



York Health and Care Collaborative Meeting  
26<sup>th</sup> May 2022; 10.00 – 12.00

<p><b>1</b></p>	<p><b>Welcome, introductions and apologies</b></p> <p><b>Attendees:</b></p> <table border="0"> <tr> <td>Emma Broughton (EB)</td> <td>- Priory Medical Group (Chair)</td> </tr> <tr> <td>Fiona Lloyd (FL)</td> <td>- GP Dalton Terrace</td> </tr> <tr> <td>George Wood (GW)</td> <td>- Lay Member</td> </tr> <tr> <td>Peter Roderick (PR)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Charlotte Sheridan-Hunter (CSH)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Jamie Ingham (JI)</td> <td>- GP Elvington</td> </tr> <tr> <td>Gary Young (GY)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Liz Allen (LA)</td> <td>- York Integrated Care Team</td> </tr> <tr> <td>Vikki Furneaux (VF)</td> <td>- Monkbar Pharmacy</td> </tr> <tr> <td>George Scott (GS)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Sian Balsom (SB)</td> <td>- Healthwatch</td> </tr> <tr> <td>Dolly Cook (DC)</td> <td>- Changing Lives</td> </tr> <tr> <td>Daniel Kimberling (DK)</td> <td>- GP Haxby Group/Nimbuscare</td> </tr> <tr> <td>Andy Ryan (AR)</td> <td>- Changing Lives</td> </tr> <tr> <td>Peter Roderick (PR)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Christine Marmion (CM)</td> <td>- York CVS</td> </tr> <tr> <td>Shaun Macey (SM)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Sheila Fletcher (SF)</td> <td>- Vale of York CCG</td> </tr> <tr> <td>Michael Melvin (MM)</td> <td>- City of York Council</td> </tr> </table>	Emma Broughton (EB)	- Priory Medical Group (Chair)	Fiona Lloyd (FL)	- GP Dalton Terrace	George Wood (GW)	- Lay Member	Peter Roderick (PR)	- Vale of York CCG	Charlotte Sheridan-Hunter (CSH)	- Vale of York CCG	Jamie Ingham (JI)	- GP Elvington	Gary Young (GY)	- Vale of York CCG	Liz Allen (LA)	- York Integrated Care Team	Vikki Furneaux (VF)	- Monkbar Pharmacy	George Scott (GS)	- Vale of York CCG	Sian Balsom (SB)	- Healthwatch	Dolly Cook (DC)	- Changing Lives	Daniel Kimberling (DK)	- GP Haxby Group/Nimbuscare	Andy Ryan (AR)	- Changing Lives	Peter Roderick (PR)	- Vale of York CCG	Christine Marmion (CM)	- York CVS	Shaun Macey (SM)	- Vale of York CCG	Sheila Fletcher (SF)	- Vale of York CCG	Michael Melvin (MM)	- City of York Council
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<p><b>2</b></p>	<p><b>Apologies</b> Rebecca Field, Ros Savege, Christine Gutu</p>																																						
<p><b>3</b></p>	<p>Minutes of the meeting held on 28<sup>th</sup> April were agreed.</p>																																						
<p><b>4</b></p>	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Actions from last meeting (action tracker attached)</li> </ul> <p> 26052022 Action log.xlsx</p>																																						
<p><b>Workstream Progress Update</b></p>																																							
<p><b>5</b></p>	<p><b>Deprivation Workshop</b></p> <p><b>Question the group were asked to consider:</b></p> <p>How do people from a deprived background access a particular service, <u>or</u> receive care in a way that is different from the wider population?</p> <p><b>Impact of deprivation on attendance at A&amp;E</b></p> <p> Deprivation in York Workshop 220526.pp</p> <p><b>Overview:</b></p> <p>It is a widely held view in health that the closer a person lives to A&amp;E the more likely they are to attend, and the data does appear to support this argument at first glance. However, in York City this picture begins to change when looking at the practice data per 1000 registered patients. Areas of high attendance are not always the closest in proximity</p>																																						

to A&E, people often have a GP Practice closer to their home. The data shows that deprivation could be a higher driver than proximity on A&E attendances.

22% of attendances are being generated by 0.5% of the population. The majority of High Intensity Users (HIUs) have been found to live in deprived areas of the City.

Discussion:

- Priory Medical Group have reviewed their data by LSOA and have also found that the most frequent attenders to primary care are from the most deprived wards.
- Marginal communities have a variety of different reasons for attending A&E rather than primary care. A number of people may find it difficult to access appointments without a phone or access to the internet, this could be linked to deprivation.
- The population need to understand the different health care options that are available to ensure they attend in the appropriate place. People attend A&E because they are not aware of what else is available.
- York UTC is co-located with ED. There is a view that it is not easy to access without first attending A&E or being referred by 111. If access was simpler it could ease some of the pressure on ED.

### **Changing Lives – Drug and Alcohol Services**



Changing Lives  
Presentation Dolly Bai

Discussion:

- Often people accessing the services offered by Changing Lives do not have an address so do not receive mail, this can lead to disengagement with health services.
- A survey was completed by Changing Lives that found 40% of people questioned did not have access to the internet through Wi-Fi or a smart phone.
- This cohort often attend in crisis due to a number of factors preventing them from seeking care earlier.
- If there is a single point where people feel comfortable to attend, for example Changing Lives, there needs to be open links with other organisations so that they can help. Open communication channels are key.
- The perception that people who are drug or alcohol cannot attend general practice needs to change.
- Pharmacy staff find it difficult to get attendees to engage with other health services as people have been made to feel that their addiction is their own fault and therefore, they will not be helped.
- Addiction may mean that people are not willing to wait a long time for an appointment.
- There is a risk of people committing crimes so that they can go to prison.

### **Access to health care for people with a Severe Mental Illness (SMI)**



Inequalities in health  
care provision for pec

## Overview:

There has been some success in getting people to attend their health checks with engagement and support. Evidence shows that individuals are getting their health checks but the interventions for lifestyle changes are challenging. Through speaking to people with lived experience it is clear that it is difficult to access smoking cessation as there is a perception that people are not trained to manage SMI. For many people with SMI, smoking can be a coping mechanism so cannot just be removed without a risk of escalation.

## Discussion:

- Priory Medical Group have started a pilot to have a health trainer based in primary care. Now that the health checks have been completed something needs to be done with the results.
- Smoking rates in those with SMI increased by 1% last year. CYC are looking for a provider to deliver training to health trainers to improve the offer to those with SMI. There should be something in place in the next 6 months.
- Proportionally, more people from deprived backgrounds access smoking cessation services.
- There is a drive to get young men into smoking cessation services as the figures are currently low.
- There is a higher DNA rate for smoking cessation from those that are from deprived areas and therefore, they are less likely to be able to quit.
- There is a longer term piece of work to support those in drug and alcohol support services to receive health checks.
- York is doing a lot of work on multiple complex needs which tends to be relevant to those that are deprived or experiencing homelessness. There needs to be a whole City approach to this work.
- The multiple complex needs network is discussing why people are reluctant to attend primary care, this can often be due to a fear of what the diagnosis is going to be.

## Deprivation in children

- There is an access issue into the 2 year health review. There are 5 contacts from health visitors in the first 5 years of a child's life. The two year health review is a key contact but poor uptake figures have been seen in the York service for a number of years. There are wards that are particularly difficult to engage with.
- Working with families to try and understand attendance and health behaviours. By July this year should be developing solutions with Nesta.
- The number of children accessing free school meals is increasing.
- The number of families using foodbanks in York is increasing. Hunger could be a focus of YHCC in a future meeting.
- PR proposed having a focus on 'Hunger' at a future YHCC meeting.

## Discussion:

- Carers in deprivation that cannot pay for their care is a real issue.
- Local area coordinators (LACs) have a similar model to social prescribers, but they are community based rather than health based. LACs look at what is important to each person that they work with. If they find people who are

struggling to access primary care but need to, they can direct to social prescribers who can help to arrange an appointment.

- Having stories of what individual roles do and how they can be accessed would be beneficial to patients
- Carers are more likely to attend health services if respite can be arranged for the person that they care for. Links between organisations are essential to be able to do this.
- There is a possibility of looking at roles that are jointly funded for example, a dispensing pharmacist that is also trained as a health trainer. VF explained that nurses had been recruited in the pharmacy for individuals that attend from drug and alcohol services. This allows treatment of abscesses before they require an admission.
- It will be a very difficult winter this year in terms of poverty and accessing health and care services that are still trying to recover from the pandemic. This will cause difficult for LACs and Social Prescribers when supporting people.
- <https://www.mecclink.co.uk/yorkshire-humber/>
- AR explained that Changing Lives would be happy to be involved in conversations about how to find better ways of working collaboratively.
- There also needs to be a focus on the wellbeing of people who deliver these services. It would be good to look into whether it is possible to do something collaborative to support staff.

### Healthcare for people experiencing homelessness



Healthcare for People  
Experiencing Homeles

**Action Andy Ryan** to ask the housing team and report back to the group the number of people that are currently though to be experiencing homelessness in York.

**9 Date and time of next meeting:**

- 30<sup>th</sup> June 2022 10am – 12 noon