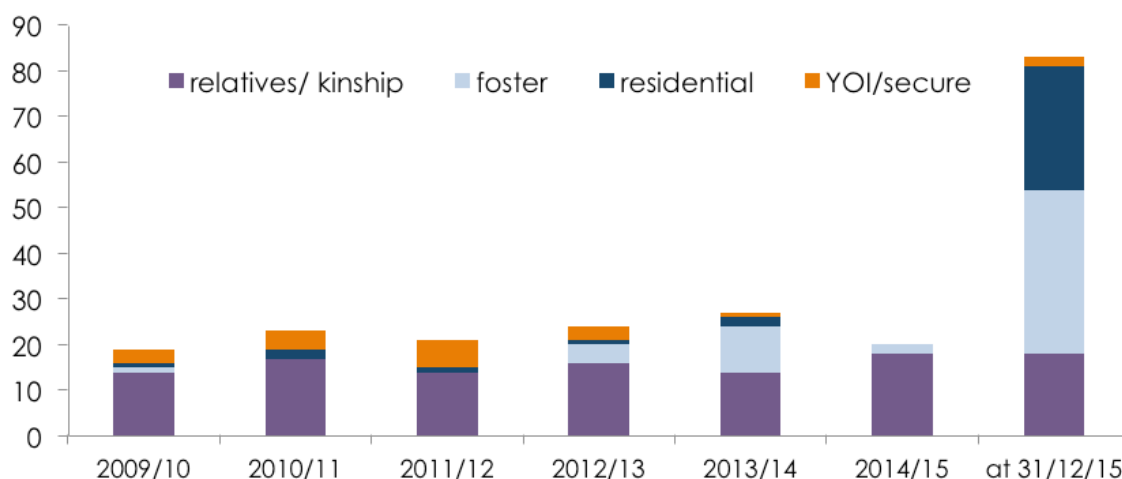
- A high proportion of the Dundee population provides unpaid care for a family member, friend or neighbour.
- The majority of carers were aged 50+ and one in five carers were aged 65+.
- There is variation in the proportion of carers providing 20+ hours of unpaid care across LCPP areas, with the carers 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 and a fall in respite for people who are aged 65+.



## 11.1 Care Leavers

**Chart 66** shows the number of care leavers who were aged 15+ during each year, by their accommodation arrangements.

**Chart 66: Number of care leavers who turned age 15 during each year, by the type of accommodation**



Source: Social Work Information System (K2) 2016

The number of young people accommodated increased significantly at 31 December 2015 to 83, due to changes introduced by the Children and Young People (Scotland) Act 2014. Young people who are looked after and who now opt for continuing care will be supported by the local authority until the age of 21.

These figures show that no care leaver was homeless at age 15 between 1 April 2013 and 31 December 2015.

In addition to the 83 young people, aged 15+, who were cared for by the local authority at 31 December 2015, there were an additional 7 young people living in independent living/supported accommodation. These young people required continued support to reduce their risk of homelessness, mental health issues and/or being exposed to increased risk of substance misuse.

## Throughcare and Aftercare Services

The Throughcare and Aftercare (TCAC) Team in Dundee provides assessment, care planning and support to young people who are reaching an age when they will no longer be looked after, to support them into independence. The Team also provides a service to those who have already left care. The following are some key service statistics in relation to the TCAC service in Dundee:

- The total number of young people who received a service from the Throughcare and Aftercare (TCAC) Team in the year 2014/15 was 129, compared to 108 in 2013/14.
- 4 care leavers moved to supported accommodation, compared to 5 in 2013/14.
- 25 young people were living successfully in their own tenancies, 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 grow, as a result of the recent legislative changes.

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. On average, six young people will become homeless 2-3 times each year for an average period of 2-4 months in a year.

54% of young people receiving Aftercare are in further education, training or employment. The largest group of young people who are in further education (50%) live with a foster carer and the second largest group (27%) live with family, friends or relatives.

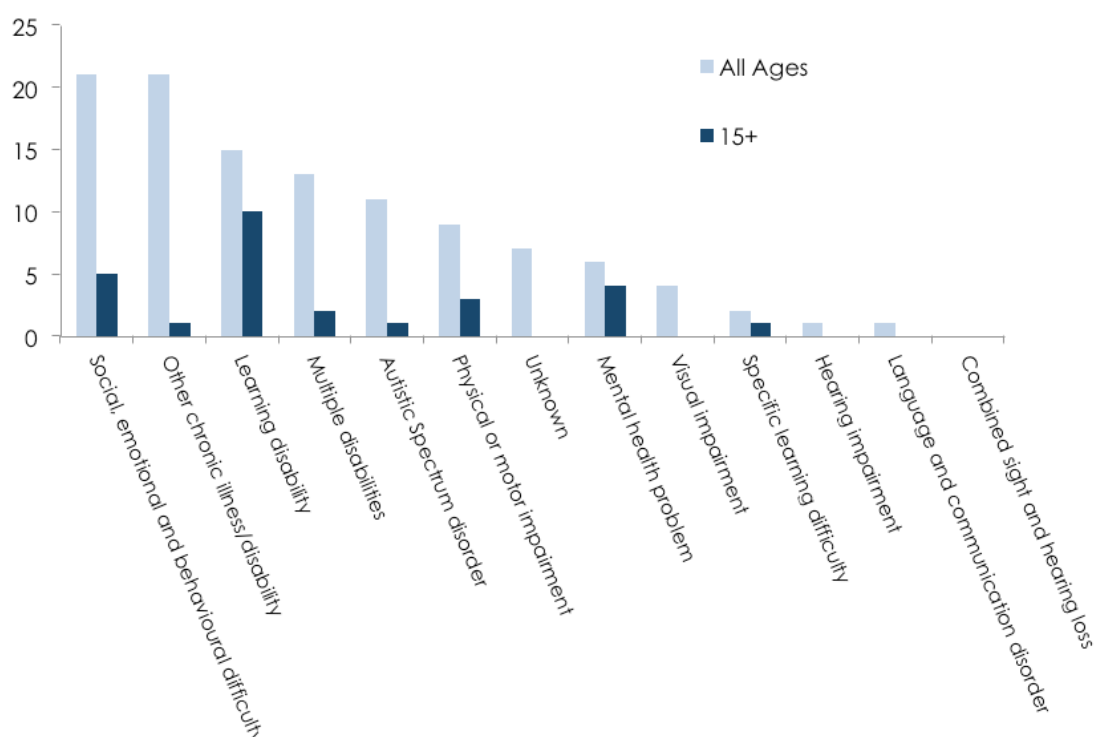
## 11.2 Children with Disabilities

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. This rises to approximately 25% of older young people, as some disabilities are only recognised or recorded later in a child's life.

**Chart 67: Number of children and young people looked after in Dundee, by disability, 2016**



Source: Social Work Information System (K2) 2016

**Chart 67** shows the range of disabilities recorded for looked after children in Dundee in 2016. Social, emotional and behavioural difficulties are highest across all age groups, with learning disabilities highest in the 15+ age group.

## Children known to Integrated Children's Services in Dundee, who have a disability

The most prevalent disabilities for children known to services in Dundee are: learning disabilities (41%), physical disabilities (35%), developmental delay (21%) and communication difficulties (16%).

83% of children known to Integrated Children's Services, who had a learning disability, were also looked after.

### Key Findings: Care Leavers and Children with Disabilities

- The number of young people were looked after increased considerably at 31 December 2015, due to changes with the Children and Young People (Scotland) Act 2014. 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.
- 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, 6 young people will become homeless 2-3 times in a year, for an average period of 2-4 months.
- 54% 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.
- The largest group of young people who are in further education (50%) live with a foster carer and the second largest (27%) live with family, friends or relatives.
- The most prevalent disabilities recorded for looked after children across all age groups relate to social, emotional and behavioural difficulties.
- The number of children with learning disabilities is highest in the 15+ age group.
- The most prevalent disabilities for children known to Integrated Children's Services in Dundee are learning disabilities (41%), physical disabilities (35%), developmental delay (21%) and communication difficulties (16%).
- 83% of children known to Integrated Children's Services, who had a learning disability, were also looked after.



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

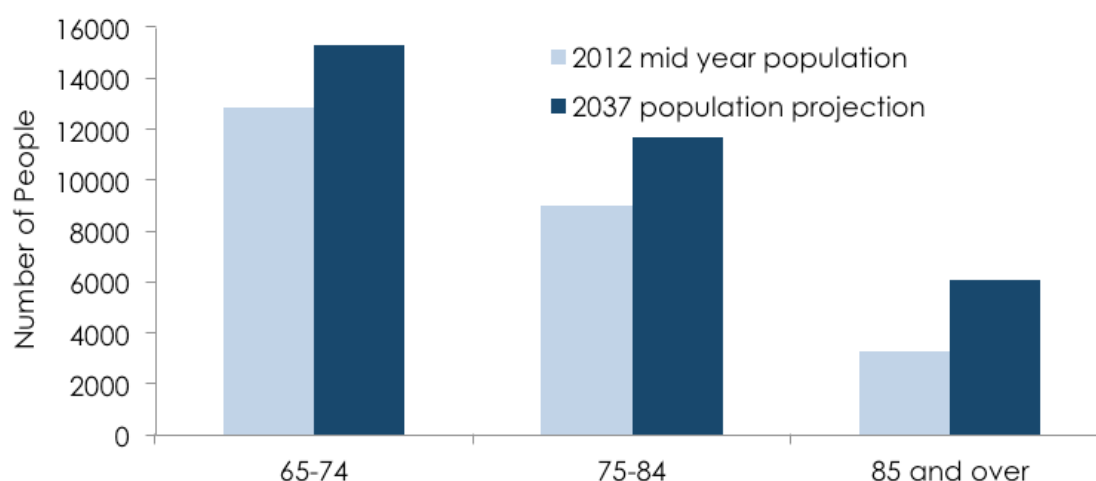
- Older People (including Older People with Dementia)
- Learning Disability and/or Autism
- Physical Disabilities
- Sensory Impairment
- Mental Health and Wellbeing
- Carers
- Homelessness
- Dundee Alcohol and Drug Partnership

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

## 12.1 Older People

There are 25,443 people aged 65 and over living in Dundee. This is approximately 17% of the population, compared with 18% in Scotland as a whole. 57% of the over 65 population is female and 43% is male.

**Chart 68: Population of Dundee aged 65 and over**

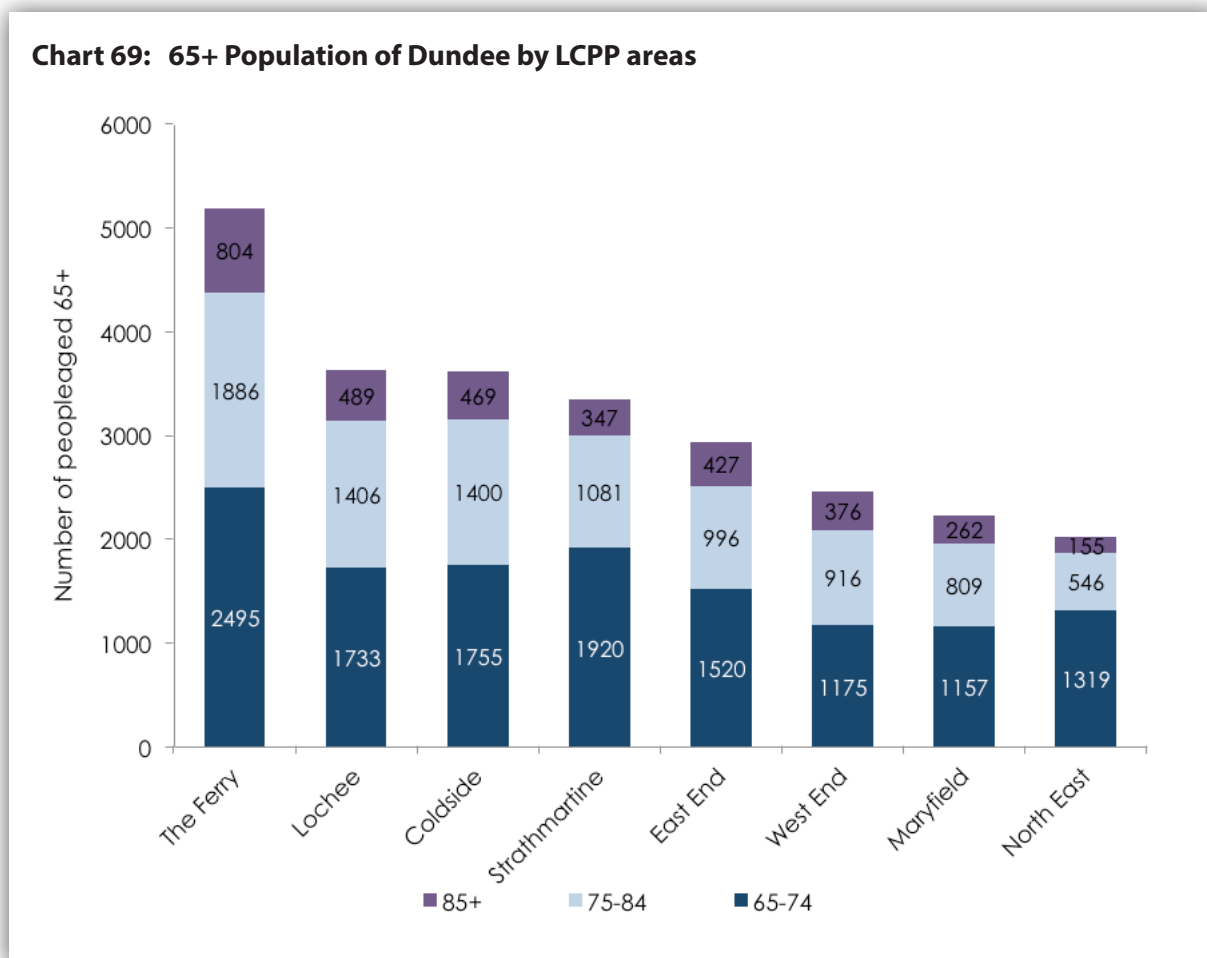


Source: NRS, 2015

By 2037, the Dundee 65+ population is projected to increase by 37%. The Dundee 75+ population is projected to increase by 45% and the 85+ population is expected to increase by 85%. The gender ratio of the 85 and over age groups is expected to be 33% male and 67% female in the same time period.

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.

**Chart 69** shows the 65+ population, broken down into age groups, by LCPP area.

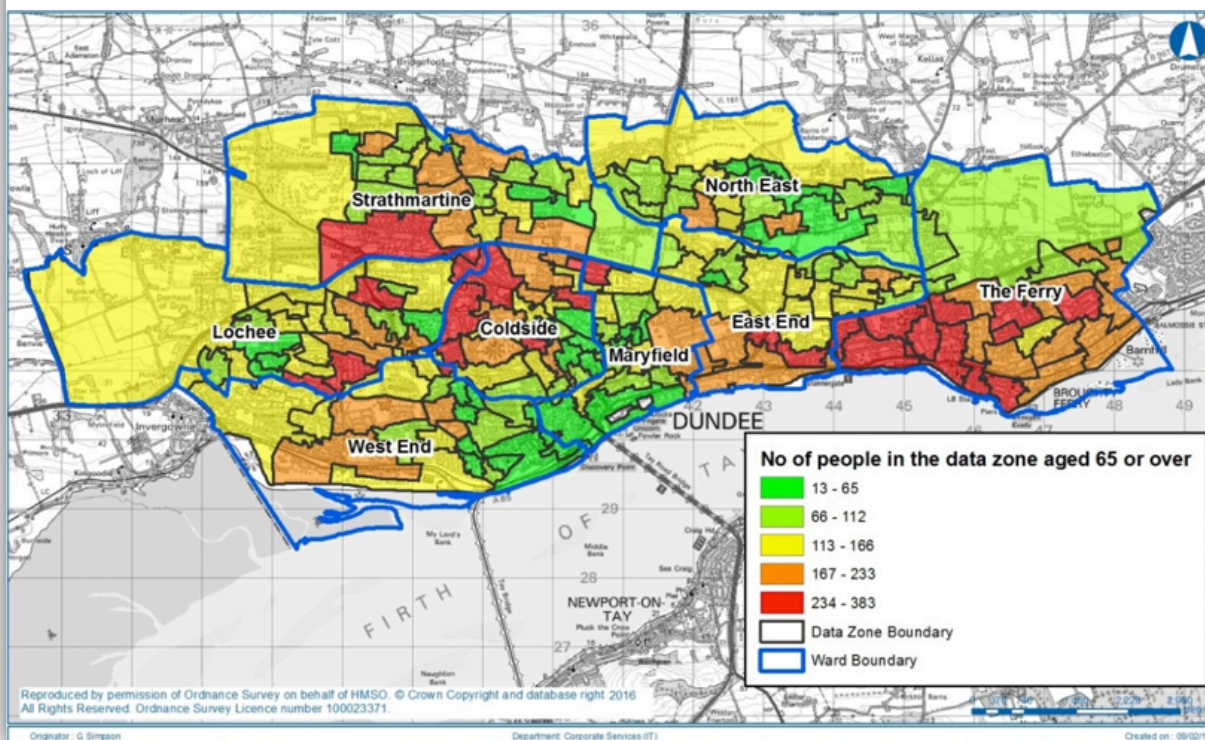


Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 69** 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 7** shows the high concentration of older people living in The Ferry and a low concentration of older people in the North East.

**Figure 7: People who are aged 65 and over in Dundee** Source: Census 2011, scotlandcensus.gov.uk



Source: Census 2011, scotlandcensus.gov.uk

**Table 6** 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.

**Table 6: Type of health conditions prevalent for people aged 65 and over, by LCPP**

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

Source: Census 2011, scotlandcensus.gov.uk

**Table 6** shows that the East End has the highest number of people aged 65 and over, who have deafness or partial hearing, and 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.

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## 12.2 Dementia

2650 people 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 with dementia live in care homes (approximately 1 in 5).

### Care Homes

There were 484 people with a dementia diagnosis living in Dundee care homes in 2013. This is 60% of the care home population and the percentage has increased steadily since 2003.

### Living at home

Approximately 2166 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.

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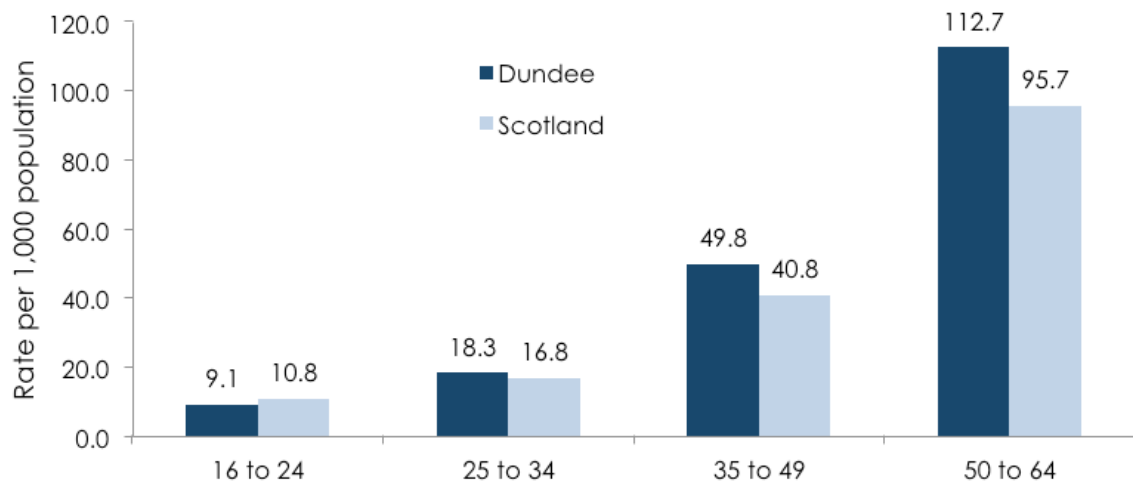
## 12.3 Physical Disabilities

The 2011 Census asked people if they had a physical disability which was 'expected to last'. The information in Charts 70 and 71 was self reported. Some people do not recognise themselves as having a physical disability.

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 age 16.

**Chart 70** shows the prevalence rates for physical disability for people between the ages of 16 and 64 only. This does not include sensory impairment conditions.

**Chart 70: Prevalence of people with a physical disability by age groups (16-64) and rate per 1,000 population, Dundee and Scotland, 2011**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

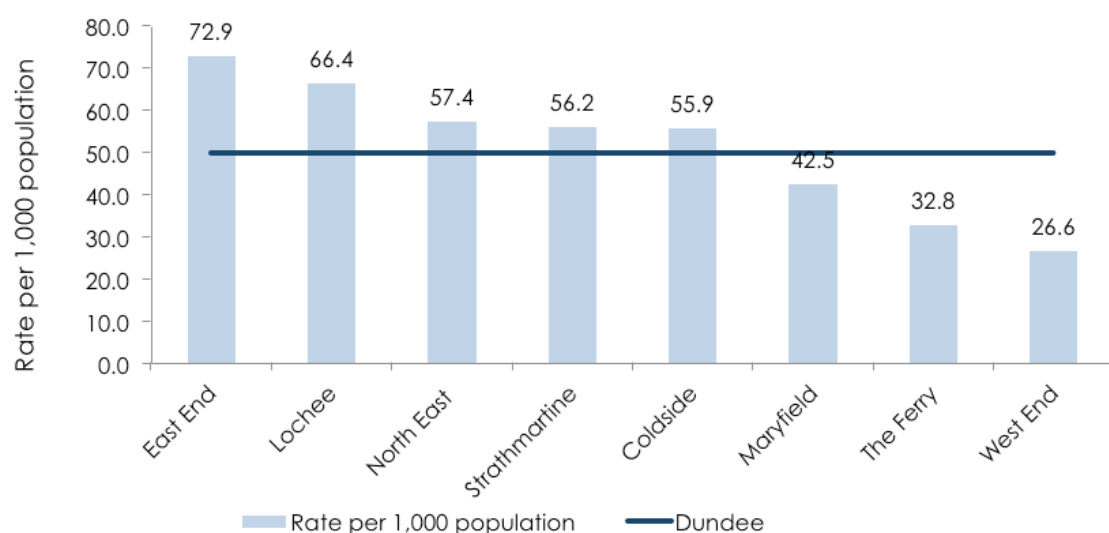
**Chart 70** shows the rate of adults aged 16-64 with a physical disability, by age group. Dundee had a higher rate of people with a physical disability across each age group, except for the 16-24 age group, when compared with the Scotland rate.

4,943 people in the 16 to 64 age group identified themselves as having a physical disability. This is 49.9 people per 1,000 population (16 to 64 age group) and 5% of the 16-64 population. Of those who had a physical disability, 49% were male and 51% were female. There is variation in the rate of people with a physical disability across LCPP areas.

**Chart 71** shows that five LCPP areas were above the Dundee average rate per 1,000 of the population (16 to 64 age group). There was a higher rate of people with a physical disability living in the most deprived areas of Dundee, previously identified as Lochee and East End.

East End had two and a half times more people with a physical disability in the 50 to 64 age group, compared to The Ferry.

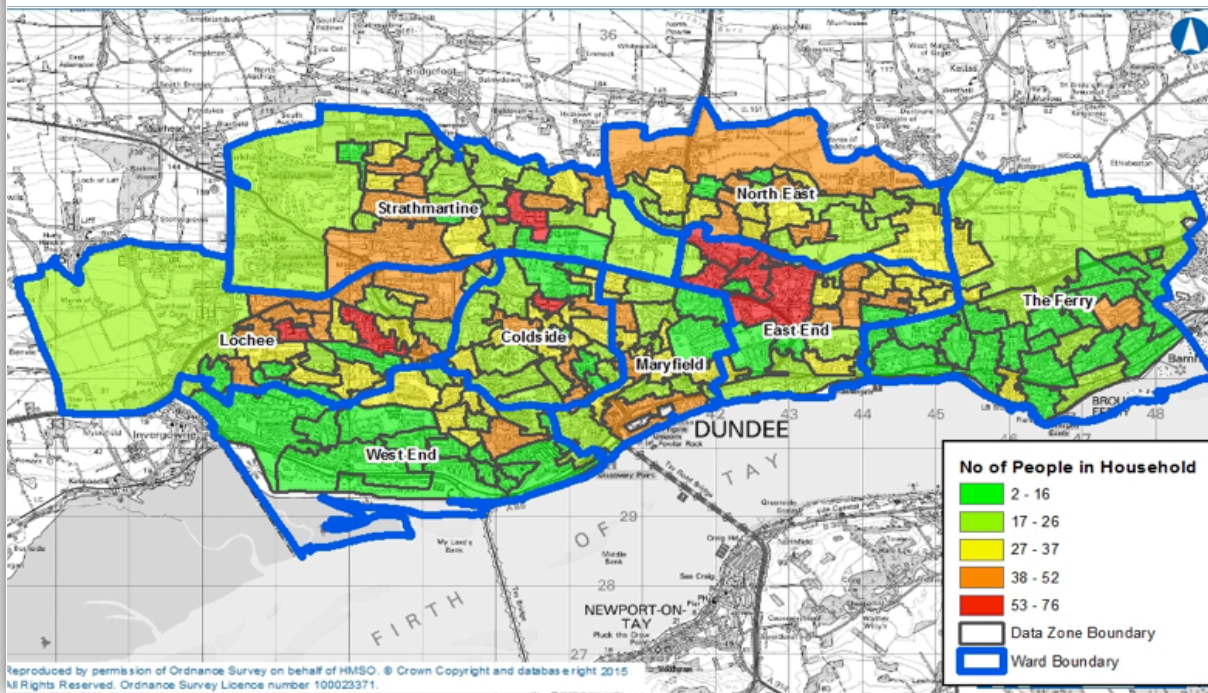
**Chart 71: Physical disability by LCPP area per 1,000 population (16 -64 age group) by LCPP area**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)



**Figure 8: Prevalence of people with a physical disability in Dundee**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Figure 8** 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.

54% of the people with a physical disability live in the SIMD Quintile 1, which has the most deprived datazones in Dundee.

## Social Work Service Users who have a Physical Disability

In 2015 926 people with a physical disability who received a Social Work service were in the 16-64 age group. 231 people received a service from the Social Work Physical Disability Care Management Team.

### Of the 926 Social Work service users with a physical disability:

- 19% lived in the Coldside area, 14% lived in East End and 14% in Lochee.
- 54% lived in SIMD 1 (the most deprived datazones)
- 55% were in the 50 to 64 age group, 24 in the 35 to 49 age group
- 75 people lived in a care home.
- 164 people received homecare, of whom 41% received intensive homecare (10+ hours per week).
- 28% had a learning disability, 14% had mental health issues and 10% had substance misuse issues.

## 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. Data for combined sensory impairment is not available, so the data presented separates visual impairment and hearing impairment.

Dundee has about the same rate of people with blindness or partial sight loss, and deafness or partial hearing loss as the Scotland rate.

### Blindness or Partial Sight Loss

In Dundee 3579 people identified themselves as having blindness or partial sight loss, and just over 60% were aged 65+. Additionally, in Dundee 9864 people identified themselves as having deafness or partial hearing loss, and 65% were aged 65+.

**Chart 72: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population (All ages)**



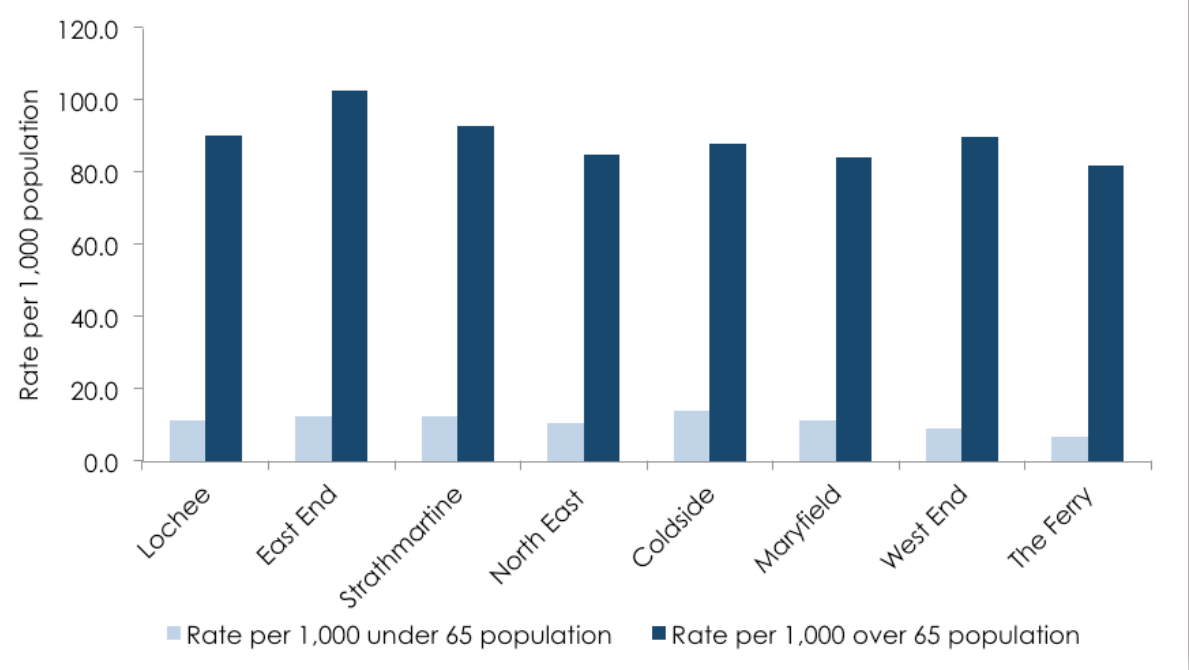
Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 72** 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. 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.

**Chart 73** displays the LCPP areas in order of the most deprived (on the left) to the least deprived (on the right).

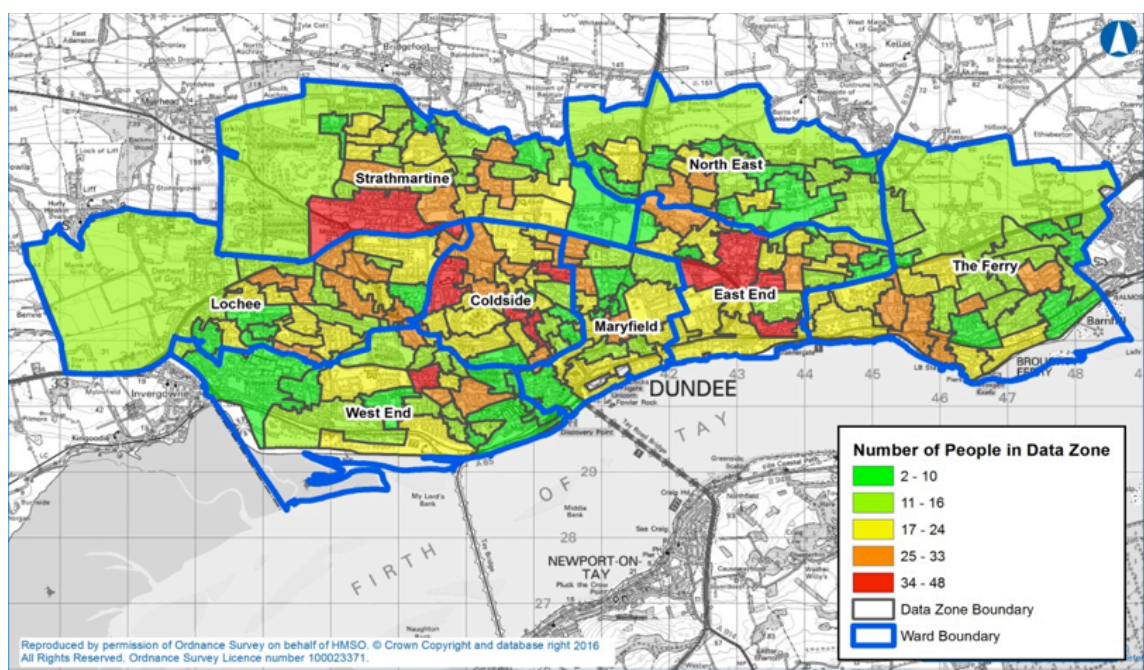
**Chart 73: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population – comparison between under 65 and over 65 age groups**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

This chart 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 9: Prevalence of blindness or partial sight loss in Dundee**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

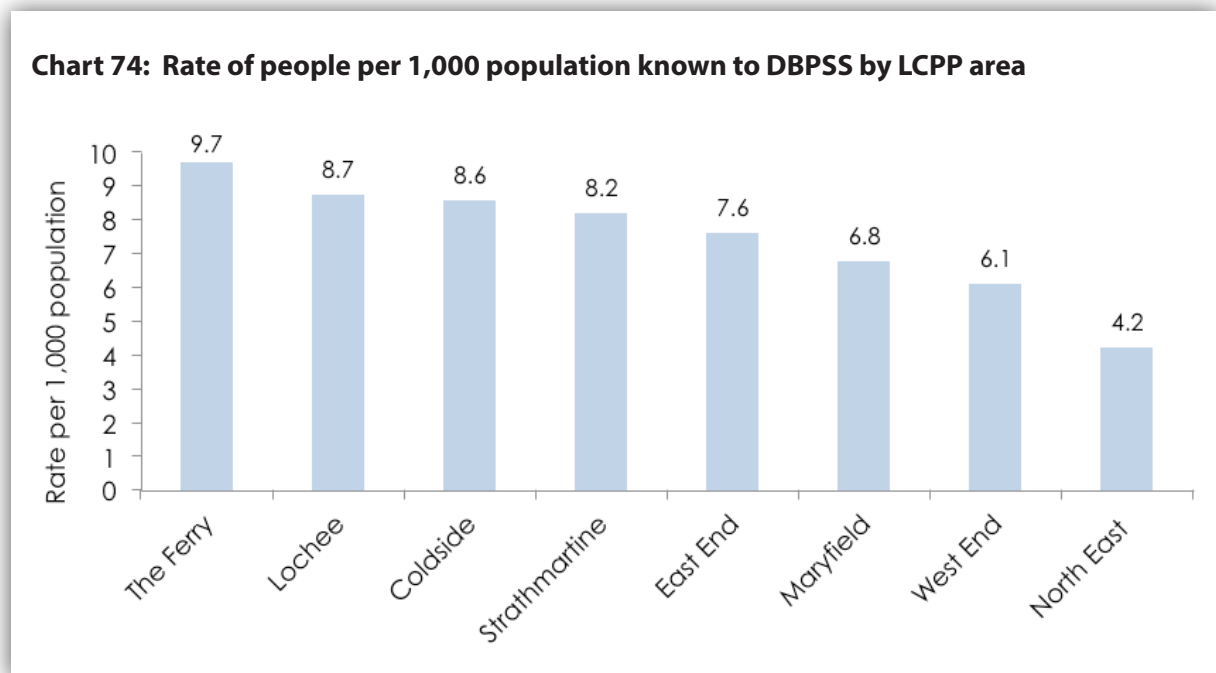


**Figure 9** shows a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldside. The red areas on the map are Fairmuir, Ardler and St Mary's, Linlathen and Mid Craigie, Craigie and Craigiebank, Logie and Blackness, Law, The Glens, Douglas West and Hilltown.

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

In January 2016, 1156 people were known to Dundee Blind and Partially Sighted Society (DBPSS). 39% were blind, 39% were partially sighted and 22% were not registered as blind. 39% of the people known to DBPSS were aged 85+, 32% were aged 65-84 and 29% were aged under 65.

**Chart 74** shows the rate of people known to DBPSS by LCPP area.



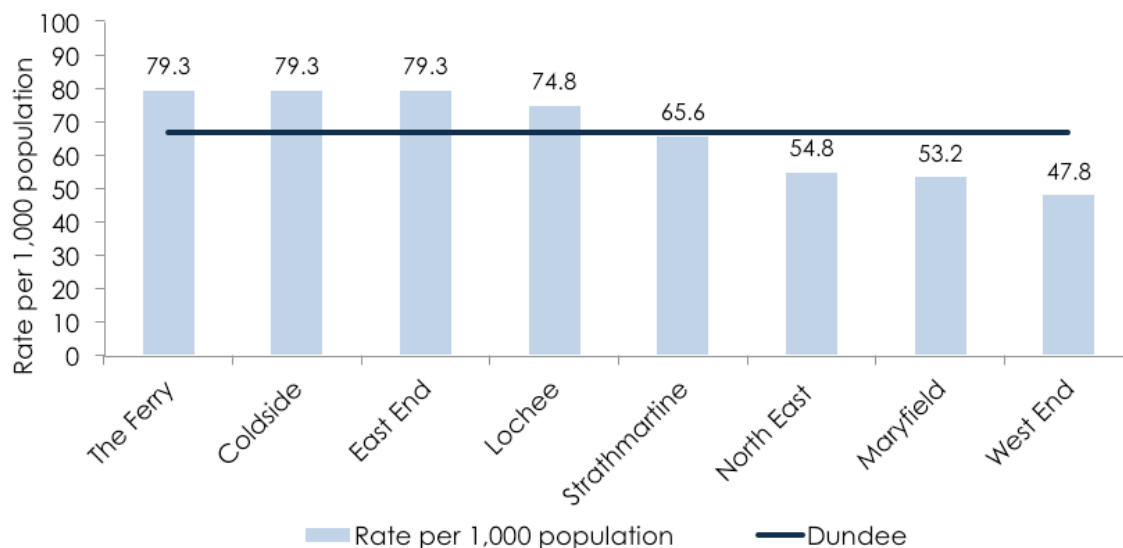
Source: DBPSS database, Jan 2016, unpublished data

The Census data showed that East End and Coldside had the highest proportion of people with blindness or partial sight loss. However, **Chart 74** shows the rate of people by LCPP, known to DBPSS. The highest number of people known to DBPSS lived in The Ferry and Lochee.

## Deafness or Partial Hearing Loss

**Chart 75** shows the rate of people in each LCPP area with deafness or partial hearing loss.

**Chart 75: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population (All ages)**

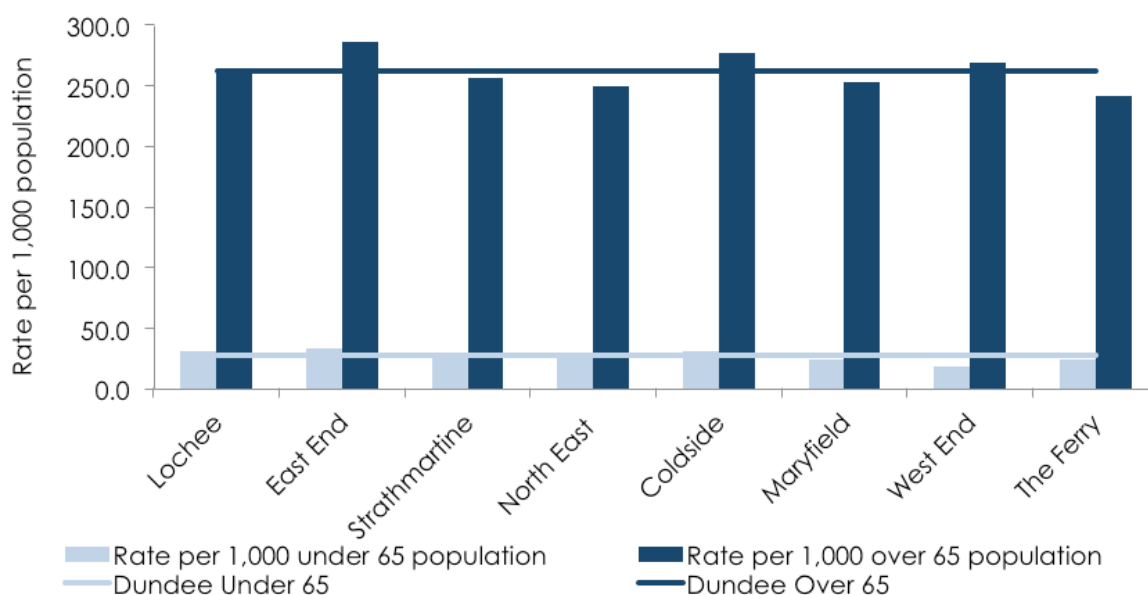


Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 75** indicates that East End, Coldsides and The Ferry had the highest rates of people who identified themselves as having deafness or partial hearing loss.

**Chart 76** 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.

**Chart 76: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population Comparison of Under 65 and 65+ age groups**



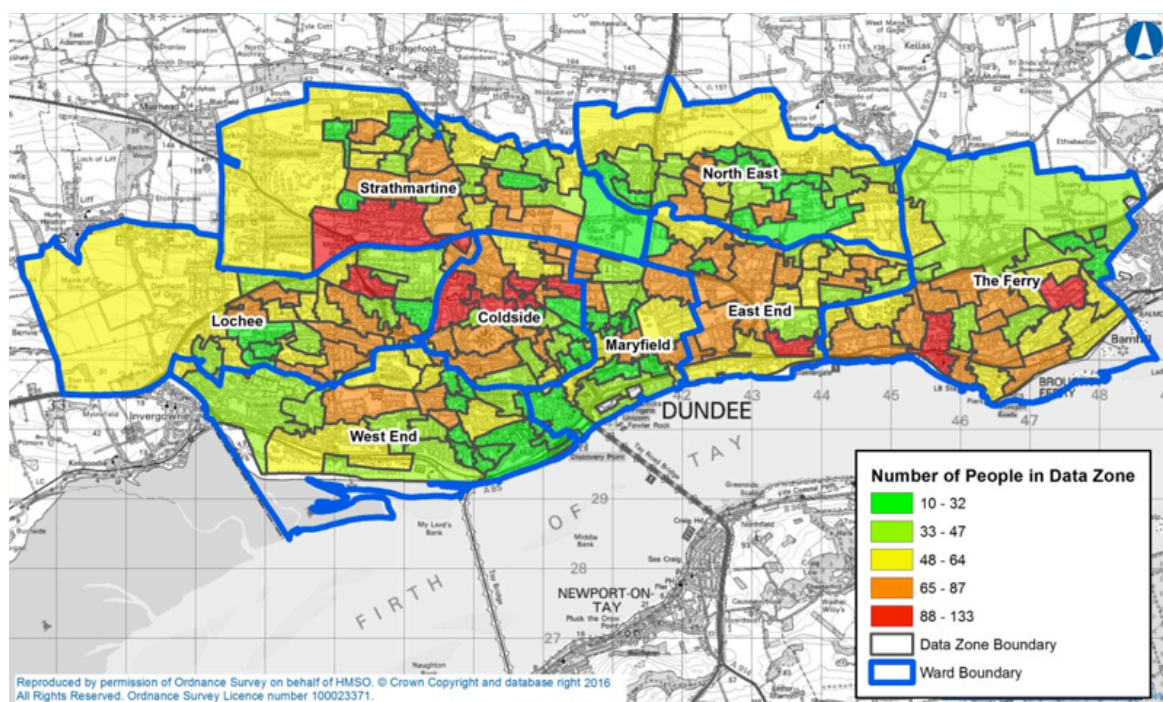
Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

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

**Figure 10: Prevalence of deafness or partial hearing loss in Dundee**



Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

The rates used to produce the map in **Figure 9** were calculated by datazone. Therefore, there may be datazones with high rates within LCPP areas where the overall rate is low.

For instance, **Chart 76** shows that The Ferry LCPP area has one of the lowest rates of people with deafness or partial hearing loss; however **Figure 10** shows that there are two datazones (Barnhill and Broughty Ferry West) where the rate of people is in the highest group.

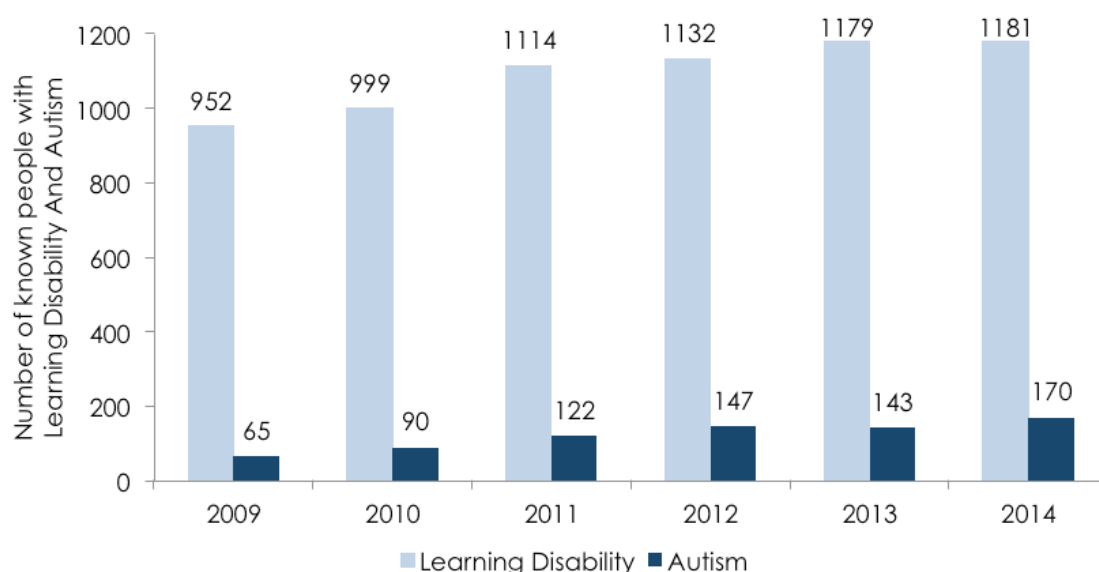
East End, Coldside, Strathmartine and Lochee also have datazones with the highest rates of people with deafness or partial hearing loss. These datazones, which are coloured in red are Fairmuir, Lochee, Ardler and St Marys, Hilltown, Craigie and Craigie bank, The Glens, Law and Hilltown. Four of these 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 local authority is asked to return data on people who are known to have learning disabilities in their local authority area.

In 2014, there were 1181 adults (aged 16+) with a learning disability and 170 with an autism spectrum disorder living in Dundee. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Inverclyde, Midlothian and West Dunbartonshire. Dundee had 9.5 adults per 1,000 population with a learning disability, compared to 6 adults per 1,000 population in Scotland as a whole.

**Chart 77: Number of people with learning disability and/or autism**

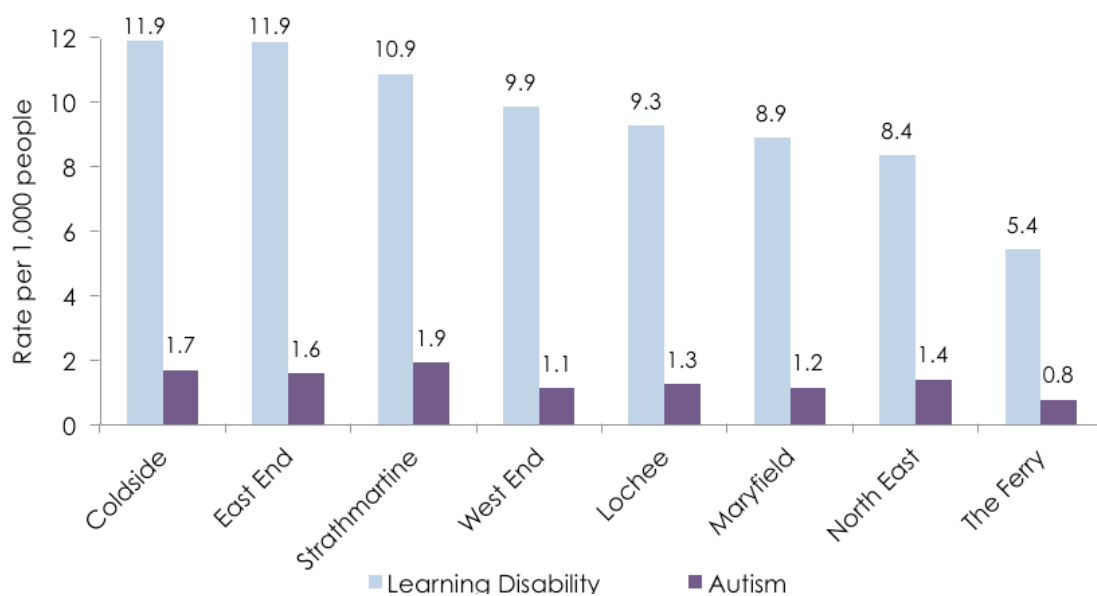


Source: Scottish Consortium for Learning Disability, Learning Disability Statistics 2009-2014

There are considerably more adults (almost 3 times as many) who have learning disabilities and had additional support needs when they were at school but do not identify themselves as disabled and are not using learning disability services. The increasing trend can be partly attributed to improved information systems for recording information about people with learning disabilities who are receiving services.

The number of people in Dundee with autism has been increasing, again at least in part due to improved identification.

**Chart 78** below shows that Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Chart 78 also indicates that Strathmartine and Coldside were the LCPP areas with the highest rates of people with autism in Dundee.

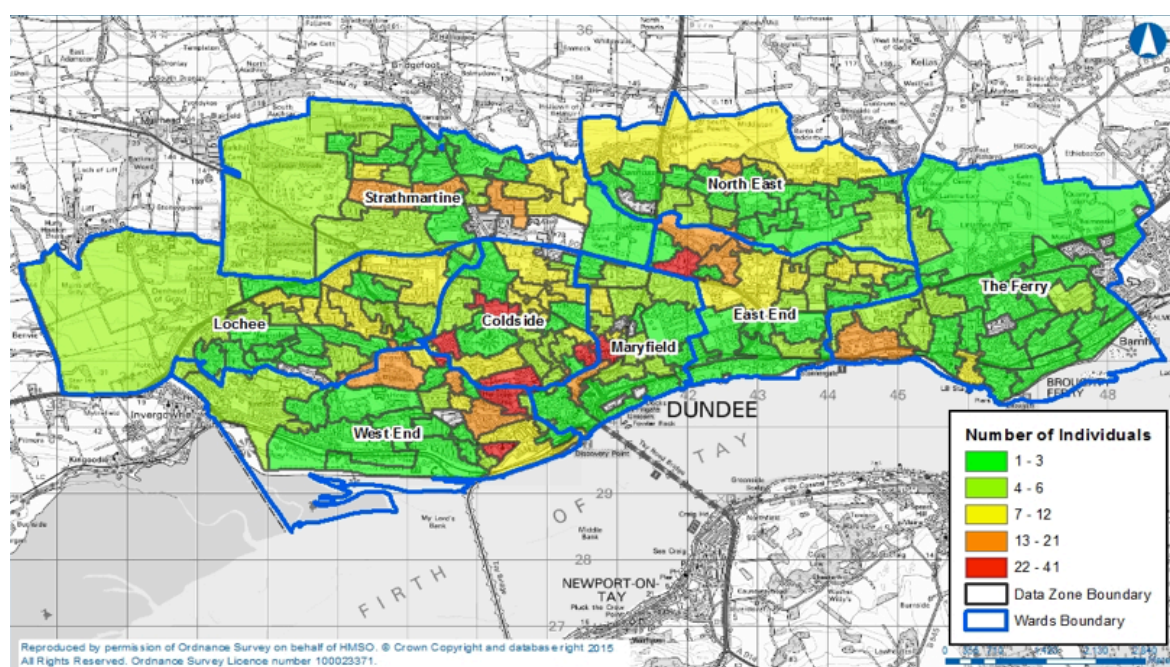
**Chart 78: Rate per 1,000 population of adults with a learning disability and/or autism**

Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2014

East End, Strathmartine, Coldside and West End are shown to have had higher rates than the Dundee rate of 9.6 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, 55% in the 35 to 64 age group and 13% who were aged 65+.

**East End** had 62% of people with a learning disability in the 16 to 34 age group, 30% in the 35 to 64 age group and 8% who were aged 65+.

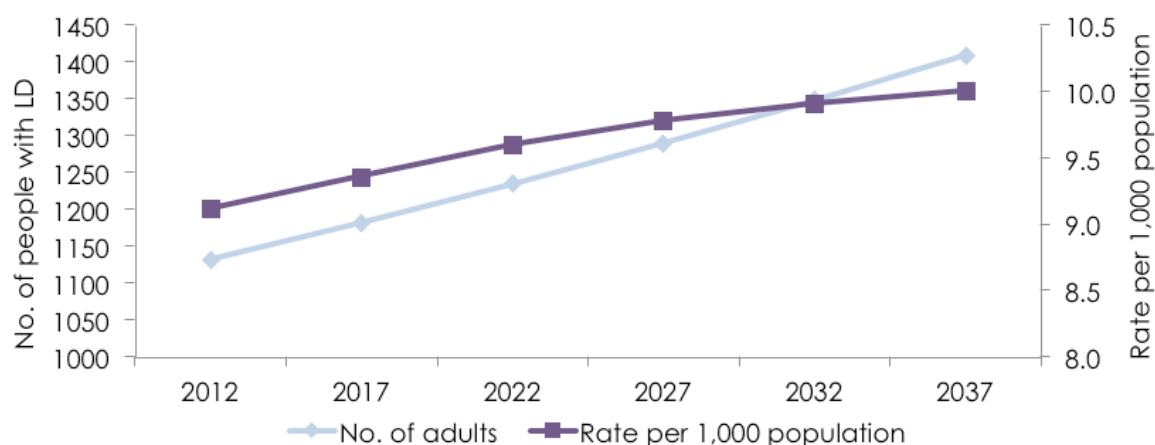
**Figure 11: Prevalence of adults with a learning disability in Dundee**

Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2014



**Figure 11** shows that in 2014 The Ferry had the lowest concentration of people with a learning disability. The areas with a high number of people with a learning disability were Linlathen, Mid Craigie, Stobswell, Docks and Wellgate, City Centre, Perth Road and Law. Coldside had the highest concentration of people with a learning disability. Three of these areas are in the 15% most deprived datazones.

**Chart 79: Learning disability prevalence projection**



Source: SCLD, 2015

## Increase in Prevalence of Learning Disability in Dundee

There has been a year on year increase in prevalence of people with a learning disability, which is partly due 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 77 years, but for people with a learning disability this is approximately 57 years.

## Deprivation

Nearly two thirds of people, with a learning disability in Dundee, live in the most deprived areas (SIMD 1 and 2). 96% of people with a learning disability are White (Scottish or British background) and 2% are Asian. For the 16 to 24 age group, 92% are white (Scottish or British background), 2% are white other (Polish/ Irish or Other white background) and 4% are Asian (including British 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. 473 or 40% of the people with a learning disability in Dundee live with a carer. 404 live with a parent carer. (These statistics from the Scottish Consortium of Learning Disability do not include children).

## Provision of Social Work Services

There are 880 people who have a learning disability receiving a Social Work service in Dundee. 70% are open to the Learning Disability Care Management Team. 47% are in the 50 to 64 age group. There are just under 60 people with a learning disability who live in care homes.

## Children and Young People

Data from Dundee's Integrated Children's Services shows that 407 children in secondary school have some degree of learning disability or autism. There are 275 children in specialist schools in Dundee. Two thirds of these children are at secondary schools.

## 12.6 Mental Health

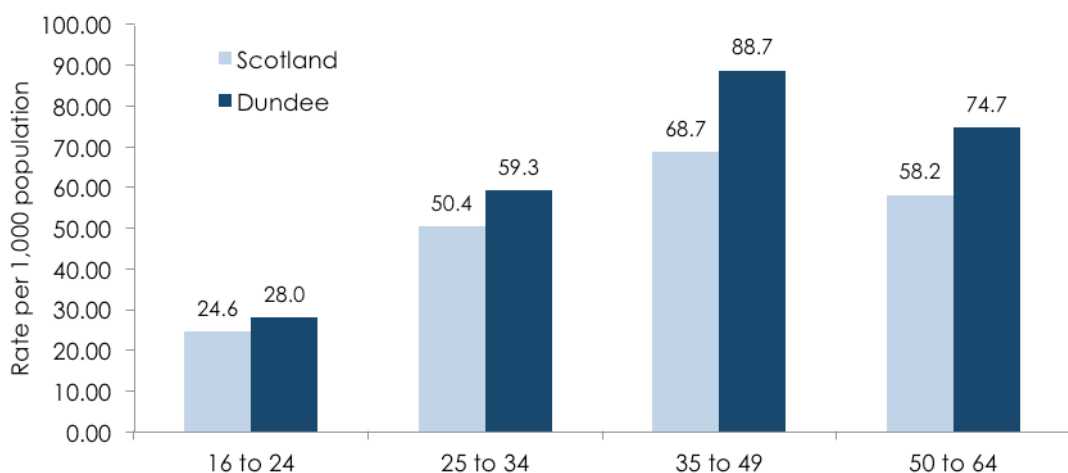
The 2011 Census asked people whether they have a mental health condition which was 'expected to last'. It is acknowledged that some people do not recognise themselves as having a mental health condition.

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.

**Chart 80** 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.

**Chart 80: Prevalence of people with a mental health condition by age groups and rate per 1,000 population**



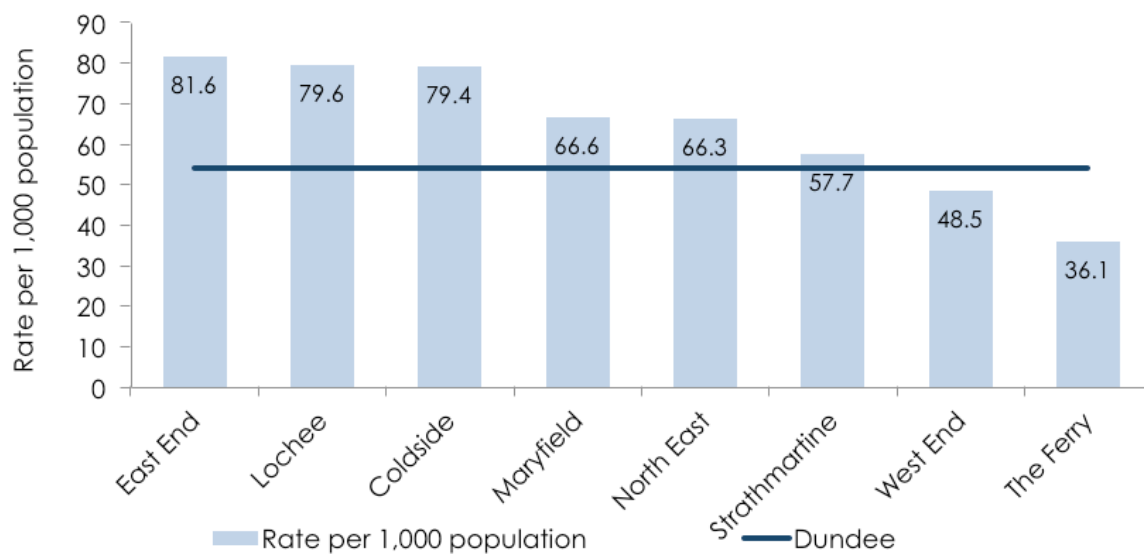
Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

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.

**Chart 81: Prevalence of people with mental health conditions, by LCPP area, per 1,000 population (16 to 64 age group)**



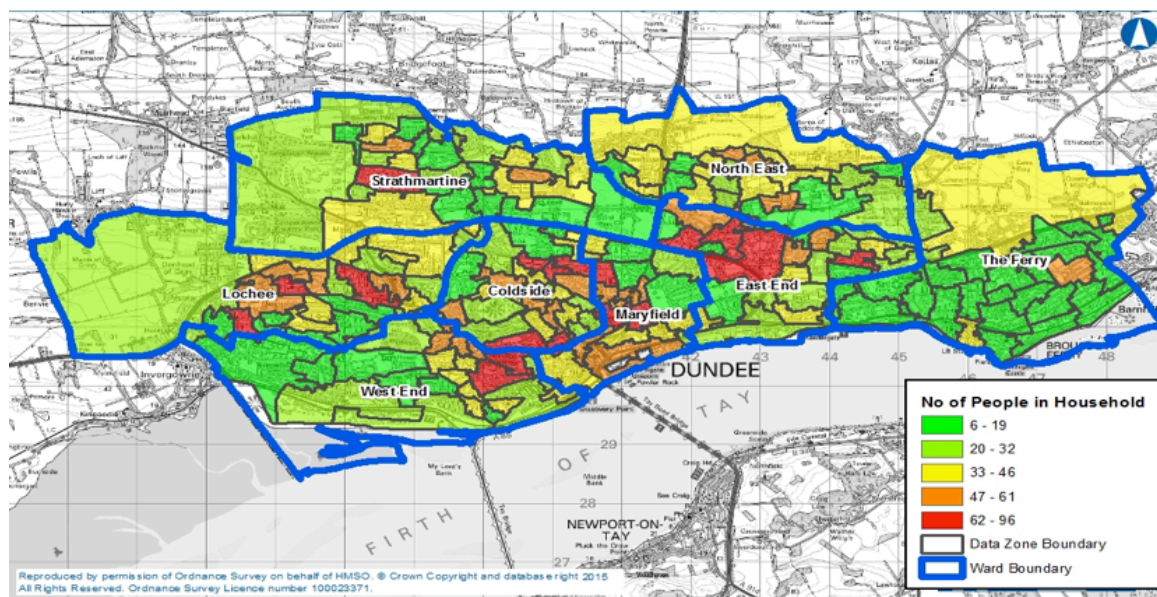
Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Chart 81** 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 Coldsides. 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 12: Prevalence of people with mental health conditions in Dundee**

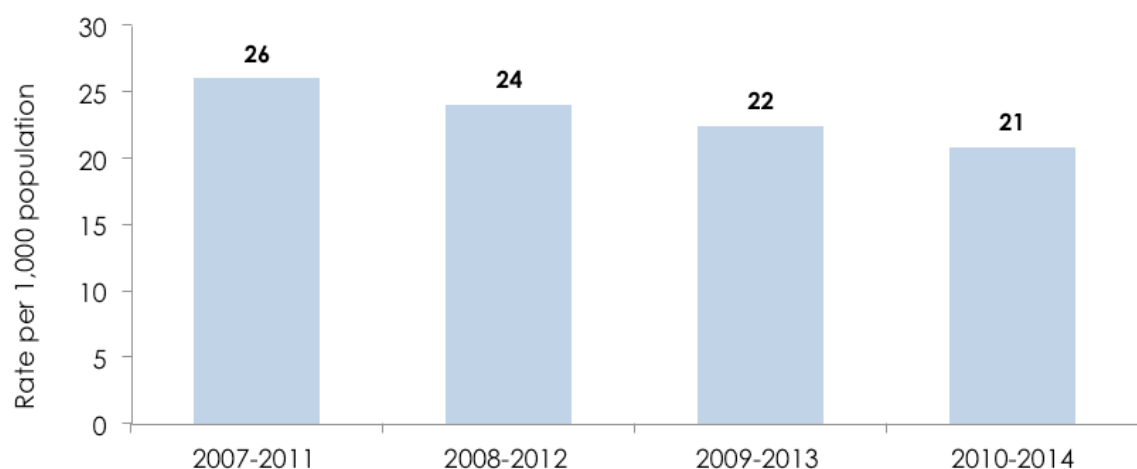
Source: Census 2011, [scotlandcensus.gov.uk](http://scotlandcensus.gov.uk)

**Figure 12** 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.

## Incidence of Suicides in Dundee

**Chart 82** is based on 3 year averages for suicides. It shows that there is a downward trend in Dundee; however Dundee still remains slightly higher than the Scottish 3 year average.

**Chart 82: 3 year average for suicides in Dundee**

Source: National Records of Scotland NRS, Probable suicides: Deaths which are the Results of Intentional self-harm or Events of undetermined intent

## Social Work Service Users who have Mental Health Issues

In 2014/15 196 mental health assessments were carried out for people in Dundee. Of these 46% were for people aged under 65 and 54% were for people who were aged 65+.

## 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. Table 7 shows the number and type of orders made in 2014/15.

**Table 7: Number/type of detention orders made in 2015 and previous years**

Type of Order	Total at 31.3.11	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015
Emergency detention in hospital (up to 72 hours)	84	109	111	62	67
Short term detention in hospital (up to 28 days)	134	160	155	126	146
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) These orders may be community or hospital based	44	67	40	33	33

These figures demonstrate an overall increase in 2014/15 in the number of orders made.

### 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 at 31 March 2015, alongside the same figures for the past 4 years, are shown in **Table 8**.

**Table 8: Criminal Procedures (Scotland) Act 1995**

Type of Order	Total at 31.3.2011	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015
Compulsion Orders with Restriction Order	18	18	16	15	11
Compulsion Orders	N/A	N/A	N/A	N/A	12
Assessment Orders	1	6	1	7	4
Treatment Orders	N/A	0	0	3	2
Transfer for Treatment Direction	N/A	2	0	0	0

In previous years the figures for Compulsion Orders and Compulsion Orders with Restriction Orders (COROs) have been combined. Given the nature of these orders and the fact that the work that follows on is quite different, these figures were reported separately from 2014/15 onwards. The combined figure for Compulsion Orders and COROs is higher than in all the previous years recorded. This may be due to improved recording.

### 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.

**Table 9** reflects the number of new guardianship orders made in 2014/2015, compared with previous years.

**Table 9: New orders made under Adults with Incapacity (Scotland) Act 2000, 2014/15**

Type of Order	Total at 31.3.11	Total at 31.3.12	Total at 31.3.13	Total at 31.3.14	Total at 31.3.15
Local authority welfare guardianship	22	36	35	38	41
Private welfare guardianship	46	63	68	65	69
<b>Total welfare guardianship</b>	<b>68</b>	<b>99</b>	<b>103</b>	<b>103</b>	<b>110</b>

These figures indicate that the demand for guardianships continued to be extremely high. The majority of applications for guardianship are granted within 2 months.

Mental Welfare Commission data highlights that Dundee sustains the highest volume of guardianship applications in comparison with other Tayside and comparator authorities, and one of the highest rates of applications granted in 2 months.

A review of the information contained within the Mental Welfare Commission's Adults with Incapacity Annual Report, together with the ISD Delayed Discharge Information, other statistical reports for 2010/13 and local performance information, demonstrates that Dundee has:

- The highest percentage of Local Authority Guardianships granted on an indefinite basis, and the highest number of all guardianships granted (both private and local authority) compared with other local authorities in Tayside and other comparable local authorities in Scotland
- Demonstrated a significant increase in the number of guardianships granted in the past 4 years
- To date the provision of the MHO report within the 21 day timescale required by statute has not been achieved (current waiting time for allocation of a report is approximately 2 months)
- Shown an increase in the total number of discharge delays of 25% from the period 2010 to 2014 (latest figures available) due to people awaiting guardianship reports

There is clear evidence that in Dundee there is insufficient capacity to meet workload demand and the required statutory timescales for the provision of guardianship reports. A number of key actions have been identified to address these challenges.

## 12.8 Cancer

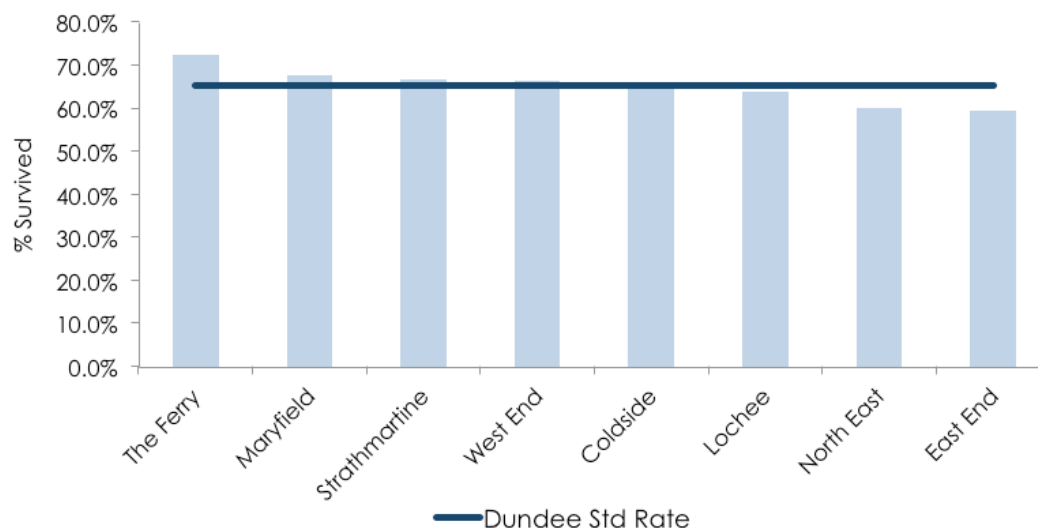
The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes. The average annual registrations of cancer in Tayside were around 2,128 between 1998 and 2002, and this rose to 2,388 between 2009 and 2013.

At any given point there are over 5,000 people living in Dundee who are or have been treated for cancer, and the risk increases with age and lifestyle.

Approximately 450 people die as a result of cancer each year in Dundee and there is a higher risk of dying from cancer for those who live in the most deprived areas of the city.

The (age and gender standardised) cancer mortality rate for the East End is around one and a half times greater than for The Ferry. For every 10 people in The Ferry who died from cancer between 2009 and 2014, there were on average 15 people in the East End who died from cancer.

**Chart 83: Percentage of people with cancer who survived more than 1 year after diagnosis, between 2009 and 2013, by LCPP area**



Source: NSS ISD 2015

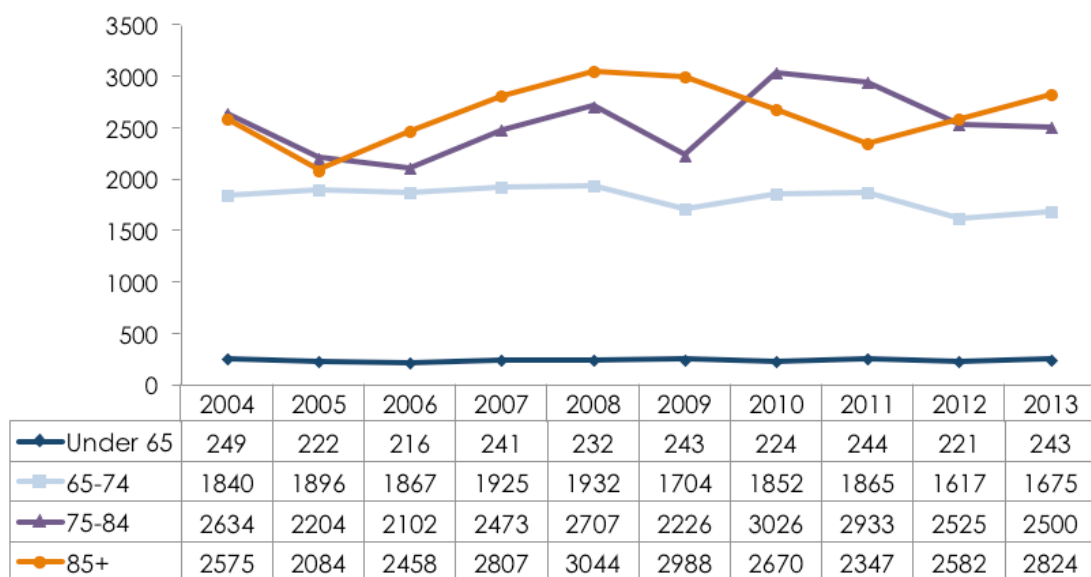
**Chart 83** shows clear links between deprivation and cancer survival of more than one year after diagnosis. The Ferry is the LCPP area which has the lowest deprivation and it has the highest rate of people who survived cancer for one or more years following diagnosis. The East End is one of the most deprived areas and has the lowest rate of people who survived cancer for one or more years following diagnosis.

Different types of cancer have different rates of survival, and there may be differences in the types of cancer that are prevalent in each of the LCPP areas. Further analysis may look in more detail at differences in cancer types and survival rates between LCPP areas.

Cancer mortality can be reduced with earlier diagnosis, through improved screening techniques, education and cancer awareness in the community. Improved treatment and aftercare services and a healthier lifestyle are also likely to improve the likelihood of long term survival after cancer has been diagnosed. Further analysis is required at LCPP and neighbourhood level of the differences there may be between communities in terms of cancer awareness and access to services, along with lifestyle and availability of family and community supports.

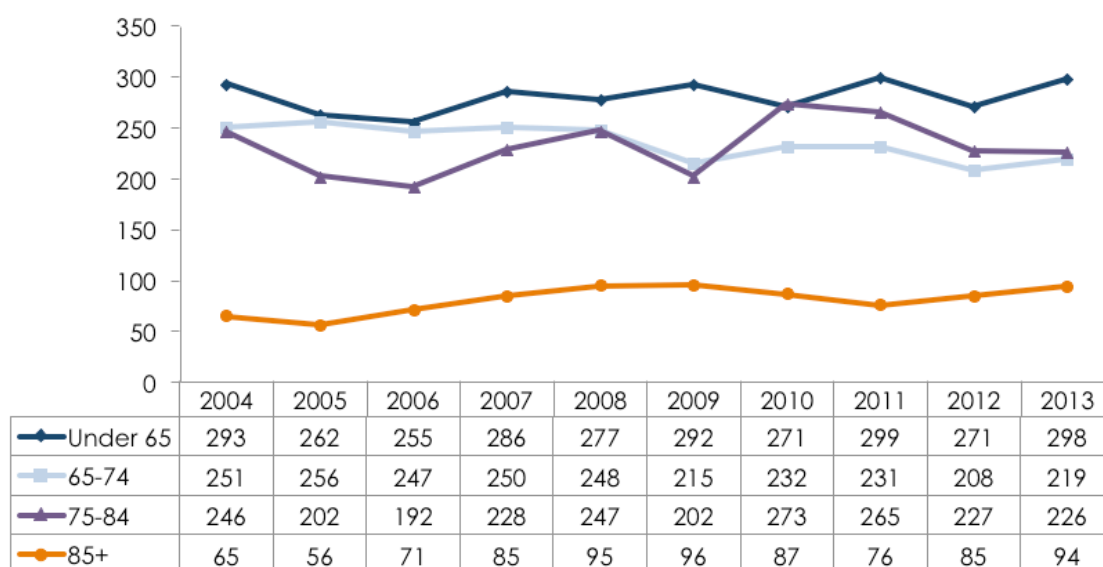
**Charts 84 and 85** show that the highest **rates** of people with cancer, per 1,000 of the population, are found in the older age groups. There are higher **incidences** of cancer in the under 65 age group, as there are more people aged under 65 in Dundee. This reduces the overall rate.

**Chart 84: Crude incidence rates per 100,000 population of all cancer types in Dundee City by age group, 2004 to 2013**



Source: NSS ISD, 2015

**Chart 85: Number of all cancer incidences in Dundee City by age group, 2004 to 2013**

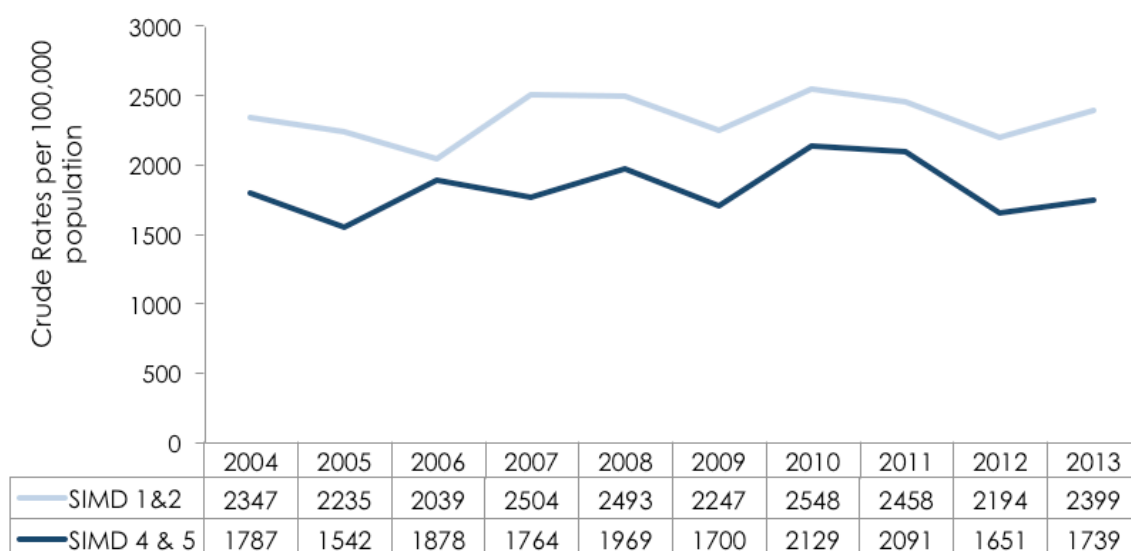


Source: NSS ISD, 2015 Incidences of Cancer by Deprivation

In **Chart 86** there is a clear distinction for the 65+ group living in areas SIMD1 and SIMD2 (most deprived) who have a higher rate than those in affluent areas. The rates for both deprivation groups have appeared to follow the same pattern since 2008.

The under 65 age group in **Chart 87** shows that the rates in the affluent (SIMD 4 and 5) groups have increased to levels comparable with the deprived groups.

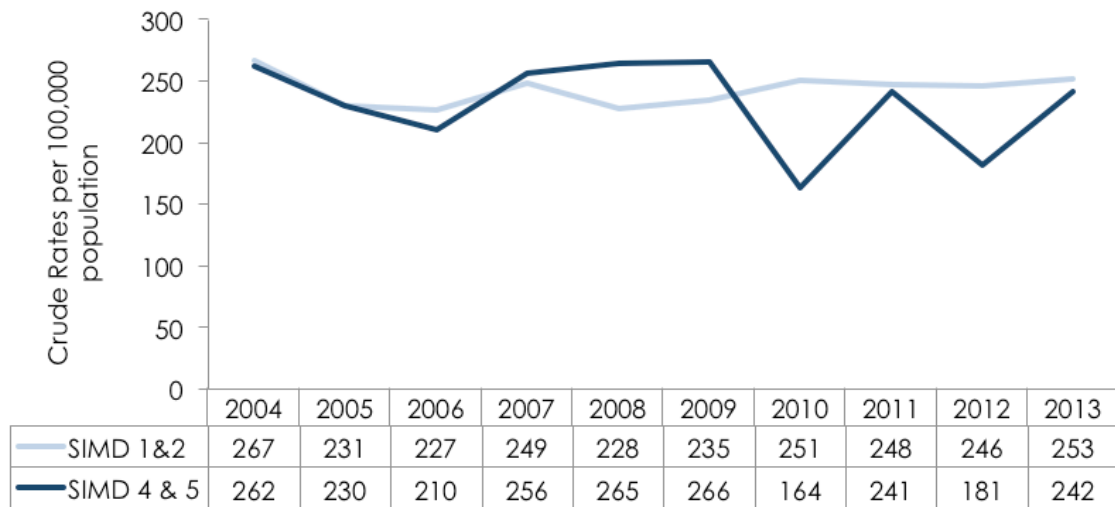
**Chart 86: Crude incidence rates per 100,000 population of all cancer types in Dundee City for people aged 65+ by deprivation (SIMD1&2 and SIMD4&5), 2004 to 2013**



Source: NSS ISD, 2015



**Chart 87: Crude incidence rates per 100,000 population of all cancer types in Dundee City for people aged under 65 by deprivation (SIMD1&2 and SIMD4&5), 2004 to 2013**



Source: NSS ISD, 2015

## Incidences of Cancer by Age Group and Deprivation and LCPP areas

**Table 10** shows that over the last 10 years, The Ferry has had the highest number of incidences of cancer out of all the LCPP areas in Dundee City. The majority of these cases are from the affluent 65+ age group where there was a 32% increase (from 121 in combined calendar years 2004-05 to 160 in 2010-11).

The Ferry also had one of the highest crude rates of all cancer incidents between 2004 and 2013. Over the 10 years, it has been consistently higher than the crude rate of Dundee by an average of 22%. Maryfield, the North East and the West End had the lowest rates of cancer incidents in Dundee, with the latter having the lowest rates (approximately 30% below the Dundee average).

**Table 10: Crude incidence rates per 100,000 population of all cancer by locality and age group, 2004 to 2013**

Locality	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Coldside	741	633	638	727	751	672	642	676	544	646
East End	716	647	597	635	676	595	674	818	731	557
Lochee	617	511	555	731	615	679	593	619	612	696
Maryfield	440	439	544	461	510	423	427	402	367	453
North East	493	458	407	441	467	412	607	503	431	499
Strathmartine	598	573	448	582	570	573	677	585	552	579
The Ferry	769	645	643	721	770	702	732	727	640	659
West End	373	404	424	382	418	342	374	411	407	396
Dundee	597	540	534	591	601	555	591	592	535	565

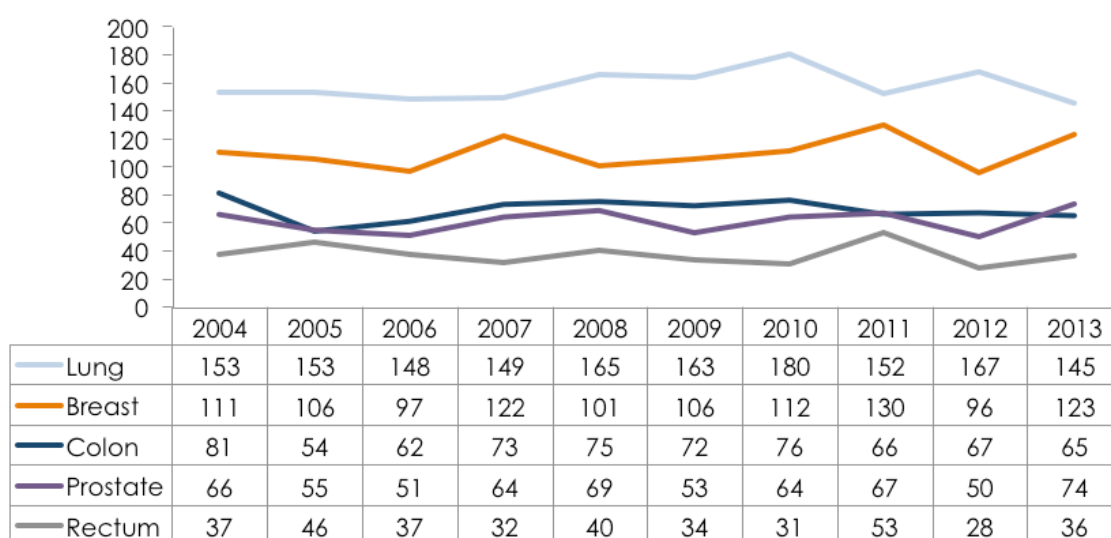
Source: NSS ISD, 2015

## Incidences of Cancer by Type of Cancer

**Chart 88** shows that lung cancer was the most common type of cancer in Dundee City, with lung cancer making up close to one-fifth of all cancers. Breast cancer was the second most common type of cancer, with around 14% of all cancer cases.

There was a variation in cancers by deprivation level, as in the most deprived areas of the city lung cancer was most prevalent (SIMD 1 - 21.2%). In the least deprived areas of the city prostate cancer was most prevalent, followed closely by breast cancer. (SIMD 5 – prostate cancer = 16.1% and breast cancer = 14%)

**Chart 88: Number of cancer incidences in Dundee City by five most common types of cancer, 2004 to 2013**



Source: NSS ISD, 2015

### 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.
- 82% 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.
- Dundee has about the same rate of people with blindness and/or deafness than Scotland as a whole, but there is variation in prevalence across Dundee when comparing LCPP areas.
- Dundee has the highest rate of people with a learning disability in Scotland. The number of people with a learning disability and/or autism has increased over the last 5 years.
- There is variation in the prevalence of people with a learning disability across LCPP areas in Dundee.
- 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.
- 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.



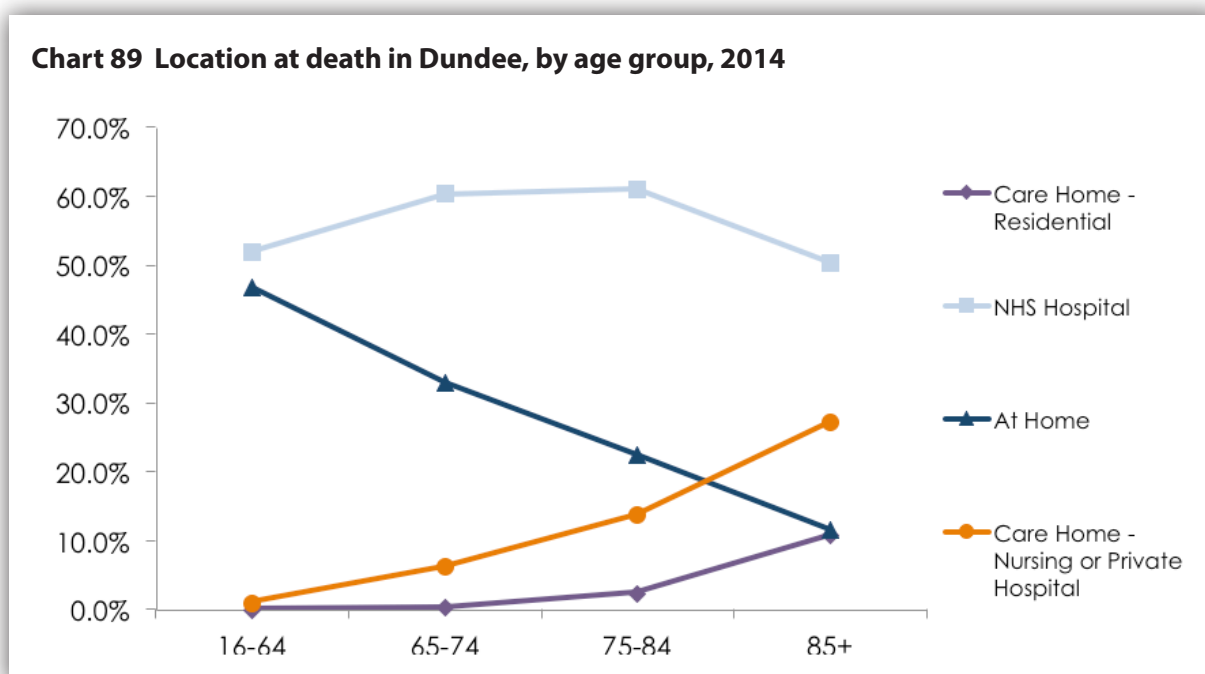
When a person has a serious illness or is dying, palliative care and end of life care is provided to minimise the impact of suffering and enhance the quality of the person's life. Palliative care includes end of life care, but also extends throughout the illness journey and into survivorship, where this applies.

In Scotland around 53,000 people die each year, and this number is rising as the population increases. In Dundee there were 1,579 deaths during the calendar year of 2014, 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 Scotland an average of 52.3% of people die in hospital, 30.2% at home and 17.4% in a hospice. **Chart 89** shows the location of death for all those who live in Dundee and died in 2014, by age group.



Source: NSS ISD, 2016

**Chart 89** shows the trends in where people die, by age group. Over all age groups in Dundee, 55.7% of people died in an NHS hospital. A very small number of people died in other settings; this included a clinic, a prison and a school (four people in total).

These figures show that the percentage of people dying at home in Dundee dropped significantly with age, with 46.7% of people aged 16-64, and 11.6% of people aged 85+, dying at home.

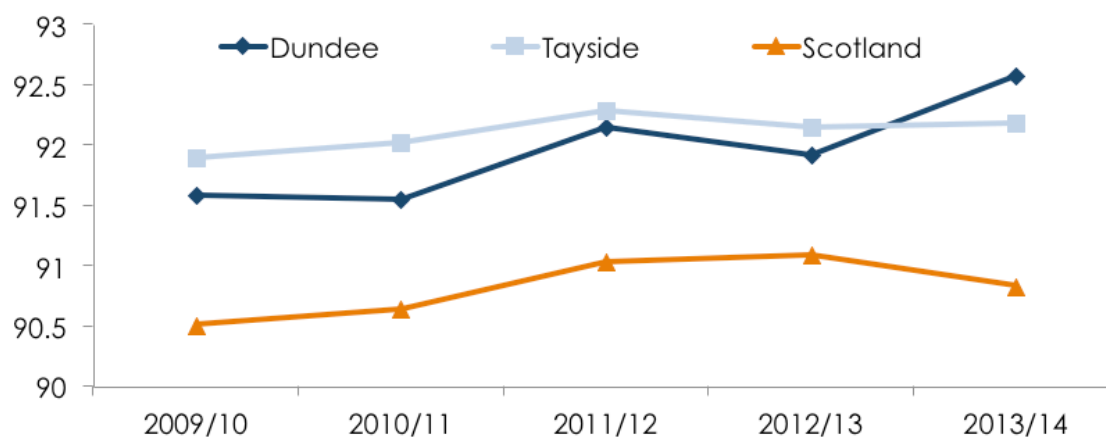
The percentage of people who died in a residential care home or a nursing home/private hospital increased with age. No people aged 16-64 years died in a care home, and only three people (0.9%) aged 16-64 died in a nursing home/private hospital. The proportion increased considerably with older age, with 10.8% of deaths for people aged 85+ being in a residential care home and 27% in a nursing home/private hospital.

**Chart 89** 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 84. 52% of deaths for 16-64 year olds occurred in an NHS hospital, and this increased to 60.4% of the 65-74 age group, and 61.1% of the 75-84 age group. The percentage then decreased for the 85+ age group, as 50.3% 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. Chart 90 shows figures for the period 2009 – 2014 for the percentage of time people in Dundee spent at home or in a community setting during their last 6 months of life.

**Chart 90: % of time in the last 6 months of life spent at home or community setting, by LCPP, 2009-2014**

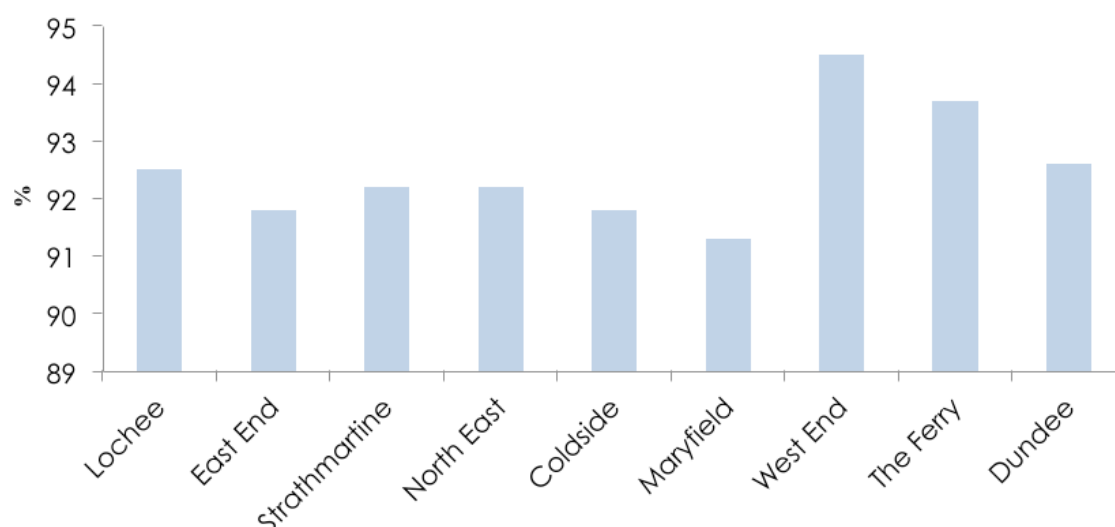


Source: Percentage of End of Life Spent at Home, ISD Scotland

This chart shows that between the years 2009 and 2014 there has been a gradual 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 92.6% of time for people in Dundee was spent at home or in a community setting. This figure is slightly higher than the percentage for Tayside and Scotland as a whole.

The following chart shows the percentage of time spent at home or in a community setting in the last 6 months of life, for people in Dundee in 2013/14, by LCPP area.

**Chart 91: % of time spent during the last 6 months of life at home or in a community setting, by LCPP area, 2013/14**



Source: Percentage of End of Life Spent at Home, ISD Scotland

**Chart 91** shows the % of time that people spent living at home, or in another community setting, in the 6 months prior to their death. There is slight variation shown between the most deprived LCPP areas and the most affluent LCPP areas. The West End had the highest percentage of time spent by people at home or in a community setting during their last 6 months of life. The West End is one of the most affluent LCPP areas.

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 1,579 deaths during the calendar year of 2014, and the main cause of death was cancer.
- 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.
- In 2013/14 92.6% of time for people in Dundee was spent at home or in a community setting during their last 6 months of life. This figure is slightly higher than the percentage for Tayside and Scotland as a whole.
- The West End is one of the most affluent LCPP areas and has the highest percentage of time for people spent at home or in a community setting during their last 6 months of life.
- Over all age groups in Dundee, 55.7% of people died in an NHS hospital, compared with 52.3% in Scotland.
- The percentage of people dying at home in Dundee dropped significantly with age, with 46.7% of people aged 16-64, and 11.6% of people aged 85+, dying at home.
- People in Dundee spent most of their time living at home, or in another community setting, in the months prior to their death. There is however slight variation shown in this between the most deprived LCPP areas and the most affluent LCPP areas.

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 1. 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 1 can be found in the Document Links Section of the Plan (at Appendix 2) or by using the following link:

<http://www.dundee.gov.uk/dhscp/ourpublications>

## Key Contacts

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This is Strategic Needs Assessment: Version 1 and information and analysis is welcomed to assist with the preparation of Version 2.

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With thanks to our colleague Stephen Halcrow from NSS ISD for working with us to provide data from health systems for inclusion in Version 1.



## NOTES

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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.

## Get in touch:

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**Health & Social Care**  
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