

## Health and Care report to the Executive of the Joint Forum of Community Councils in West Lothian January 2021.

### Child Poverty.

**Selected statistics** from the West Lothian Local Child Poverty Action Report 2019/20 and the West Lothian Draft Children's Services Plan 2020- 2023:

- 12% of the West Lothian population are income deprived.
- 26% of children experience relative poverty in one report. *OR* Latest local estimates place West Lothian's level of child poverty at 24% after housing costs. This represents an increase of 1,200 children between 2015 and 2019. *Different figures in different reports but the basic message is similar.*
- 78.4% of working age adults are in work.
- 23% of residents experience fuel poverty.
- 11% experience extreme fuel poverty.

At secondary school, free school meal entitlement continues to be associated with area deprivation, but 2019 saw fewer young people claiming free school meals – 1,646 down from 1,710 in 2018, 15% as against 16%. Of the 11 secondaries, the highest number of claims (225) were at Inveralmond (22%).

In the financial year 2018/19, 2,925 foodbank vouchers were distributed across West Lothian's wards. Of these, almost a fifth (517) were distributed in Whitburn and Blackburn, followed by 361 in Bathgate and 342 in Broxburn, Uphall and Winchburgh.

Fewer women were pregnant in 2019/20 than the previous year, but there were more requests for financial assistance. The number of women living in temporary accommodation when first registering their pregnancy, decreased from 85 to 66 in 2018/19.

Pre-COVID-19, the West Lothian labour market had been relatively buoyant with a long-term trend of a higher employment rate than the overall rate for Scotland. However, the quality of local jobs and the gross earnings of local residents are consistently lower than the Scotland level. Only 37.8% of the West Lothian workforce is educated to degree level compared to 45.37% for Scotland. Youth unemployment in West Lothian stands at 10.9%, which is greater than the Scotland rate of 9.8% and the Great Britain rate of 9.4%

- HMRC figures for April 2020 show 3,800 children locally in out of work families, a reduction from 7,000 in 2012.
- Likewise, the number of children in working families receiving Working Tax credits fell over the same period from 7,900 to 4,000.

Approximately 13,000 of West Lothian residents earn below the Living Wage.

Direct health impacts of COVID-19 include:

- Higher mortality rates among males than females.
- Highest mortality rates among 75-84 year olds.
- Greater morbidity and mortality among those with pre-existing health problems.
- People from the most deprived communities twice as likely to die as people from other communities.

Women make up the majority of workers in shut down sectors such as retail and hospitality. Women are more likely to work part time and so miss out on Statutory Sick Pay. They are also more likely to work in roles where the hourly rate of pay will fall far below the Real Living wage if reduced to 80%. Women are also over-represented in social care and at higher risk of exposure to COVID-19.

A higher share of the visible ethnic minority population work in hospitality with 31.7% compared to 18.6% of the white population. Pakistani and Bangladeshi workers have the lowest median hourly pay and African women are more likely to work in care, leisure or other service occupations with less likelihood of being able to work from home.

**A range of measures have been put in place to help**, some of which are:

Increase to the rates of Universal Credit and Working Tax Credit by approximately £20 per week.

Temporary expansion of eligibility criteria for some benefits, for example continuation of tax credits for claimants whose employment was affected.

In Scotland, a new Job Start Grant is now available to help young people with a one-off payment of £250, or £400 if applicant has a child.

The first phase payments of the new Scottish Child Payment are expected to be in February – for children under 6, £10 per week for each eligible child.

Local measures put in place include:

- Extension of the School Clothing Grant criteria the Council Tax Reduction Scheme as a qualifying Benefit.
- Early payment of school uniform grants.
- Parents of children eligible for free school meals receiving payments of £15 per child per week for the Christmas, February and Easter holidays.
- Additional Discretionary Housing Payments.
- Children entitled to free school meals to get a packed lunch (or takeaway hot meal) and a breakfast cereal (or cereal bar) during lockdown.
- Promotion of the NEC card/ Young Scot card.

**Valproate.** Public Health Scotland are helping the Scottish Government and the clinical community understand the impact of prescribing sodium valproate for both pregnant women and women of child-bearing age. Sodium Valproate is a known teratogen (an agent or factor which causes malformation of an embryo) and also causes cognitive impairment and developmental delay in exposed babies.

### **Access To Hospitals.**

Public Health Scotland are investigating the accessibility to Hospitals in Scotland by public transport.

### **Contact Tracing.**

The World Health Organisation standard is that at least 80% of new cases must have their close contacts traced and quarantined within 72 hours of case confirmation. The Scotland-wide figures for week ending 29 November were comfortably within that standard:

- 93.2% within 72 hours.
- 87.1% within 48 hours.
- 68.1% within 24 hours.

## **West Lothian Council Social Policy Contract Activity.**

Details of some recent contract activity as follows:

- Real Life Options - £555,000, six month extension to September 2021.
- Scottish Huntington's - £70,105. three year contract with option to extend for two years.
- Cornerstone - £2,186,876, one year extension.
- Action for Children - £470,013, one year extension.

## **COVID-19 Dashboard.**

Public Health Scotland last year released a dashboard on their website to help members of the public and professionals access timely COVID-19 information that is updated daily. By early December it had been viewed almost 10 million times. The latest version:

- Presents daily headline updates.
- Provides a wider range of information, with updates on hospital and Intensive Care Unit admissions and numbers of tests, as well as positive cases and deaths.
- Includes neighbourhood maps showing local levels of positive cases over time.

PHS also produces a COVID-19 Early Warning Dashboard for professionals working in local public health and health protection teams. This data includes positive cases and "COVID-19 possible" respiratory related calls to NHS 24. It also includes details of Local Authorities with the highest rates.

## **Burns Care.**

A review of Burns Care in Scotland has been carried out by an expert group comprised of representatives of current Scottish burns treatment centres (clinicians and managers).

One outcome of the review is a recommendation that there should be a National Burns Centre for the treatment of the most severe or complex burns patients supported by a network of local burns facilities across the country.

### **COVID-19 Research.**

Public Health Scotland is supporting UK level COVID-19 research as part of Sir Patrick Vallance's National Core Connectivity and Data Study. This work is being co-ordinated through Health Data Research UK. To enable Scotland's contribution to this work PHS has been working to make available a range of COVID-19 datasets within the national secure environment for storing data known as the National Safe Haven. The focus is on streamlining access to data across the UK to allow collective analyses, development of a UK wide data catalogue and accompanying metadata.

### **Vaccine Rollout.**

**Scotland.** As at the end of Sunday 3 January, 113,459 people in Scotland had received their first dose of COVID-19 vaccination. Those in priority lists 1 and 2 – older residents in care homes, their carers frontline health and care workers and those over the age of 80 – are expected to get their first dose by the end of January.

It is predicted that, by early May, everyone over 50 and those with underlying health conditions will have received their first dose – more than 2.5 million people in Scotland.

Scotland's Chief Medical Officer says "it is really important to stress that everyone will get a second dose within twelve weeks." There are over 1,100 vaccination sites in Scotland including over 750 GP practices and over 3,000 trained vaccinators, including dentists, GPs, pharmacists and optometrists.

**West Lothian.** The latest figures (report to IJB 19 January) available are:

- 2,531 1<sup>st</sup> dose staff vaccinations which includes both health and social care staff.

- 469 1<sup>st</sup> dose for care home residents, with the full programme completed for those without an outbreak by 15 January.
- 38 1<sup>st</sup> dose for patients within Hospital Based Complex Clinical Care.
- Additionally, GPs are now vaccinating those patients who are over 80 and able to attend the local clinics.
- The West Lothian HSCP vaccination team will start vaccinating over 80s who are housebound, from 18 January.

The progress being made in West Lothian is very encouraging although key challenges remain, particularly in relation to supply of vaccine to General Practice as this is currently only 100 doses being delivered weekly, though there is commitment from the Scottish Government that supply will increase. The final preparations are also being made for the mass vaccination programme, which locally will operate from the Pyramids Business Park in Bathgate, supplemented by local clinics in Strathbrock Partnership Centre and Howden Medical Centre from early February.

### **Drug Deaths.**

**Take-home Naloxone** will be given to people at high risk of accidental overdoses, in a move designed to reduce the number of drug deaths. This will include those who have been resuscitated by the Scottish Ambulance Service following an accidental overdose. The Ambulance Service is handing out the kits, which can reduce the risk of a fatal overdose from opiates, in a programme funded by the Drug Deaths Taskforce.

In 2019 there were around 5,000 incidents in Scotland in which Naloxone, an opiate antidote, was administered. Providing take-home kits means friends and relatives of those at risk will be able to administer Naloxone themselves while an ambulance is on its way, further reducing the chance of a fatality.

The kits will be supplied at incidents after 999 has been called for a person experiencing an accidental overdose. Those at risk of witnessing a future opiate overdose, such as family and carer groups, will be given a kit and training in how to administer it.

**Public Health Scotland**, along with commissioners and providers of drug services, has been providing timely data illustrating changes in access to drug treatment, harm reduction, prescribing and near fatal overdoses. This also included trends in suspected drug related deaths, from Police Scotland.

**Numbers.** In 2019, there were 1,264 drug-related deaths in Scotland, 77 more than in 2018. This is the highest number ever recorded in Scotland. 23 of those deaths were in West Lothian, down from 26 in 2018. Elsewhere in Lothian there were 96 in Edinburgh, 18 in Midlothian and 18 in East Lothian, all up on the previous year.

### **West Lothian Council Social Policy Financial Performance.**

The 6 month position (end September) was for a forecast overspend by end March of £2.378 million on the annual budget of £111.181 million.

There remain a number of pressure areas, including older people care homes where additional costs are being incurred to cover for staff absence and support care homes to remain sustainable. Numbers in external residential placements for Older People are at an all-time high which is currently presenting a cost pressure in that area along with residential and care at home provision for Adults with Learning Difficulties where there has been a number of high cost placements in recent months.

Additional costs related to COVID-19 are forecast to be £4.996 million. To date the Scottish Government have confirmed additional funding of £2.444 million plus a further £214,000 for Living Wages costs. There is an expectation that the Scottish Government will fully fund these costs but this has still to be confirmed.

### **Brexit and Diabetes.**

**Medicines.** The UK Department for Health and Social Care have confirmed that the Government have established an agreement with the EU on medicines, which means supplies of insulin or other medicines should not be interrupted.

The rules and paperwork required when bringing supplies in and out of the EU have changed, which means that some disruption is still possible. Insulin in the UK comes from three main pharmaceutical manufacturers – Lilly, Sanofi and Novo Nordisk. These suppliers currently import insulin from outside of the UK. Diabetes UK understands that these insulin suppliers will keep at least six weeks stock in the UK to reduce potential disruption.

Suppliers of other diabetes medicines have also been asked to keep six weeks of stock in the UK. Many medicines, such as metformin or gliclazide, are made by a large range of companies in the UK, so it's unlikely that suppliers will have stock problems.

**Technology.** Some types of diabetes tech, like the Abbott FreeStyle Libre (a flash glucose monitor) are made in the UK and so shouldn't be affected. With regard to pumps or a continuous glucose monitor, it's always a good idea to keep a small supply of pen needles, lancets and test strips as back up in case of a technical failure or delay in a part being replaced. *When my wife was alive, this was a recurring issue for me.*

### **West Lothian Mental Health and Wellbeing – Children and Young People.**

West Lothian has been successful in attracting the following funding from the Scottish Government:

- £383,250 for 2020/21 to be used to respond to children and young people's mental health and emotional wellbeing issues arising as a result of the pandemic and
- £127,500 to be spent by 31<sup>st</sup> March to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers.
- £511,000 to be spent in 2021/2022 to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers.

The funding will be used to develop new services that will have a focus on prevention, early intervention and the treatment of distress.

Officers are also working with colleagues in NHS Lothian to ensure that there are synergies between children's services and services for adults with the aim of improving transition

### **Self-Isolation.**

The **Support Grant** provides £500 for low income workers who are in receipt of Universal Credit or other benefits and will lose earnings as a result of having to self-isolate. As of 7 December, the Grant has been extended to include parents on low incomes whose children are asked to self-isolate, where they fulfil the other eligibility criteria:

- Employed or self-employed and unable to work from home.
- In receipt of Universal Credit or one of those "legacy benefits" which will be replaced by Universal Credit.
- Facing a loss of income from looking after the child during the period of self-isolation.

The Grant is also now available to those who may be eligible for Universal Credit, but have not yet applied.

**Students.** Public Health Scotland have been working with the Higher Education/ Further Education sectors and the Scottish Government to assess the mental health and wellbeing of students who have had to self-isolate and the support provided to them, by gathering views of students across Scotland.

### **Unaccompanied Asylum Seeking Children.**

Since 2016 there have been 11 young people, either UASC or subject to trafficking, who have been accommodated in West Lothian resources. Break down as follows:

- 2016 - 3
- 2017 – 3
- 2018 – 1
- 2019 – 2
- 2020 - 2

9 have been from Vietnam, 1 from Iraq and 1 from Syria. They tend to be discovered in illicit premises working for little or no pay, or found by police having been let out of vehicles on secluded roads where the young person walks into a residential area.

There is a national transfer scheme whereby children and young people who arrive disproportionately in one British Local Authority area can be moved on a voluntary basis to another area. To date, West Lothian has not received a young person into its care as a part of that scheme.

### **West Lothian Social Policy Management Plan 2020-2021.**

*All the big issues in social care crop up in numerous reports over the course of a year, so in considering this report I don't intend to go over them here. I thought rather it would be useful to just look at the scale and breadth of resources and responsibilities covered within the Plan:*

Social Policy encompasses a wide range of services planned and delivered for a large number of people with a spectrum of differing needs. There are three core areas: Community Care, Children and Families, and Criminal and Youth Justice. Services for mental health and addictions are delivered through integrated teams and management with partners NHS Lothian. Social Policy has a total of 1,121 full time equivalent employees.

The four main operational services are:

- Services for children, young people and families.

- Services for people with involvement in criminal and youth justice systems.
- Services for adults with additional and complex needs.
- Services for older people.

**Community Care** comprises a wide range of services provided for adults and older people with care needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities, and Support for People with Mental Health Problems and Addictions. 735 FTE staff are employed.

The main activities of the service are:

- Assessment and care management for adults and older people.
- Purchasing of care home placements including respite.
- Purchasing of community based care and support services.
- Provision of Care at Home/ Home First/ Reablement and Crisis Care services.
- Provision and management of council owned care establishments including Care Homes for Older People, Residential unit for adults with a Learning Disability, Day Care for adults, Housing with care.
- Joint management, with NHS Lothian, of the Community Equipment Store.
- Provision of Home Safety services and development of telecare.
- Access to employment.
- Short Breaks from Caring.

The primary function of the teams and services within **Children and Families** is to ensure that children, young people and families can maximise their potential through the identification of additional support services and ensuring that children and young people are safe. 313 FTE staff are employed. The service includes the following teams:

- Sure Start.
- Parenting Team.
- Mental Health and Wellbeing Team.
- School Attendance Improvement service.
- Child Disability Service.
- Whole Family Support service.

- Child Care and Protection Teams.
- Duty and Child Protection Team.
- Inclusion and Aftercare service.
- Family Placement Team.
- Residential Child Care houses.
- Children’s Rights.
- Reviewing Officer Team.
- Domestic and Sexual Assault Team.
- Social Care Emergency Team.
- Public Protection Lead Officers.

The **Criminal and Youth Justice Service** is focussed on providing the services statutorily required through legislation for the assessment, supervision and management of offenders.

It is also focussed on the development of the “Whole system approach” supporting young people who are at risk of offending. 72 FTE staff are employed. The main activities of the service are:

- Community Payback, the management of supervision and unpaid work requirements.
- Early intervention and support.
- Work with young people who offend.
- The Almond Project aimed at women who offend.
- Managing high risk offenders.
- Offender assessment, Court Support, and offering alternatives to prosecution and to custodial remands.
- Drug Treatment and Testing Orders.
- Prison-based Social Work at HMP Addiewell.
- Enhancing Throughcare arrangements for short-term prisoners.
- Offender Intervention programmes, including a Domestic Abuse Perpetrators programme.
- Multi Agency Public Protection Arrangements.

**Risk Management.** The following risks are considered to be high:

- Insufficient availability of beds to meet service demands – care homes. Risk arises from economic imbalance in the local market. Currently this risk is highest in respect of the market pressure related to Older People’s services and the risk relates specifically to care homes. The risk is also related to pressures around delayed discharge.
- Insufficient supply to meet service demands – care at home. Risk arises from economic imbalance in the local market. Currently this risk is highest in respect of the market pressure related to Older People’s services and the risk relates specifically to care at home. The risk is also related to pressures around delayed discharge.
- Assault or injury to staff by service users within children’s residential houses. Incidents of violence by young people who reside at West Lothian residential units (Torcroft, Whitrigg and Newton) are caused by the vulnerability of the young people who are often impacted upon by their life experiences. This may make them react violently in some circumstances. This can result in situations where young people cannot control their behaviour and can result in hitting out at staff members who have to try and assist them to get themselves back under control. As a consequence staff can become injured or be affected by violence in a way that means they can become unwell.

### **Manifesto For Change: 10 Priorities for Disabled People in Scotland.**

Disability Equality Scotland has developed their manifesto ahead of the 2021 Scottish Parliament elections. The COVID-19 pandemic has intensified existing inequalities and continues to pose significant challenges. One notable poll generated over 900 responses with 99% saying they had experienced difficulties. This included infrastructure barriers, with pavements not being wide enough, challenges related to food shopping, and the attitude and behaviours of members of the public towards disabled people resulting in instances of hate crime. They are calling on all political parties to commit to the following priorities:

1. Social Model of Disability. Proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society.
2. Protect Human Rights. Ensure that the rights of disabled people are fully protected and that they receive fair and equal treatment at all times.
3. Inclusive Communication... Disabled people should have access to information and channels of communication that are inclusive and widely available in formats that meet their needs.
4. Opportunities for Employment. The disability employment gap should be reduced by at least 50%, where disabled people are recruited or supported to remain in meaningful employment.
5. Support for Access Panels. The Access Panel Network must be recognised as valuable contributors to consultations on planning applications.
6. Equitable Social Care. Health and social care support are designed to meet – and do meet – the individual needs and outcomes of disabled people.
7. Accessible Transport. Disabled people should have an accessible and affordable transport system, designed and developed in partnership with disabled people.
8. Access to Justice. Disability Equality Scotland wants to see an increase in awareness of disability hate crime, including how it can be recognised and reported.
9. Active Participation. There must be increased opportunities for disabled people to meaningfully participate and engage in local and national discussions, strengthening the Democracy Matters agenda.
10. Supporting Young People. Young disabled people should be supported in their transition to adulthood through opportunities to influence policy, direct support, counselling, training and choice of opportunity.

## **West Lothian Senior People's Forum.**

In a couple of my previous reports I covered the subject of the Joint Inspection of the Effectiveness of Strategic Planning for Adult Health and Social Care Services in West Lothian, both the Inspector's Report and the response to it.

So what were the relevant criticisms in the Inspectors' report. Here are 2 sections:

*"A number of forums were in place to engage with people who use services. For example, forums for older people, people with a learning disability and for people with mental health issues. These forums were not routinely used to engage with people around the strategic planning agenda. The Partnership should strengthen this engagement in order to give them the opportunity to secure better and more widespread involvement."* The Inspectors went on to say:

*"The Partnership had previously developed a Participation and Engagement Strategy for the period 2016-26, to complement the original Strategic Commissioning Plan. \_\_ There was no evidence that this plan had been implemented in practice or that progress had been reviewed."*

In response, the IJB agreed an Action Plan at its 10 November meeting. On the specific subject of the forums, the Action proposed is *"Establish role of forums such as the Senior People's Forum, L.D. Forum etc. in engagement and involvement."*

Subsequent to that, Kate Marshall (WLC Social Policy) having picked up the issue from my reports, contacted me. Some email correspondence followed also including Yvonne Lawton (WL IJB Strategic Planning Manager). Officers were asking me questions like:

- How representative is the Forum?
- Is the mix of senior people and agencies worthwhile?
- Is there service user representation?
- Is the link to the Council's PDSPs working?
- How might membership be increased?
- How can involvement in agenda setting and ownership of the Forum be increased?

I answered those questions as best I could but felt that wasn't enough so I managed to facilitate a virtual meeting (not involving me) with Kate Marshall (WLC) and Jackie Weir and Susan McLaren from Healthcare Improvement Scotland. I submitted a four page briefing for that meeting and, as part of that briefing, I put 4 questions to them as follows:

- Given the subject has been discussed at one IJB Development Session and 2 IJB Board meetings, what is the view of the IJB, or officers, about the Inspectors' recommendations that engagement with the forums should be strengthened?
- What is the view about all this of the people on the Forum's circulation list? Are officers not ashamed that their response to a Government report criticising them for not engaging with forums should be prepared without engaging with those forums?
- Are the forums viewed by officers as an asset or as a bit of a pain that has to be tolerated?
- If the forums are regarded as an asset, what issues do officers want to take up with it. I think this is the key question here. People are more likely to get involved if they feel involved. Senior People's Forum, as it exists, is not bad at getting messages out once things are decided. When the Public Partnership Forum existed, our then Public Involvement Officer, Julie Cassidy, tried many times to get Jim Forrest to come up with the issues that were going to be discussed over say the next 12 or 24 months, always without success. If you could say to people, here are the big issues, would you like to be involved, we might get back some trust.

That meeting took place on 22 December and I received an email from Kate Marshall late that day saying *"Hi Ian, thanks for this. I met up, virtually of course, with Susan and Jackie this morning which was very useful. Your comments were very helpful."* There may be something more to report by next month.

### **Alliance Digital Gathering.**

The Health and Social care Alliance Scotland will hold a new, week long Digital Gathering from 22-26 February. It offers delegates several opportunities to discuss issues in health and social care. It will help build connections, inspire and enhance knowledge. Contributions include high profile speakers, interactive workshops, podcasts, film screenings and lots more.

Topics and themes include human rights, climate change, the independent Review of Adult Social Care, community resilience and digital inclusion. Participants will be able to follow the whole event live. More details will be published soon on the Alliance website.

### **Screening and Inequalities in West Lothian.**

There is good evidence to indicate that take up of health screening services is lower among particular communities, both demographic and geographic, which can lead to late detection of particular cancers and other conditions.

A proposal has been developed for piloting further work within West Lothian and funding has now been made available which will enable NHS National Services Scotland to do more digital/ data service design work around inequalities, early intervention and screening within West Lothian IJB. North Lanarkshire will also be involved in this work. To ensure effective engagement with local communities, the IJB will be working closely with the WLC Regeneration Team and with colleagues within the Community Planning Partnership.

### **West Lothian IJB Draft Equality Outcomes 2021-2025.**

There is a requirement for public bodies in Scotland to develop and publish equality outcomes and to report on them every two years. The IJB is due to set new equality outcomes an April 2021 for the next four years. An equality outcome is a result which a public body aims to achieve in order to further one or more of the three needs of the general equality duty, to eliminate discrimination, advance equality of opportunity and foster good relations.

The **protected characteristics**, as defined by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Three outcomes are proposed as follows:

**1. People with protected characteristics are directly able to influence how the IJB plans and commissions services.**

- Give people a choice in how they engage with the IJB by using a wide range of methods as described in the Communication and Engagement Strategy to ensure that no one is disadvantaged by disability, access to the internet or difficulties with literacy.
- Alternative formats should be proactively offered on all communications, for example, easy-read, Braille, different languages.
- Develop a Digital strategy for the IJB that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English.
- Continue to implement the Communication and Engagement Strategy, which includes a range of actions to better engage with stakeholders.

**2. Adults with a disability are supported and empowered to access their community safely.**

- The Commissioning Plans for Physical disability and Learning Disability set out a range of actions to improve access to the wider community and to information they need, when they need it and in an appropriate format.
- Work with colleagues in Housing to ensure enough new build homes are adaptable to the needs of those with physical disabilities.
- Continue to develop a range of “core” housing models to enable people with learning disability to live within local communities.

### **3. Older People are supported and empowered to keep well and live in a homely setting for as long as possible.**

- Further develop care pathways for frailty and long-term conditions to proactively manage older people's health in the community.
- Continue to review and identify technology solutions that support older people and carers to optimise care at home, maintain activity and physical health, and minimise social isolation.
- Explore how community information hubs could support mild and moderate frail people/ long-term conditions within general practice to prevent deterioration in health.
- Develop an approach to build community capacity and social prescribing across partner organisations, for example peer support and volunteer programmes.
- Ensure that older people and their carers have access to the information they need, when they need it and in an appropriate format.

**Public Consultation.** An eight-week consultation period is proposed, commencing Monday 1 February. This allows for an Integrated Impact assessment to be carried out and for sufficient time to collate responses prior to the April IJB meeting.

The consultation will include an online survey promoted by social media, circulation via the IJB's networks and service user/ patient forums as well as any community groups currently active. Every effort will be made to seek the views of those with disabilities and older people and those that can represent their view such as carers and service providers.

*Hopefully all members of Community Councils will be proactively approached, as will everyone on the Senior People's Forum circulation list!*

Ian H Buchanan 16 January 2021

T: 01506 439127

M: 07716721069

[Buchanan.ian@sky.com](mailto:Buchanan.ian@sky.com)