

Annex A - Report of York Health and Care Collaborative; Update March 2023

1. Introduction

This report provides an update on the work of the York Health and Care Collaborative (YHCC); briefly outlining the scope of each priority workstream.

2. Progress on Priorities;

The responsibility for leading health promotion and prevention activities across the city is with City of York. YHCC provides a forum to share population health intelligence across wide ranging provider and commissioning partners, including York CVS, and identify where a collaborative approach can increase the impact and effectiveness of interventions.

a) **Substance misuse**; drugs and alcohol; an update was provided to YHCC on alcohol misuse, an area where overall York performs poorly on most indicators. When looking at the whole pathway for alcohol, York is not well placed regionally or nationally. There is a high number of admissions that are alcohol related and people attending health care settings with serious injuries related to alcohol is higher in York than in other areas. 84% of people with alcohol related problems are not thought to be receiving the care that they need. An overview of the support services available in York was shared with all attendees at the November YHCC meeting.

There is a delay in people accessing help with drug and alcohol use as there is a stigma. As a result, it is common that people aren't seen until they reach crisis. NHS Addictions Provider Alliance have run a campaign called 'Stigma Kills' to raise awareness. Details of the campaign were shared with YHCC attendees in November.

Between 2018 and 2022, almost 50 people died from drug misuse, this is higher than the national average.

CYC are working in partnership with other organisations to bring these figures down and encouraging people to attend safe needle exchanges.

There is an increasing number of people accessing Changing Lives to discuss dependency on prescription drugs (primarily opiate based). The York City PCNs are working collaboratively to reduce the prescribing of dependency inducing medication.

- b) **Homelessness**; As reported to the Health and Wellbeing Board in November, YHCC continues to consider the impact of the Cost of Living on the most vulnerable individuals. The group continues to discuss the ways in which access to care is impacted by deprivation.

In November, a representative from Arclight attended YHCC. Arclight is a service that offers health care to homeless people in York and runs as a 2 hour GP clinic once a fortnight and 2 hour nurse sessions on Thursdays. The care offered is different to that offered in other health services as there are often multiple issues to pick up at once. It is necessary to see patients in a range of locations including hostels or even parks.

When considering how homeless people access care differently to others it was highlighted that there is often an issue for (previous) drug users attending secondary care to have their blood taken for tests. They are often passed between individuals until they find someone who is able to successfully draw blood, this often makes people reluctant to attend. As a result of discussions at the meeting, a process has since been put in place for individuals to have their blood taken by an expert in a primary care setting rather than having to attend hospital.

- c) **Deprivation**; In York work is being done to support food banks, grant access to free school meals and look at how to offer better heating through winter. There needs to be a better understanding in York around what services are

available and any gaps that currently exist. A representative from YHCC attended the York Financial Inclusion Group in February to present the work that YHCC has done around deprivation and the cost of living, including how staff within health and social care are impacted. In discussion, it was identified that there are a number of common interests between the two groups and that more needed to be done to achieve positive discrimination for financially excluded groups. Work is ongoing to ensure the priorities of YHCC and the Financial Inclusion Group are linked going forwards.

2.1 Ageing Well, Frailty and Multimorbidity

a) Ageing Well and Frailty

The YHCC Frailty Steering Group continues to meet regularly, the aim of the group is to understand how to code frailty and ensure that the coding is readily accessible to all health care professionals supporting frail people. Updates from the frailty steering group:

- A second frailty workshop has been scheduled in March 2023 to look at the services available for individuals assigned a Rockwood score 5 or 6. Following the workshop a leaflet will be produced and shared with health care staff to give details on what services can offer and the referral details. A process for identifying and recording gaps in frailty has also been agreed, as a result of the initial workshop.
- The original objectives set by the group were to increase identification of patients with frailty, establish a consistent way of assessing the level of frailty (Rockwood) and promoting the widespread use of frailty scoring amongst health and care providers. The group has now made significant progress against all of the objectives outlined above.
- Going forward the group will be supporting the design and implementation of an Integrated Community Frailty SPA Hub in York.

3. Future work and further development of York Health and Care Collaborative in 2022/2023

3.1 Priority Setting

As previously reported, YHCC will be focusing on the 10 priorities outlined by the Health and Wellbeing Board throughout 2023:

- Reducing the gap in healthy life expectancy
- Mental wellbeing
- Smoking
- Alcohol
- Healthy weight
- Inequality groups
- Suicide/self-harm
- Diagnosis gap
- Physical activity
- Social connection

The March YHCC meeting will aim to align the priorities of the Health and Wellbeing Board (HWBB) with the York Health and Care Partnership (YHCP) and determine the role that YHCC will take in helping to deliver the desired health outcomes at place.