

York Health and Wellbeing Board Workshop – 28<sup>th</sup> April 2021  
Tackling York's health inequalities in the aftermath of COVID-19

Name of organisation: The Healthy Child Service

For the people and groups who access your services:

**What 'health inequalities' do they experience compared to the rest of the population?**

In the less advantaged areas in York, smoking during pregnancy is higher and breast feeding rates are lower compared with more advantaged areas. Low birth weight is also correlated with less advantaged wards in the city as is the number of babies born to teenage mothers. These factors that occur before the child is even born places them at greater risk of poorer outcomes and impact on the long term health and educational outcomes. Correlations also exist between higher numbers of overweight/ obese and severely obese children in less advantaged areas in the city. Being overweight/obese impacts on the emotional and mental health of children and young people as well as increasing risk for physical health conditions such as diabetes and heart disease.

**How has COVID-19 impacted these inequalities?**

- Community breast feeding support has not been as widely available during the pandemic, it is yet to be seen from the data if lack of support has impacted rates of initiation and duration of breast feeding.
- Increase in reported regression of preschool age children's emotional and social development, activities of daily living such as toileting skills.
- Increase in referrals to School Nurses for emotional health support for young people.
- Perinatal mental health issues can impact women from any group of characteristics however increased numbers of women with PNMH issues during the pandemic. Low mood and anxiety can impact on a parent's ability to be emotionally attuned and available to their infants which is fundamental to secure attachments and healthy brain development which lays foundations for adulthood.

## Tackling York's health inequalities in the aftermath of COVID-19

Name of organisation: York Carers Centre

For the people and groups who access your services:

What 'health inequalities' do they experience compared to the rest of the population?

- lack of identification of carers by GP's, health professionals etc carers do not receive referral/support
- respite and support services reduced or removed completely leaving carers abandoned and in fear of returning to 'normal'
- carers being unable to access tele support where their 'cared for' is in the same house
- elderly, frail carers providing care alone without support (often for 50hrs+ pr wk) eg for someone with dementia, with care through the night, coping with behavioural problems; no respite or support; impacting on their mental and physical health
- young and young adult carers unable to maintain education without IT equipment; who often consider school a break from their caring role; living in cramped housing with no space/time to themselves

## Tackling York's health inequalities in the aftermath of COVID-19

Name of organisation: York Carers Centre

### For the people and groups who access your services:

How has COVID-19 impacted these inequalities?

- placed additional demand/pressure on carers
- increased isolation, caring longer hours, shielding with the vulnerable / extremely vulnerable “cared-for” during the pandemic
- fear of Covid, coping with coming out of restrictions
- impact on carers breaks/respice, tele contact is difficult where cared for is present, therefore unable to access tele support
- lack of consistent support for carer ID re priority access supermarkets, PPE, vaccination
- poor messaging for instance in visiting care homes; priority for vaccine
- bereavement support
- increase in carers mental health problems and suicidal thoughts
- young/young adult carers unable to maintain education through demanding inappropriate caring responsibilities

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Name of organisation: York Travellers Trust

For the people and groups who access your services:

**What 'health inequalities' do they experience compared to the rest of the population?**

Romany Gypsies, Scottish Gypsy Travellers and Travellers of Irish Heritage (along with the other non ethnic Travellers) are widely known has having much worse health issues even when compared with the worst comparable community. The world of academia has shown that, the average life expectancy of Ethnic Gypsy and Traveller people living in the UK (housed, sited and roadside) was 50, that a Gypsy or Traveller mother is much more likely to experience the death of child under 5 and that the suicide rates are as high as 1in 4 in some Traveller communities.

**How has COVID-19 impacted these inequalities?**

Covid-19 has seen a large rise in hospitalisations due to (non covid) cardiovascular issues. Most worryingly we saw a steep rise in the already high poor mental health of these communities. Within the space of a few months, in Yorkshire alone we saw 6 community members, including 2 teenage girls, die from suicide. we also had many attempted that we lost count of. A group of communities that already felt isolated and alone, feel more detached and ignored

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Name of organisation: York Mind

For the people and groups who access your services:

**What 'health inequalities' do they experience compared to the rest of the population?**

- Difficulty in finding and retaining jobs
- Stigma due to lack of understanding of mental ill-health
- Poverty
- Isolation and loneliness

**How has COVID-19 impacted these inequalities?**

- Those with existing serious mental ill-health found their symptoms worsened especially anxiety and depression.
- People are struggling with poverty and lack of access to digital. This includes insufficient monies to pay for broadband and smart phones and/or inability to use technology for communication

## Tackling York's health inequalities in the aftermath of COVID-19

Name of organisation: York Older People's Assembly

For the people and groups who access your services:

### **What 'health inequalities' do they experience compared to the rest of the population?**

- Significant drop in income for some people affecting activities, social communication. mobility
- Older people's illnesses are often lower priority e.g. depression, falls, mobility, nutrition
- Loneliness and isolation particularly after the death of a partner
- Greater reliance on public transport
- Unable to work
- Likely to have more long term conditions
- Lack of on line access prevents information e.g. repeat prescriptions
- Care home access becomes an issue and lack of contact with friends reduces confidence

### **How has COVID-19 impacted these inequalities?**

- Reduced face to face access with medical staff with reduced early identification of problems
- Health teams focus has moved from COVID but the backlog is such that the big issue now is how long a person has to wait to be seen for non urgent conditions.
- Fear of going out has increased loneliness and isolation
- Disconnection from routine e.g. going to shops. libraries that had "contact" associated with it.
- Feeling of loss of self worth and value especially after loss of life time partner
- Inability to earn from that "little job" that brought in that little bit of extra cash that made life meaningful
- Fear of driving again – loss of confidence

## Tackling York's health inequalities in the aftermath of COVID-19

Name of organisation: York Older People's Assembly

For the people and groups who access your services:

### **Additional Information Provided**

In many ways, the bigger issue is what has changed as a result of the COVID constraints of the last 16 months. There are known health inequalities for older people but the dramatic change has been the lack of face to face contact for many people with the knock-on effects of:

- Limited social contact intensifying the feelings of isolation and loneliness
- Reduced direct access to medical staff on non covid issues leading to the massive backlog of outstanding operations etc - probably impacting more on older people than any other group
- The enormous impact on Care Homes in terms of the number of deaths to those communities, the restrictions on access by families and friends, the reduced occupancy and the financial impact long term on social care
- Mental Health challenges as a result of all of the above including in many cases, the lack of time and opportunity to grieve for families and especially for those who have lost a life long partner

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Name of organisation:

Changing Lives (York Drug and Alcohol Service)

For the people and groups who access your services:

**What 'health inequalities' do they experience compared to the rest of the population?**

People who access the services in York (like many across the country) experience numerous health inequalities, these include access to mental and physical health support, access to work or educational means as well as social and cultural opportunities, some barriers to these can be physical, language used, the way information is given, stigma and accessibility to name a few. Many of those people who access drug and alcohol services have Multi Complex Needs (MCN) as well as some history of previous trauma and access to appropriate support is difficult.

**How has COVID-19 impacted these inequalities?**

With a move to more digital technology access to appropriate support/services has been made more difficult for some people. Those people with MCN, live in higher states of deprivation were (and are) exposing themselves to COVID-19 and with existing poor health puts them at increase risk. Access to testing was difficult for some due to the booking system and lack of knowledge on how to do this. Anecdotally there has been an increase in those people accessing the service stating mental health concerns.

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**Additional Information Provided**

As well as negative factors linked to Covid 19, we (as a service) have seen some positives, reduced drug use for some, greater ownership of treatment, increase in contact and engagement via phone calls to name a few, we are not seeing a big increase in alcohol referrals but I think that will come when we move back out of full lockdown.