

## Annex E - York Health and Care Partnership Strategic actions

Priority area	Strategic action
<b>Quality of services</b>	<ul style="list-style-type: none"> <li>• Strengthen pre-birth to 5 pathways to deliver early and timely support and intervention, with a focus on reducing harm and improving health inequalities.</li> <li>• Continue to develop integrated and collaborative out of hospital community care, with a focus on quality in care homes (including independent sector) and end of life pathways.</li> </ul>
<b>Population health</b>	<p>Deliver the Population Health Management projects below in partnership:</p> <ul style="list-style-type: none"> <li>• Explore how to undertake a population health approach to end-of-life care / bereavement for all-ages</li> <li>• Undertake and evaluate respiratory proactive social prescribing project</li> <li>• Dementia focussed PHM project</li> <li>• Support PCN involvement in HNY population health management programme</li> </ul>
<b>Integrated Community Offer</b>	<p>Work in partnership to identify areas that are most affected by COVID and develop an action plan to address this.</p>
<b>Resilient community care</b>	<p>Deliver the plans below in partnership to improve quality of services, reduce harm and improve health inequalities:</p> <ul style="list-style-type: none"> <li>- CQC action plan</li> <li>- 2022/23 Winter Plan</li> <li>- ASC discharge fund: Supporting discharge and admission avoidance</li> </ul>
<b>Urgent and Emergency Care</b>	<p>Create a clinical assessment service led by a geriatrician accessed by GPs, UCPs and other health care professionals to ensure that frail, elderly, and care home residents are signposted to get the right care at the right place at the right time.</p>