



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 12th October, 2020

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser:

https://www.youtube.com/watch?v=Lv_KPo_J5ow&feature=youtu.be

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting**
 - (a) To agree the minutes of the meeting held on 27 July 2020 (Pages 3 - 16)
 - (b) Matters Arising
4. **Appointment of Councillor R Ali as a Member of the Board**

To agree the appointment of Councillor R Ali, Deputy Cabinet Member for Public Health and Sport, as a member of the Board.
5. **Chair's Update**

The Chair, Councillor Caan will report at the meeting

Development Items

6. **Covid-19 Update: Current Public Health Position**

Presentation by Liz Gaulton, Director of Public Health and Wellbeing
7. **Health and Care System Preparedness**
 - (a) Reset and Recovery Plans - Phase 3 Plans and Progress Update
Presentation by Adrian Stokes, Coventry and Rugby Clinical Commissioning Group (CCG)

- (b) Preparation for Winter alongside possible Covid-19 Resurgence
(Pages 17 - 22)

Report of Rachel Danter, System Transformation Manager, Coventry
and Warwickshire Health and Care Partnership

8. **Covid 19 Prehabilitation Update - Coventry Health Challenge** (Pages 23 -
40)

Report of Jane Fowles, Consultant in Public Health

9. **Health and Wellbeing Reset and Recovery** (Pages 41 - 46)

Report of Pete Fahy, Director of Adult Services and Liz Gaulton, Director of
Public Health and Wellbeing

Governance Items

10. **Director of Public Health Annual Report 2019-2020** (Pages 47 - 76)

Report of Liz Gaulton, Director of Public Health and Wellbeing

11. **Any other items of public business**

Any other items of public business which the Chair decides to take as matters
of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law and Governance, Council House Coventry

Friday, 2 October 2020

Note: The person to contact about the agenda and documents for this meeting is Liz
Knight Tel: 024 7697 2644 Email: liz.knight@coventry.gov.uk

Membership:

Councillors: R Ali (by invitation), J Blundell, K Caan (Chair), G Duggins, M Mutton, P
Seaman

L Bayliss-Pratt, P Fahy, L Gaulton, S Gilby, J Grant, J Gregg, A Hardy, R Light,
S Linnell, C Meyer, M O'Hara, S Ogle, M Price, G Quinton, S Raistrick, A Stokes

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Liz Knight

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 27 July 2020
This meeting was held remotely

Present:

Board Members: Councillor Blundell
Councillor Caan
Councillor Duggins
Councillor Seaman

Dominic Cox, Coventry and Warwickshire Partnership Trust
Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Andy Hardy, University Hospitals Coventry and Warwickshire
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Mike O'Hara, West Midlands Police
Mark Price, West Midlands Fire Service
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Rugby CCG (Deputy Chair)
Adrian Stokes, Coventry and Rugby CCG

Other representatives: Laura Crowne, UHCW
Rachael Danter, Coventry and Warwickshire Health and Care Partnership
Justine Richards, UHCW
Rose Uwins, Coventry and Rugby CCG

Employees: G Holmes, Law and Governance
N Inglis, Public Health
L Knight, Law and Governance
R Nawaz, Public Health

Apologies: Councillor M Mutton
Professor Lisa Bayliss-Pratt, Coventry University
Simon Gilby, Coventry and Warwickshire Partnership Trust
Julie Grant, NHS England
John Gregg, Director of Children's Services
Professor Caroline Meyer, Warwick University
Sue Ogle, Voluntary Action Coventry

Also Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. **Minutes of Previous Meeting**

The minutes of the meeting held on 13th January, 2020 were agreed as a true record. There were no matters arising.

3. **Chair's Update**

The Chair, Councillor Caan, referred to Coventry, in partnership with Solihull and Warwickshire, being one of 11 beacon areas who were leading on Test and Trace and that this was an endorsement of the successful health partnership that existed in the city. He acknowledged all the very hard work being undertaken by lots of colleagues in this area.

Councillor Caan also reported on the impact of lockdown on the health and wellbeing of many individuals. He referred to the importance of partners working together to help reduce the spread of covid-19 amongst residents so avoiding the requirement for a local lockdown. He highlighted the importance of communication, with all partners helping to spread health protection messages.

4. **Covid-19 Outbreak Control Plan Update: Health and Wellbeing Test and Trace Sub Group and Local Outbreak Plan**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on the development of a Local Outbreak Control Plan for Coventry as part of the wider Coventry, Solihull and Warwickshire pilot. This was to be a key part in the next steps for managing Covid-19 locally. Copies of the Coventry Solihull Warwickshire Covid-19 Outbreak Plan and the Coventry Local Outbreak Implementation Plan were set out at appendices to the report. Endorsement was sought for the establishment of the Health and Wellbeing Test and Trace Sub Group and its membership.

The report indicated that the next phase of the response to Covid was critical. To avoid a second peak and to enable the gradual and phased return to a more normal way of life, it was key that social distancing was maintained; measures such as hand washing continued; that cases were rapidly identified and people took the right steps to self-isolate; and that any emerging outbreaks were managed quickly. Contact tracing and outbreak management would only be effective if case numbers and the transmission rate remained at a manageable level.

The NHS Test and Trace service was launch on 28th May and formed a central part of the Government's coronavirus recovery strategy. Anyone with symptoms would be tested and their close contacts traced who must then isolate for 14 days. It was part of a wider test, trace and isolate approach. The report provided detailed information on this approach which included the following four elements:

- rapid testing at scale to control the virus and stop its spread;
- an integrated contact tracing service to follow up and advise any contacts of positive cases and support people to self-isolate;
- using data to identify and target any outbreaks at local level; and
- using our knowledge of the virus and how it behaves to inform social and economic decision making.

The importance of bringing the public with us was also highlighted. This needed strong communication and engagement at a local level so that people were willing to participate, know what steps they could take and understand why certain measures were being introduced and comply with these. In order to be successful, this required a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

Reference was made to £204,100 of funding allocated to Coventry from the Department of Health and Social Care to develop tailored outbreak control plans. This would be used to increase capacity and capability in order to manage outbreaks, provide preventative training and analyse data.

Eleven Local Authorities areas had been selected as Beacons to work with national leaders to rapidly develop and test outbreak control plans at a local level; identify common themes, and share best practice; as well as innovating to develop faster approaches to testing and tracing and identifying opportunities to scale the programme rapidly. Warwickshire had been selected as the lead authority for a pilot with Solihull and Coventry, which would also work with the NHS, Public Health England and the West Midlands Combined Authority.

The report set out the local governance arrangements for Coventry which included the establishment of a Covid-19 Health Protection Board, who would develop and oversee the delivery of Coventry's Local Implementation Plan led by the Director of Public Health and Wellbeing. This Board would report at regular interval to the public facing Health and Wellbeing Test and Trace Sub Group. The Terms of Reference for the Sub-Group were set out at a further appendix. A Shadow CSW Leader's Group brought together senior executive and political leadership from across Coventry, Warwickshire and Solihull to provide senior leadership across the CSW sub-region. In addition, a Coventry Member's Panel had been set up providing political leadership and maintaining a Council strategic oversight of the implementation and operation of Covid-19 Test and Trace in the City.

The Local Coventry Implementation Plan was developed by the COVID-19 Health Protection Board and published, alongside the wider Coventry, Solihull and Warwickshire plan in June. Both plans include the following priority areas:-

- Community engagement to build trust and participation
- Care homes and schools
- High risk places, locations and communities
- Track cases at local level to spot any trends by time, place or location
- Contact tracing in complex settings
- Data integration
- Vulnerable people
- Local Boards.

The report also detailed the Coventry, Solihull and Warwickshire combined response.

Members discussed slight increase in daily infections that had occurred over the previous two weeks that corresponded with a relaxation in the rules and more people socialising. Clarification was sought over how people were contacted by Test and Trace with concerns being raised about bogus calls with people being

asked to give payment card details to finance the testing. It was acknowledged that Test and Trace was a free service with no intention to charge for services.

RESOLVED that:

(1) The setting up of the Health and Wellbeing Test and Trace Sub Group to provide a strategic steer to the Covid-19 Health Protection Board be endorsed.

(2) The membership of the Sub Group, as detailed in an appendix to the report, be endorsed.

(3) Communications be requested to extend the Covid-19 messages to include warnings about scam callers requesting funding in connection with Test and Trace.

5. Improving Immunisation Uptake in Coventry

The Board considered a joint report of Liz Gaulton, Director of Public Health and Wellbeing and Nadia Inglis, Consultant Public Health, which provided an update on the work being undertaken to increase the uptake of vaccinations in Coventry.

The report indicated that a recent Coventry and Warwickshire Immunisation and Screening Review (2019) assessed the uptake of routine childhood and adult/older people's vaccinations against national targets. Of the 12 routine childhood vaccinations, Coventry met the 95% target in one area and had met one of two targets for adult/older people's vaccinations. In 2018/19 the range of immunisation uptake in Coventry and Rugby GP practices for the key childhood vaccinations was between 51%, and 97.9%, with the lowest uptake being shown in pre-school vaccinations (from 3 years 4 months to 5 years).

Primary care and the school-based Immunisation and Vaccination Service (IVS) were responsible for delivery of the routine vaccination schedule. A Task and Finish group had been convened with representatives from Public Health, Clinical Commissioning Groups and the regional Screening and Immunisations teams to increase uptake of vaccinations. The report set out the work completed or in development which included:

- Development of a childhood vaccination uptake database by GP practice and the results of a GP Practice consultation, which would be used to gather good practice and offer support to relevant GP practices
- Public facing/stakeholder consultation, which had been developed, but was on hold during the COVID-19 pandemic
- An awareness-raising campaign emphasising the importance of vaccination was currently running and included working with migrant communities
- Half of the Coventry and Rugby GP practices had signed up to an enhanced national MMR vaccination schedule which would target children who have not been vaccinated.
- The 44% of Coventry and Rugby GP practices not signed up to data auto extraction were being encouraged to do so, this system improved the quality of the data reported.

- Coventry was a failsafe scheme city, whereby all parents/carers of unvaccinated children would be contacted by telephone to discuss the importance of vaccination for a six-month period commencing July 2020.

Further information was provided on the work the service was doing in relation to giving advice to parents/carers on the use of porcine gelatine in vaccinations; the provision of the flu vaccine to primary school children, the rate for which currently exceeded the national and regional average rates; and the work with schools to deliver school age vaccinations which had been impacted by the closure of schools during the covid-19 pandemic.

RESOLVED that the work being undertaken to increase the uptake of vaccinations in Coventry be supported and noted.

6. Disparities and Covid-19

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which put forward steps for the Board to take in response to national evidence showing the unequal impact of Covid-19 on different groups.

The report indicated that the Covid-19 pandemic had shone a light on health inequalities, showing the stark reality that the circumstances you were born into, and in which you live your life, could have very real consequences for your health. Public Health England undertook a rapid review into disparities around the risk and outcomes of Covid-19 that explored risk factors including age, sex, ethnicity, co-morbidities, deprivation and occupation. An appendix to the report set out a short summary on selected risk factors associated with increased risk of death from Covid-19 from selected PHE and Office for National Statistics (ONS) reports.

National analysis had shown that people from most BAME groups had a higher risk of dying from Covid-19 than those of White ethnicity. In statistical analyses, these risks were reduced when socio-economic, household and geographical characteristics and factors relating to occupation were accounted for, suggesting that some, but not all, of the increased risk of death was due to these. At the time of the 2011 Census, one in three Coventry residents (33%) were from BAME groups and among children attending Coventry schools in January 2020, 53% were from BAME groups.

As part of their disparities report, PHE engaged with over 4,000 people to understand their views on the reasons for the inequality for those in BAME groups. This led them to propose seven recommendations which were set out in the report.

In Coventry, there already existed a multi-agency group that worked to reduce health inequalities: the Marmot Partnership Group. The Joint Health and Wellbeing Strategy that was adopted by the Health and Wellbeing Board last year was based around four pillars. One of these was to address the wider determinants of health, such as income deprivation and housing. This work was being led by the Marmot Partnership Group and, as such, the group was well placed to take the strategic lead on work to reduce health inequalities associated with Covid-19, including the local implementation of the seven PHE recommendations. Since the work

recommendations touch on all four pillars, there would be a need for collaboration with other groups, such as the One Coventry Board.

The Marmot Partnership Group was in the process of setting up a Sub Group to look at inequalities for BAME groups, aiming to develop two to three actions in relation to these recommendations and also to identify and share good work that was already happening. Other Sub Groups around the Covid-19 inequalities response were also being determined. Organisations represented on the Health and Wellbeing Board were already taking action in the area of Covid-19-related inequalities and it was proposed that this would be enhanced through a co-ordinated review through the lenses of employees and wider communities.

The report provided examples of local actions undertaken in recent months. These included the Covid-19 health impact assessment which was conducted jointly with Warwickshire County Council and considered health inequalities. It was agreed that this document would be circulated to members.

Members discussed how they could together add value through reviewing covid-19 related inequalities. They discussed the importance of protecting front line BAME key workers; made reference to the issue of obesity and covid-19, highlighting the success of the fitness in the parks initiative; made reference to the importance of protecting health through prevention measures; and referred to the importance of partnership working to put health inequalities at the forefront, building on existing good practice.

RESOLVED that:

(1) Approval be given that the Marmot Partnership Group take the strategic lead on supporting the system to address health inequalities relating to Covid-19.

(2) Approval be given that the work of the Marmot Partnership Group should include leading on implementing the recommendations developed by Public Health England (PHE) to reduce the disproportionate impact that Covid-19 has had on people from Black, Asian and minority ethnic (BAME) groups.

(3) The Marmot Partnership Group be requested to provides a progress update to the Board in 6 months.

(4) Board members to consider how they may together add value through reviewing Covid-19 related inequalities through the lenses of our employees and wider communities.

(5) A copy of the Covid 19 health impact assessment that was conducted jointly with Warwickshire County Council to be circulated to members.

7. NHS Reset and Restoration

The Board received a presentation from Adrian Stokes, Coventry and Rugby CCG which provided on update on Covid-19 – Restoration, Recovery and Reset. Laura Crowne, University Hospitals Coventry and Warwickshire (UHCW) provided detailed examples of the ongoing work at the hospital with particular reference to

cancer and endoscopy and the current situation at the Emergency Department. Dominic Sands, Coventry and Warwickshire Partnership Trust provided an update on the current work concerning mental health at the Trust in light of covid-19.

The presentation provided a brief summary of the current context, the governance arrangements and the takeaway messages as outlined at the last Place Forum meeting. The context to restoration, recovery and reset was set against the ongoing backdrop of Covid-19 with attention being drawn to the strengthening of partnership working over the past few months and the importance of locking in innovation that had been implemented during this time. The current governance arrangements for Coventry and Warwickshire were set out and included reference to the Kings Fund model. The takeaway messages had been: that all four phases would happen simultaneously; the level 4 response would be running into the winter which could coincide with a second wave as well as the usual winter pressures; the partnership working was a real positive and avoided duplication; and communication was key.

Phase 2 priorities were: essential services; mental health; test, track and trace; and care homes.

In relation to cancer actions, reference was made to the daily management of scheduling, with a dedicated management team for risk management. Operation and clinical governance assisted the clear escalation structure. Further information was provided on the operational planning to optimise the utilisation of available NHS and IS capacity.

Data detailed waiting list numbers and the numbers of patients treated for the different cancers along with the diagnostic scanning numbers at BMI. In relation to endoscopy, the Board were informed of the current position which included a 50% capacity due to IPC regulations. All 2ww patients were being managed effectively within timescales however the backlog for routine and surveillance was growing. The daily management of actions, the current position and challenges for the whole team were highlighted.

The current position and risk relating to managing emergency demand was detailed. The next steps for this area included having Task and Finish Groups on direct access pathways; engagement in NHS111 plans and linked DOS as part of winter plans to direct patients away from Emergency Departments; continued working on mental health pathways with partners; continued engagement on discharge work; and effective winter planning.

The presentation referred to the strategic drivers of demand for services provided by CWPT which included the impact of lockdown and social isolation; the economy (recession and unemployment); traumas; and long term conditions. The groups most likely to be impacted were highlighted along with the physical, mental and community health implications. The Board were informed of the mental health priorities in light of covid-19 which were:

- Collaborative working and agreements across the sector
- Improved integration between primary care and specialist mental health services
- Children and young people
- Improving urgent and emergency healthcare

- Reduction in out of area placements
- Rapidly evaluate service changes made during covid-19 to understand long term implications
- Psychological support to NHS staff.

The presentation concluded with the next steps as follows: strong infection prevention measures to enable restart; full winter response including Nightingale usage; and the continued use of the independent sector. It was acknowledged that partnership working was critical.

Members sought clarification about the levels of cancer referrals and whether the system had the capacity to test everyone.

The Chair, Councillor Caan thanked the partners for the presentation and for all the work being undertaken by their organisations.

RESOLVED that the contents of the presentation be noted.

8. **Adult Social Care - Key Programmes of Work to Support Covid-19 to Date**

The Board considered a report of Pete Fahy, Director of Adult Services, concerning key areas of activity within Adult Social Care which supported the covid-19 effort and identified key areas of focus as a result of this.

The report indicated that the Covid-19 pandemic impacted on all areas of Adult Social Care, both in terms of the provision of direct care and support, Occupational Therapy, Social Work and back office operations that supported delivery. Key areas of activity undertaken to help ensure people that required support from Adult Social Care continued to have access included remote working and use of technology. Wherever possible assessment, support planning, enablement, review and safeguarding activity was undertaken remotely. Although this remote working became the normal way of doing business, face to face visits were undertaken where the level of risk and ability to manage this through remote working was not sufficient. Risk assessments and Personal Protection Equipment (PPE) were used to manage these situations.

The City Council's response to shielding those identified by the Department of Health and Social Care (DHSC) as being the most clinically vulnerable was led through Adult Social Care. A partnership arrangement was quickly established with CV Life who provided the support required through a combination of food parcels, medication delivery and social contact. This effort was also supported by Coventry City of Culture Trust and City Council Library staff. This local support supplemented what was available through the national support programme. Operation shield was being paused at 31 July 2020. As at 14 July over 14000 people had been contacted and offered support by CV Life. The City Council's Customer Contact Centre also established a vulnerable persons helpline to support residents with vulnerabilities who were not in the shielding cohort.

Coventry was one of seven local authorities who activated the Care Act easements introduced through the Coronavirus Act 2020 on the basis of depletion of staff and changes in demand. This occurred between 28th April and 29th May

2020. The report detailed the duties that were eased during this period. No complaints or challenges were raised as a result of the easements.

The Board were informed that supporting the care market had been a significant focus of work over this period. It was an area that was critical to the effective delivery of social care at all times and an area that operated in a very challenging financial environment characterised by high turnover, high levels of recruitment activity, increasing demands and relatively low levels of public recognition. It is also made up of numerous separate businesses who were contractors to the City Council and not under direct organisational control. Working with and supporting the market wherever possible had been a cornerstone of the Council's approach for several years and this approach had been more important than ever in the respond to Covid-19. The report detailed the specific support actions over this period.

It was a significant point of credit to providers of social care in Coventry that they managed to sustain services and continued to take new referrals over this period. At the depth of the pandemic there were only six care homes who were unable to take new admissions – this was significant in the Council's ability to continue to support people who require care home admission over this period.

The report also referred to the significant effort of the home support providers. At 14th July adult social care supported 2405 people at home compared to 759 in residential care and 218 in nursing care.

Reference was made to rapid hospital discharge. At the start of the pandemic Adult Social Care worked with Health colleagues to achieve the objective of freeing significant numbers of hospital beds. From a staffing perspective there were volunteers to cover the required social work capacity to support a 7 day a week 8am to 8pm model for the required period. The aspiration for 95% of patients to go home was achieved and had been sustained.

As Adult Social Care moved forward with Covid -19 still around, there were four specific areas for focus in terms of the ongoing response: support to carers; service reinstatement; workforce support; and resourcing. The report set out the relevant issues for each of these areas.

The Chair, Councillor Caan expressed his thanks for all the work currently being undertaken by Adult Social Care.

RESOLVED that the contribution and efforts of Adult Social Care to support residents of Coventry over the Covid-19 period to date be noted and supported.

9. **Coventry Joint Health and Wellbeing Strategy 2019-23 Update: Integrated Health and Care**

The Board received a presentation and considered a joint report of Pete Fahy, Director of Adult Services and Justine Richards, University Hospitals Coventry and Warwickshire on the progress with the integrated health and care system quadrant of the Health and Wellbeing strategy and sought support for key areas of focus going forward.

The report indicated that work on the integrated health and care system was being led by a Coventry Health and Care Executive comprising representatives across health organisations including GP and the City Council. Representation was broadly made up of senior staff the tier below Partnership Executive Group (PEG) representation. The primary function of the group was to translate system objectives as set by PEG into action that was attuned to the requirements of Coventry as a place. The group was currently chaired by the Director of Adult Services with the UHCW Chief Strategy Officer being vice-chair.

As a response to Covid-19 there were numerous activities undertaken to support a collaborative response from health and care partners. As part of the reset and recovery process, the pre-pandemic priorities had been reviewed to ensure that the Integrated Health and Care programme was focused on the most appropriate areas. The report detailed the pre-pandemic priorities; the pandemic response; and current priorities.

Pre-covid-19 the Group was starting to focus its efforts on how Coventry as a place contributed to the overall financial requirements of the NHS Long Term Plan. This work was currently on hold.

The presentation outlined the pre-pandemic key areas of focus that the Integrated Health and Care programme had established detailing the progress to March 2020 with the priorities of frailty; musculoskeletal; mental health and long-term conditions. Since March a specific work programme had been supplemented by a range of cross cutting pandemic response activity which was detailed.

The presentation also highlighted the current emerging priorities existing focus: musculoskeletal; frail elderly; long-term conditions; and mental health. Two new areas had also been added: post covid rehabilitation (emerging issue of longer term impact) and community based development (a legacy of shielding and community networks). Information was also provided evidence of impact in the priority areas of musculoskeletal and frail elderly.

RESOLVED that:

(1) The priority areas of focus proposed by the Integrated Health and Care programme be noted.

(2) The work programme for Integrated Health and Care be supported.

10. Place Forum and Health and Care Partnership Update

The Chair, Councillor Caan introduced the report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of the joint virtual meeting of the Coventry and Warwickshire Place Forum and Health and Care Partnership Board held on 15th July 2020.

The report indicated that the main aims of the session were to:

- reflect on the experience and learning for the health and wellbeing system from the Covid-19 pandemic;
- understand how the pandemic has affected our local communities;

- share plans for ongoing virus management and restoration and recovery; and
- provide key business updates.

The meeting was a valuable opportunity for system leaders to regroup and to start to have wider conversations about the implications of Covid-19 for work together as a wider health and wellbeing system and to begin to consider the route forward.

Key themes emerging from the questions and discussion included:

- The significance of the potential long-term impact of Covid-19 on local communities and the imperative to work together, coherently, and take both collective and organisational responsibility for addressing health inequalities
- The importance of the Test and Trace programme as a long-term priority in managing the ongoing pandemic and addressing consequent inequalities
- Communications and engagement, and the need to work with communities and build trust to ensure key prevention messages resonate and are 'culturally competent', particularly for more vulnerable population groups
- Rapid increase in digital healthcare (telephone and video consultations) and the need for proper evaluation of the impact and implications for different communities
- Seeking assurance regarding support for care homes in preventing and managing outbreaks, and around the impact of changes to health service delivery, including outpatients, maternity and phlebotomy.

There was a clear theme running through the meeting of the need to deepen the understanding of the local population and be intelligence-led in the response and recovery plans; and that partners needed to work cohesively as a system, across organisations, recognising the potential of this combined influence to address the social, economic and environmental impacts of the pandemic on population health and to address inequalities.

The following next steps were agreed:

- Ensure that the achievements, challenges and lessons learnt from the system-wide response to the pandemic were captured and harnessed to inform future activity
- Use the Coventry and Warwickshire Covid-19 Health Assessment to inform recovery, restoration and reset plans as a system, in places and in organisations
- Work collectively as a system to ensure that priority was given to addressing inequalities in outbreak management and recovery plans
- Re-emphasise the system commitment to health and wellbeing in its widest sense by ensuring our population health model was the framework for all outbreak management, prevention and recovery activity
- Support development of place recovery plans, working together with local communities to tackle inequalities and improve population health.

The Board noted that the next meetings of the Place Forum and Health and Care Partnership Board were scheduled to take place on 3rd November, 2020. The

proposals for the November Place meeting would be developed and submitted to a future Board meeting.

RESOLVED that:

(1) The outcomes of the joint meeting of the Place Forum and the Health and Care Partnership Board on 15th July 2020 be noted.

(2) It be noted that the proposals for the November meeting of the Place Forum will be submitted to a future Board meeting.

11. Future of Health Commissioning in Coventry and Warwickshire

The Board considered a report of Dr Sarah Raistrick, Coventry and Rugby CCG, concerning the future of health commissioning in Coventry and Warwickshire, proposed changes to the structure of the clinical commissioning function and the future process. Support was sought for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire.

The report indicated as part of the NHS Long Term Plan, every Sustainability and Transformation Partnership area in the country was to be, or be part of, an Integrated Care System by 2021. The three Clinical Commissioning Groups in Coventry and Warwickshire had been considering how to accomplish this. Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, with three possible options. Any options which involved the strategic direction of the CCG was a matter reserved to all member organisations of the CCG. Members were asked to vote on their preferred option. The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members, with each CCG running a voting process for their members. The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger. For Coventry and Rugby 88 out of a possible 126 votes were cast. Of these

- 23 were for Option 1 – Do Nothing
- 12 were for Option 2 – Joint Working
- 53 were for Option 3 – Merger.

The Board were informed that the three CCGs were now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply, a number of documents had to be submitted, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger was 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020.

In addition, the CCGs were in the process for recruitment for a single Accountable Officer across the three CCGs. This was running concurrently with the formal application to merge, and would not be dependent on the outcome of the application progress. The Accountable Officer would be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers. Dr Raistrick informed the Board that the date for the submission of applications had closed at the weekend and

reported on the interview process which would include a virtual Stakeholder Panel. She asked if members had any questions that they would like to be asked and it was suggested that candidates be asked how they would support vulnerable residents and how they would work with hard to reach communities.

The report highlighted the benefits that the merger would bring for Coventry and Warwickshire as follows:

- The opportunity to develop Place to meet the needs of the local population and address health care inequalities
- Faster more efficient decision making to enhance the experience of care
- Significant administration savings to reduce per capita cost of health care and improve productivity
- Easier to recruit and retain staff and increase wellbeing and engagement of the workforce
- Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population.

Successful progression of the merger programme was one of the CCG key priorities over the next few months. Ongoing engagement with stakeholders and the population formed an essential part of this process, and it was important to the CCGs that the views of stakeholders were able to help to shape the potential form of the new strategic organisation. Further details as to the opportunities for engagement, particularly on the development of the Clinical Commissioning Strategy, which would outline how services would be commissioned as a single organisation, would be shared with stakeholders in due course.

RESOLVED that the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire be supported.

12. Any other items of public business

There were no additional items of business.

(Meeting closed at 3.35 pm)

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12th October 2020

From: Rachael Danter

Title: Preparation for Winter alongside possible Covid19 resurgence

1. Purpose

The purpose of the report is to:

- Provide the Health & Wellbeing Board an update on the Health & Care System preparedness for winter alongside a possible Covid19 resurgence.
- Highlight how the system is working together to manage the current and ongoing situation.

2. Recommendations

Support the approach being identified

3. Information/Background

The NHS remains on a Level 4 incident and associated processes, protocols and levels of preparedness remain in place in all aspects of the system such as Infection Prevention & Control measures, virtual GP appointment capacity, green treatment pathways, independent sector collaboration, close support for the care sector and an effective local Test & Trace programme, including robust Outbreak Management and Local Lockdown Plans.

Locally this is being managed through the CCG Incident Control Centre (CICC) supported by a Primary Care Expert Advisory Group (EAG), C&W Care EAG (with a focus on care support) and the Testing Co-ordination Group.

A system wide review of the systems response to Covid19 has been carried out with all key stakeholders through the Coventry & Warwickshire A&E Delivery Board (CWAEDB) to identify good practice particularly in relation to system wide working, rapid discharge model supporting community services i.e. care homes & domiciliary care providers and mutual aid.

This learning is providing the basis of the C&W winter preparedness plan to enable patients to access services safely and protect staff whilst preparing for localised Covid19 outbreaks or resurgence.

The key areas of focus are:

- **Expansion of the seasonal Flu Vaccination Programme**

A C&W Flu Plan has been developed and agreed supplementing the NHSE/I Regional Flu Plan which outlines the scope and ambitions of the National Flu Programme for 2020/21. The primary purpose of the plan is to set out the C&W approach to deliver the National Flu Programme for 2020/21 and achieve the vaccination requirements and support the management of the general NHS response to flu outbreaks. Last year the system delivered 262,000 vaccinations. This year, with the proposed extended programme, the target for vaccinations is almost double at 482,000 with the national programme targeting the following cohorts. The black groups are Cohort 1 with the orange and red groups in Cohort 2.

Cohort	National ambition	
	2019/20	2020/21
Aged 65 years and over	75%	At least 75%
Under 65 In clinical at-risk group	55%	At least 75%
Pregnant women	55%	At least 75%
Children aged 2 and 3 year old	50%	At least 75%
All Primary school aged	65%	At least 75%
Front line Health workers	75%	Offer to 100%
Care home residents and Staff		Offer to 100%
Social Care Workers		Offer to 100%
Household contacts of Shielded Patients		At least 75%
School year 7 in secondary school		At least 75%
Hospice Staff		Offer to 100%
Age 50-64		At least 75%

The C&W Seasonal Flu Steering Group is in place and will meet biweekly throughout the planning phase and during the flu season. In addition, each of the 4 places have Primary Care Service Restoration groups with representatives from each PCN currently meeting weekly and these groups include flu delivery planning. These groups also report to a C&W Primary Care Clinical Advisory Group that meets bi-weekly and then onwards to the 3 CCGs Primary Care Committees as well as informing the Flu Steering Group.

Communications and engagement across Coventry and Warwickshire will be a coordinated system-wide collaborative approach that will support the delivery of the national strategic aim of providing public health information to prevent and protect against flu. It will offer assurance that partners are communicating the benefits of the vaccine among all recommended groups, as well support the operational effort of delivering the vaccine. It will be a proactive and timely campaign and the approach will not be a one size fits all.

- **Expanding the NHS 111 First Offer**

NHS 111 First is part of a national integrated programme to improve outcomes and experience of urgent and emergency care. To keep patients safe and allow them to maintain social distancing, patients will be asked to call NHS111 before they go to the emergency department. NHS 111 will then triage the patient and either book them into a time slot at the emergency department, or into the most appropriate alternative local service for their needs. All patients who need a blue light response will still receive one.

Work is in progress across Coventry & Warwickshire to implement the offer across the system and local sign off is scheduled for 2nd October with National Team sign off by 9th Oct 2020. Clinical & managerial leads have been agreed and project groups established to ensure delivery against the project plan. This will ensure a “Go Live” date from 12th -23rd Oct 2020. There will be close monitoring of the service and full launch with public facing message from 9th November 2020.

To ensure delivery of the project in preparation for winter four work streams have been established including Capacity & Demand, Clinical Pathways, Digital & IT and Communications & Engagement.

- **Timely and Appropriate Discharge**

To ensure there is continued timely and appropriate discharge throughout winter the following is in place:

- Regular multi-agency meetings have been established in all 3 acute trusts supported by relevant agencies to reduce the number of stranded patients and support timely discharge.
- C&W already has a strong Discharge to Assess (D2A) model in place which has further been strengthened with a culture shift to delivering care at home through enhanced care packages.
- The process whereby CHC team support all discharges to D2A Pathway 3, nursing care and EoL and local authority support discharge to D2A Pathway 2 will continue so preventing any delays in discharge.
- A C&W wide Care Home Surge Plan has been agreed should there be a Covid19 resurgence to support rapid discharge but also safeguard the wider care home population from Covid19.
- A discharge dashboard has been in place since April to monitor daily volumes via each discharge pathway so enabling a system response to any increases in demand.
- A system wide working group has been established to manage arrangements to reinstate CHC processes from 1st Sept to reduce any impact on capacity and hospital discharge.
- A system point prevalence review was carried out in August and analysis will be presented to CWAEDB to consider the findings and agree any further adjustments to the winter plan or Covid19 response.

- **Supporting Care Homes**

There has been significant support provided to Care Homes during the past few months which has been managed through the C&W Care EAG led by Warwickshire County Council (WCC) and Coventry & City Council (CCC). This group will continue to oversee the work programme and provide assurance to the system wide restoration group throughout the winter period responding to any issues relating to resilience and/or outbreaks.

Support to care homes across the system has been ongoing since the start of lockdown with a view to safeguarding care home residents, improving resilience and avoiding unnecessary hospital admissions. This work will continue as part of the systems winter plan and the ongoing Covid19 response. It includes: -

- System wide response in progress through Infection Prevention & Control (IPC) audit and care home resilience checklist assurance process for all care homes and support to homes i.e. Infection prevention and control training and audit, to be able to effectively isolate COVID+ residents.
- Shielding of care homes from Covid19 through the commissioning of specific “Blue Beds”. The purpose of these blue beds is to accommodate COVID+ patients once they are deemed safe to leave hospital so that they can complete the 14 day isolation period. Once this period is over, they can transfer to their place of residence which includes a care home. 2 care homes across the system have been identified to provide these isolation beds and a surge plan has been agreed to increase capacity should it be required so ensuring continued shielding of all care home residents.
- A Primary Care Enhance Care Home Service in place for all Care Homes. This service includes a named GP per home, weekly check-in and virtual ward round via telephone and video consultations as required, medication reviews, GP access to telephone advise from acute trust i.e. Consultant Connect.
- An audit of the IT infrastructure and kit within all care homes is being carried out and dissemination of equipment to homes actioned as required.

- **Coventry & Warwickshire Winter Communications & Engagement Plan**

The winter communication and engagement plan highlights how the system’s partner organisations will collaborate to deliver an effective winter communications campaign between October 2020 and March 2021 to help meet the challenges of increased demand in service through winter alongside the added challenge of the continuing Covid19 pandemic and associated implications.

The communication plan includes:

- Coordinated and effective Covid-19-related communication activity across all partner organisations which is likely to remain in place throughout the defined winter period.
- An increase in flu vaccination take-up in target groups: i.e. Carers, Pregnant women and long term conditions.
- Commitment from all organisations to support any national campaigns and in particular promote flu vaccine uptake by their staff.

- Promotion of self-care, Walk In Centres, Urgent Treatment Centres, NHS 111 and Out Of Hospital services to reduce pressure on urgent care and A&E departments
- Regular targeted media reports i.e. seasonal flu, Covid19, Norovirus etc.

- **System Response & escalation**

As part of the Covid19 response there are Silver tactical calls with representation from all stakeholders across the system including Public Health. These calls review the current situation relating to Covid19 and agree the response and actions required or escalation if required. This will continue over the coming months with extended representation to include oversight for winter.

4. Options Considered and Recommended Proposal

Members are asked to note the contents of the paper and support the approach identified.

Report Author(s):

Name and Job Title: Sue Davies, Director of Operations

Directorate: CRCCG/WNCCG

Telephone and E-mail Contact:

Enquiries should be directed to the above person.



Report

To: Coventry Health and Wellbeing Board

Date: 12 October 2020

From: Dr Jane Fowles, Consultant in Public Health

Title: Covid 19 Prehabilitation Update – Coventry Health Challenge

1 Purpose

- 1.1 To provide the Board with an update on the local Covid 19 prehabilitation approach and the health profile of our target population.
- 1.2 **Prehabilitation** in this context is physical and/or lifestyle preparation designed to improve the populations resistance to more serious health complications as a result of Covid 19, flu and other respiratory illnesses that are particularly prevalent in the winter months.
- 1.3 The goal is to inform, support and challenge those most at risk to make healthier food choices, lose weight and protect their health by keeping up to date with immunisations, stopping smoking and seeking help with lifestyles changes as a range of self-managed and supported activity.

2 Recommendations

- 2.1 That the Board endorses the Coventry Health Challenge Campaign
- 2.2 That Board members receive the monthly toolkits and promote the campaign to residents and patients through their communication channels and health champions. (October Toolkit Appendix 1)

3 Information/Background

- 3.1 The Coventry Health Challenge is based on the [Governments Better Health campaign](#). As a Covid-19 response, the campaign is aimed at raising the awareness for older people, those that are obese and those with long term health conditions that improving their health will have a significant impact on their long-term health and reduce the risk of a more serious illness as a result of the virus.

3.2 Coventry's Health Profile (Covid 19 health risks)

3.1 Our vulnerable population, who are the primary target group for the campaign, are aged 55+ (the average age of patients critically ill in intensive care is 60). People with pre-existing conditions and those living in more deprived communities (nationally, the most deprived areas have more than twice the mortality rate of least deprived areas). Both these risk factors disproportionately include BAME communities who have been more adversely affected by Covid 19 than other groups. Those that are overweight/obese, smokers and the population previously shielding are also amongst the most vulnerable.

3.2 The health indicators and evidence for this focus are;

- ¹Individuals who are overweight or obese are at increased risk of serious Covid-19 complications and death. In Coventry 63% of adults were classified as overweight or obese in 2018/19, which is similar to the national average of 62%. There were 28 obesity-related hospital admissions per 1000 residents in Coventry in 2018/19, compared to the national average of 16
- According to the Census 2011, 66.6% of Coventry's total population is White British, which includes English, Welsh, Scottish, and Northern Irish. Coventry has a notably higher percentage of Black, Asian and minority ethnic groups compared to the national average. Covid-19 deaths are not split by individual ethnicity due to the way NHS England presents data however we know from the [PHE rapid review](#) and stakeholder consultation published in June that the risk of health complications from Covid 19 in these communities are higher than in the white British population.
- 46.3% of Coventry residents eat the recommended five portions of fruit and vegetables each day, compared to the national average of 52.3%.
- ²91% of surveyed adults in Coventry in 2018 agreed it was important to them to eat healthy foods, but only 25% of adults self-reported to consume at least five portions of fruits or vegetables in a typical day. Meanwhile, 10% said they had about one or less than one portion. In the same survey, 35% of residents said they ate takeaways at least once or twice a week.
- 61% of adults in Coventry are physically active – doing at least 150 minutes of moderate intensity physical activity per week - as compared the national average of 67%.
- 16.3% of Coventry's population over the age of 16 smoke, compared with the national average of 15.5%.
- 24.5% under 75 mortality rate from respiratory disease considered preventable in 2016 – 18 in Coventry, as compared with the national average of 19.2%

¹ Reference: Public Health England (2020) Public Health Profiles

² Reference: Household Survey 2018

- 3.3 Over the next 6 months with our partners, we will be challenging residents to practice self-care and take responsibility for their health as we head towards the end of 2020. Each month will repeat themes:
- diet and nutrition
 - physical activity
 - smoking cessation
 - immunisations
- 3.4 Residents will be set a challenge to work on improving their health in manageable stages, this will include advice and tips, checklists, case studies and signposting to local services like Coventry Healthy Lifestyles service on social media. These themes will also be echoed in local media coverage, via the Coventry Telegraph paper and several BBC CWR programmes, as well as our seasonal Citivision magazines to reach those groups in our communities that are not online. We will also be asking our community and health champions to reach out to their networks to spread the Coventry Health Challenge messaging. Materials have also been translated into community languages.

4. Campaign Calendar 2020 -21

- **September – Campaign Launch**
Press and media coverage on 23 September ‘national fitness day’ with a BBC article to highlight a local case study - a resident’s weight management journey with the Healthy Lifestyle Service
- **Themes:** Diet and nutrition, physical activity, flu campaign

- **October**
- **Themes:** Stoptober, diet and nutrition, physical activity - flu reminder

- **November**
- **Themes:** Long Term Conditions self-care (diet/exercise) and public reassurance that primary care and acute services are Covid secure and open for business. Link to World Diabetes day and our local diabetes prevention programme registration - Healthier You: NHS Diabetes Prevention Programme - flu reminder

- **December**
- **Theme:** Diet and nutrition – food swaps over the festive season, alcohol awareness – flu reminder

- **January**
- **Theme:** Diet and nutrition, physical activity and smoking – flu reminder

- **February**
- **Theme:** Immunisations, Diet and nutrition, physical activity and smoking. Link to National Heart Month

- **March**
- **Theme:** 12 months since the UK introduced lock down arrangements due to Covid 19 – Health challenge health check! How have the public engaged with the campaign? What have been our key learning points in terms of approaches to health inequalities and culturally competent messaging? How well were we able to maximise the use of champions to build reach and impact?

Report Author(s): Juliet Grainger

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Directorate: People

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Enquiries should be directed to the above person.

Enc.
Coventry Health Challenge – October Toolkit

Coventry Health Challenge

#CoventryHealthChallenge

October 2020



October health challenge list

- ▶ Quit smoking
- ▶ Book in for your flu jab



#CoventryHealthChallenge

The following materials can be found in this toolkit:

- Campaign overview
- Octobers themes
- Suggested social media content and assets
- Sharing content
- Facts and statistics
- Press release/long copy

Campaign overview

Coventry Health Challenge is based on the Govts Better Health campaign. As a Covid-19 response the campaign is aimed at raising the awareness for older people, those that are obese and those with long term health conditions that improving their health will have a significant impact on their long term health and reduce the risk of a more serious illness as a result of the virus.

For many, the past few months have been a wake-up call, with people realising how precious their health is and recognising that it is time to get back on track. Extra weight can make it harder for us to fight against diseases like cancer, heart disease and COVID-19 because it causes pressure to build up around our vital organs making it more difficult for the lungs to get oxygen around the body. When it comes to exercise, some is good, but more is better – the more time active you are, the greater the health benefits.

Over the next 6 months with our partners, we will be challenging residents to practice self-care and take responsibility for their health as we head towards the end of 2020. Each month will follow a theme:

- diet and nutrition
- physical activity
- smoking cessation
- immunisations.

Residents will be set a challenge to work on improving their health in manageable stages, this will include advice and tips, checklists, case studies and signposting on social media. These themes will also be echoed in local media coverage, via the Coventry Telegraph paper and several BBC CWR programmes and seasonal Citivision magazines to reach those groups in our communities that are not online. We will also be asking our community and health champions to reach out to their networks to spread the Coventry health Challenge messaging.

October themes

- Stoptober
- Mental Health around smoking – 5 Ways to Wellbeing
- Healthy Heart
- Immunisations - this being covered via specific flu campaign messaging (included below with assets)

Suggested social media content – OCTOBER

STOPTOBER

Today is the day to stop smoking for #Stoptober and kickstart your way to better health as part of the #CoventryHealthChallenge!

Coventry Healthy Lifestyle Service offers FREE support, one-to-one coaching and FREE nicotine replacement therapy.

<https://hlsc Coventry.org/our-services/stop-smoking/>

Smoking damages your lungs, leading to respiratory conditions like bronchitis & pneumonia. Quitting for #Stoptober can help improve health and resilience to winter illnesses. Download the app for support for the 28-day challenge. <https://www.nhs.uk/oneyou/apps/>

#CoventryHealthChallenge

Quitting smoking for #Stoptober will improve your health and wellbeing for the future. The NHS smokefree app shows you how much you're saving and can help distract you with motivating tips when cravings strike. Download it now at: <https://www.nhs.uk/oneyou/for-your-body/quit-smoking/stoptober/>

#CoventryHealthChallenge

Everyone's quitting journey is different, but it helps to know how others like you have quit smoking. Find out how these ex-smokers quit and what it feels like on the other side. Visit

<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/stoptober/>

#CoventryHealthChallenge #Stoptober

Patches, gum and other nicotine replacement therapies (NRT) can really help you get on top of your cravings this #Stoptober. Here are 9 smoking aids that can help you quit:

<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/9-stop-smoking-aids-that-can-help-you-quit/>

#CoventryHealthChallenge

THAT'S IT! You have completed your #Stoptober journey – this means you are now officially 5 times more likely to stay quit for good. WELL DONE to all of you who stopped smoking on the 1st! That's a big tick for the #CoventryHealthChallenge. If you didn't, it's never too late to start, HLS Coventry are here to help.

Visit: <https://hlsc Coventry.org/our-services/stop-smoking/>

5 WAYS TO WELLBEING AND SMOKING

CONNECT: If you are stopping smoking or wanting to eat better and become more physically active, use groups and coaching services to help keep you on track. HLS offer FREE support throughout your journey!

#Stoptober #CoventryHealthChallenge

BE ACTIVE: Did you know that being physically active whilst you are quitting can enhance the physical benefits that quitting gives you! It also gives you another focus and you can set yourself goals like number of steps per day, or time spent doing something physical like gardening AND you can lower your BMI and cholesterol at the same time.

#Stoptober #CoventryHealthChallenge

TAKE NOTICE: Why not use the time you would normally spend smoking, on enjoying the environment around you? Take short walks to up your physical activity, sit in the garden, take notice of what's going on to help develop a heightened awareness and appreciation of the smaller things.

#Stoptober #CoventryHealthChallenge

LEARN: To keep your hands busy when you're staying away from the cigarettes, why not try reading a book, doing a crossword or sudoku, or find a new recipe to try? You could also look for local clubs offering walks, activities or crafts.

#Stoptober #CoventryHealthChallenge

GIVE: Could you help to support someone else who is trying to improve their lifestyle? Teaming up and offering some of your time to help others can make your lifestyle change easier and help to keep you on track.

#Stoptober #CoventryHealthChallenge

HEALTHY HEART/NUTRITION

What you eat, and how active you are, can affect your health and waistline. Small changes can help you lose weight and improve your body's ability to fight serious illness, like #COVID-19. Visit NHS One You for tips: <https://www.nhs.uk/oneyou/for-your-body/eat-better/>

Health is one of the most valuable things we have. Small lifestyle changes like getting active managing our weight, and healthy eating have a big impact. HLS Coventry offers FREE support to bring your health into check

<https://hlsc Coventry.org/>

#CoventryHealthChallenge

#COVID-19 has impacted on us all and taught us all we need to be as healthy as we can possibly be for the future and create better lifestyles habits. HLS Coventry offers FREE help for people living in Coventry. Visit: <https://hlsc Coventry.org/>

#CoventryHealthChallenge

HLS video

FLU

The older you are the more likely you are to have complications such as Pneumonia if you catch flu. There is no vaccine for #COVID-19 yet, but there is a FREE flu vaccine to protect people aged 65 and over. Flu can be unpleasant and unpredictable so protect yourself this winter.

#FluVaccine #StaySafe

If you have a long term health condition the risk of flu complications is higher, in addition to the risk related to #COVID-19, which is still circulating. Flu complications can include bronchitis and pneumonia, and it can also be fatal. Contact your GP or pharmacy and don't delay getting your FREE flu jab #FluVaccine #StaySafe

If you were shielded, live with someone who shielded or visit someone regularly who was shielded you are entitled to a free flu vaccine this year

Flu vaccinations keep families safe and help shield the NHS by avoiding an increase in serious preventable diseases during #COVID-19.

For more information call your GP or community pharmacy

#FluVaccine #StaySafe

Flu vaccinations are continuing for pregnant women during #COVID-19. Having the flu jab will help protect both you and your unborn baby and passes some protection on to your baby, which lasts for the first few months of their life.

#FluVaccine #StaySafe

Do you work in health or social care? A FREE flu jab is necessary to protect you and your patients from infection, contact your Occupational Health team or talk to your manager about how you can get vaccinated. While there is still no vaccine for #COVID-19, this vaccine can help protect you against a serious preventable disease. #FluVaccine #StaySafe

Image assets



NHS

Winter health check list

- ▶ Getting more active
- ▶ Flu jab and up to date with other vaccinations
- ▶ Thinking about quitting smoking for Stoptober
- ▶ Swaps and healthy food choices

Coventry City Council | Coventry & Warwickshire | NHS Coventry and Rugby Clinical Commissioning Group | Healthy Lifestyles Coventry

#CoventryHealthChallenge

NHS

Better Health LET'S DO THIS

COVENTRY HEALTH CHALLENGE

Coventry City Council | Coventry & Warwickshire | NHS Coventry and Rugby Clinical Commissioning Group | Healthy Lifestyles Coventry

#CoventryHealthChallenge

NHS

COVENTRY HEALTH CHALLENGE

Better Health LET'S DO THIS

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#CoventryHealthChallenge

NHS

Better Health LET'S DO THIS

COVENTRY HEALTH CHALLENGE

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#CoventryHealthChallenge

NHS

COVENTRY HEALTH CHALLENGE

Better Health
LET'S DO THIS

Coventry City Council
Coventry & Rugby Clinical Commissioning Group
NHS
Coventry and Rugby Clinical Commissioning Group
Healthy Lifestyles COVENTRY

#CoventryHealthChallenge

NHS

Maintaining a healthy and well balanced diet

- ▶ Eat at least 5 portions of fruit and vegetables every day
- ▶ Base meals on higher fibre starchy foods like potatoes, bread, rice or pasta
- ▶ Have some dairy or dairy alternatives
- ▶ Eat some beans, pulses, fish, eggs, meat and other protein
- ▶ Drink at least 6 to 8 glasses of water a day

Coventry City Council
Coventry & Rugby Clinical Commissioning Group
NHS
Coventry and Rugby Clinical Commissioning Group
Healthy Lifestyles COVENTRY

#CoventryHealthChallenge

NHS

Activity can include

- ▶ Daily walks/ bike rides
- ▶ Calorie burning chores such as mowing the lawn, gardening, cleaning the car
- ▶ Exercise DVD or workout from the NHS Fitness Studio
- ▶ Strength exercises like yoga/ Tai Chi or Pilates

Coventry City Council
Coventry & Rugby Clinical Commissioning Group
NHS
Coventry and Rugby Clinical Commissioning Group
Healthy Lifestyles COVENTRY

#CoventryHealthChallenge

NHS

Get Active

Are you getting moderate physical activity for at least 150 minutes a week? - this should be active enough to feel warm and a bit breathless

Are you doing muscle strengthening exercises at least twice a week? - this could be yoga, lifting weights or body weight exercises like push-ups

Coventry City Council
Coventry & Rugby Clinical Commissioning Group
NHS
Coventry and Rugby Clinical Commissioning Group
Healthy Lifestyles COVENTRY

#CoventryHealthChallenge

NHS

Eating Healthy

Are you eating five portions of fruit and vegetables every day?

Are you avoiding sugar drinks, especially fizzy drinks?

Are you limiting snacks and sweets to special treats?

Coventry City Council

HEALTHY & WELLBEING FOR LIFE

NHS
Coventry and Rugby
Clinical Commissioning Group

Healthy Lifestyles
Coventry

#CoventryHealthChallenge



Coventry City Council

#StaySafe

NHS

Get it sorted

Are you, and your family, up to date with vaccinations?

If you have a chronic disease like diabetes, have you had your long-term condition health checks e.g. diabetes annual review at your GP practice?

If you are between 40-75yrs old have you had an NHS health check in the last 3yrs?

If you are a smoker, have you tried quitting with support from the free local stop smoking services?

Coventry City Council

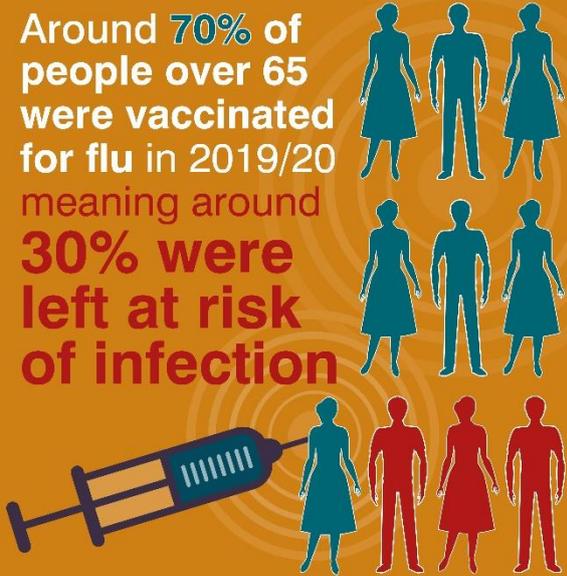
HEALTHY & WELLBEING FOR LIFE

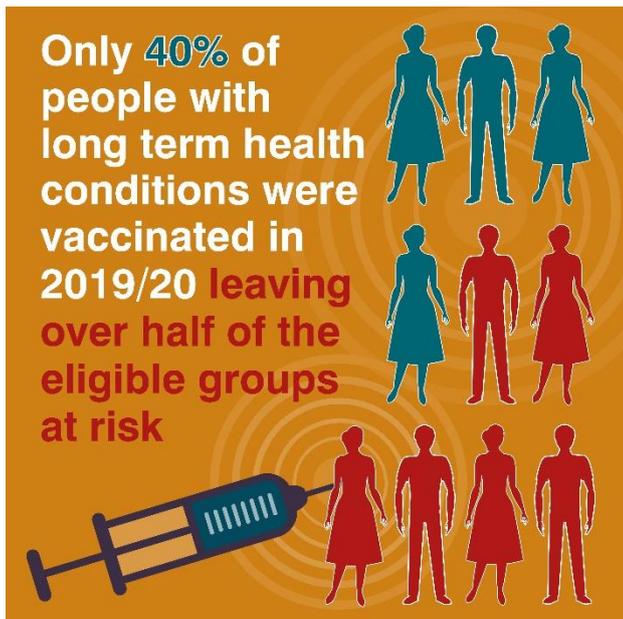
NHS
Coventry and Rugby
Clinical Commissioning Group

Healthy Lifestyles
Coventry

#CoventryHealthChallenge

Around **70%** of people over 65 were vaccinated for flu in 2019/20 meaning around **30% were left at risk of infection**





More flu assets to come....

Sharing content

- Content can be shared on social media including Facebook, Twitter, Whatsapp and any community forums where you think the messages will reach residents effectively
- Messaging can be shared directly by you either as it is presented in this pack or in your own words.
- Sharing personal and relevant stories of yourself or those in the community that support the content in this pack in tandem with linking to the online content.

Facts and statistics

SMOKING

Coventry Data:

- 378 4-week quits (March – August)
- 260 12-week quits (March – August)
- 58% of all people coming into the Healthy Lifestyle Service have been looking for stop smoking support, which is an increase from 44% (Sept 19 – Feb 20)

- According to the last Public Health England (PHE) survey in 2018 there were around 46,000 smokers in Coventry, which is around 5,000 fewer than 5 years ago.
- Figures also show that 6 in 10 smokers say they intend to quit.
- 16.3% of Coventry's population over the age of 16 smoke, compared with the national average of 15.5%.

VACCINATIONS

The **flu vaccine** (commonly known as flu jab) is currently the best protection against the risk of flu and its complications.³¹ The level of protection may vary, but it is likely to make the flu milder and shorter-lived. As the flu strains often change, and as protection from the injected flu vaccine decrease over time, it is recommended that the flu vaccine is taken every year. While the flu may clear up within one week for some, for vulnerable people such as pregnant women or those underlying health conditions, it is more likely to develop potentially serious complications such as pneumonia. There is a chance that the flu season of 2020 will collide with the next peak of COVID-19, so the government has expanded the eligibility for free flu vaccination in 2020 in preparation. Having the flu vaccine not only protects against flu, it also protects the NHS from being overwhelmed at a critical time.

Around 70% of people over 65 were vaccinated for flu in 2019/20 meaning around 30% were left at risk of infection.

Only 40% of people with long term health conditions were vaccinated in 2019/20 leaving over half of the eligible groups at risk.

The proportion of Coventry school aged children vaccinated for flu in 2019/20 exceeded the national and regional average rate. For example, in Year one 67.4% of children were vaccinated compared to 63.5% nationally and 61.4% regionally.

[Improving Immunisation Uptake in Coventry](#) – CCC report by Liz Gaulton and Nadia Inglis.

Press release/long copy

Coventry health services team up for Stoptober to get residents in better health during COVID-19

Smokers in Coventry are being encouraged to take quitting seriously this Stoptober following the challenges of the COVID-19 pandemic and the impact on people's health behaviours.

The 28-day stop smoking challenge from Public Health England will fall under the new Coventry Health Challenge campaign as the key theme for October, based on the Government's [Better Health](#) campaign. It is all about encouraging residents to improve and protect their health against COVID-19 and Flu this winter.

[Free stop smoking support](#) in Coventry is provided by [Healthy Lifestyles Coventry \(HLS\)](#), the local service commissioned by Coventry City Council, to offer residents free support, one-to-one coaching and free nicotine replacement therapy, as well helping people learn more about leading a healthier lifestyle. Lifestyle coaches will be hosting a [live Facebook session](#) on 1st October for those that intend and want to quit. The event will be repeated at the end of October with past and current clients encouraged to join the sessions to show people real examples of success in quitting and personal journeys.

A live advice from a health coach about stopping smoking will take place on the same day at 1.30pm live on Zoom. A HLS client Tom who joined the service along with his son and wife, and are all currently smoke free will be joining.

The COVID-19 pandemic has affected all aspects of daily life, presenting new challenges that may have seen many of us feel more stressed, anxious or depressed, meaning for some of us smoking habits have increased. We are all susceptible to negative lifestyle behaviours, but in times of stress, these behaviours can worsen.

However, Stoptober this year also presents new opportunities, with a greater public awareness around personal health and lockdown showing many that they are able to make and sustain changes to their lives. HLS figures have shown between September 2019 and February 2020, 58% of all people referring into the service have been looking for stop smoking support, which is an increase from 44%.

Smoking has long been seen and used as a stress reliever, but the reality is that it is an artificial sensation of relaxation, which can actually increase anxiety and tension. But making a lifestyle change can be challenging so there are five steps that smokers can also take if they find the thought of going cold turkey too daunting.

5 WAYS TO WELLBEING FOR STOPTOBER

CONNECT: If you are stopping smoking or wanting to eat better and become more physically active, use groups and coaching services to help keep you on track. HLS offer FREE support throughout your journey.

BE ACTIVE: Being physically active whilst you are quitting can enhance the physical benefits that quitting gives you and gives you another focus. You can set yourself goals like number of steps per day, or time spent doing something physical like gardening AND you can lower your BMI and cholesterol at the same time.

TAKE NOTICE: Use the time you would normally spend smoking, on enjoying the environment around you. Take short walks to up your physical activity, sit in the garden, take notice of what's going on to help develop an awareness and appreciation of the smaller things.

LEARN: To keep your hands busy when you're staying away from the cigarettes, try reading a book, doing a crossword or sudoku, or find a new recipe to try. You could also look for local clubs offering walks, activities or crafts.

GIVE: You help to support someone else who is trying to improve their lifestyle. Teaming up and offering some of your time to help others can make your lifestyle change easier and help to keep you on track.

Cllr Kamran Caan, portfolio holder for Public health and Sport said: “This year Stoptober is part of the Coventry Health Challenge and being in good health is more important than ever, especially with the COVID-19 virus still circulating. Smoking damages your lungs, leading to respiratory conditions including bronchitis and pneumonia and can also worsen asthma, so quitting smoking permanently is a crucial step to improving health for the long-term.

“Stoptober is a great opportunity for anyone to quit and by completing the 28-day challenge you are five times more likely to give up for good.

“We have the fantastic Healthy Lifestyles Service in Coventry, who are dedicated to helping residents combat lifestyle challenges, including quitting smoking and I would encourage anyone wanting to take on Stoptober to access and make the most of the free support on offer.

“The Coventry Health Challenge is here to help you, even small changes will really make a difference to your health so get involved today.”

Calvin Holman, service director at Healthy Lifestyles Coventry, said:

“We know that smoking is an important contributory factor in a range of diseases, including heart disease, respiratory disease and a number of cancers. Our service is here for people who want to give up and you’re actually four times more likely to quit for good with the help of a coach.

Our service is FREE and you can receive support from the comfort of your home. Our coaches will work with you on a one to one basis – over the phone, texts or through video chat. We can also provide access to nicotine replacement therapy to support you to quit.

Stoptober is a great time to decide to quit, and we’re here to help people do that when they’re ready to make that move.”

You can find out more information about the Government’s [Better Health campaign](#).

Notes to the Editor:

HLS live Zoom event 1st October:

Join at 13:30 on the 1st October: <https://us02web.zoom.us/j/89594482991>, Zoom id: 89594482991

Coventry smoking cessation data:

- 378 4-week quits (March – August)
- 260 12-week quits (March – August)
- 58% of all people coming into the Healthy Lifestyle Service have been looking for stop smoking support, which is an increase from 44% (Sept 19 – Feb 20)
- According to the last Public Health England (PHE) survey in 2018 there were around 46,000 smokers in Coventry, which is around 5,000 fewer than 5 years ago.
- Figures also show that 6 in 10 smokers say they intend to quit.
- 16.3% of Coventry’s population over the age of 16 smoke, compared with the national average of 15.5%.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12th October 2020

From:

Pete Fahy, Director of Adult Services

Liz Gaulton, Director of Public Health & Well-being

Title: Health & Well-being Reset and Recovery

1 Purpose

- 1.1 To brief the Health and Well-being Board of the work done to date on resetting health and well-being.

2 Recommendations

- 2.1 The Health & Well-being Board is recommended to:

- Note the report and proposed next steps;
- Agree to include the new priorities that have arisen due to Covid-19 and resulting action plan within the existing work of the Health & Well-being Strategy and the work of the boards and groups that report to the Health & Well-being Board.

3 Information/Background

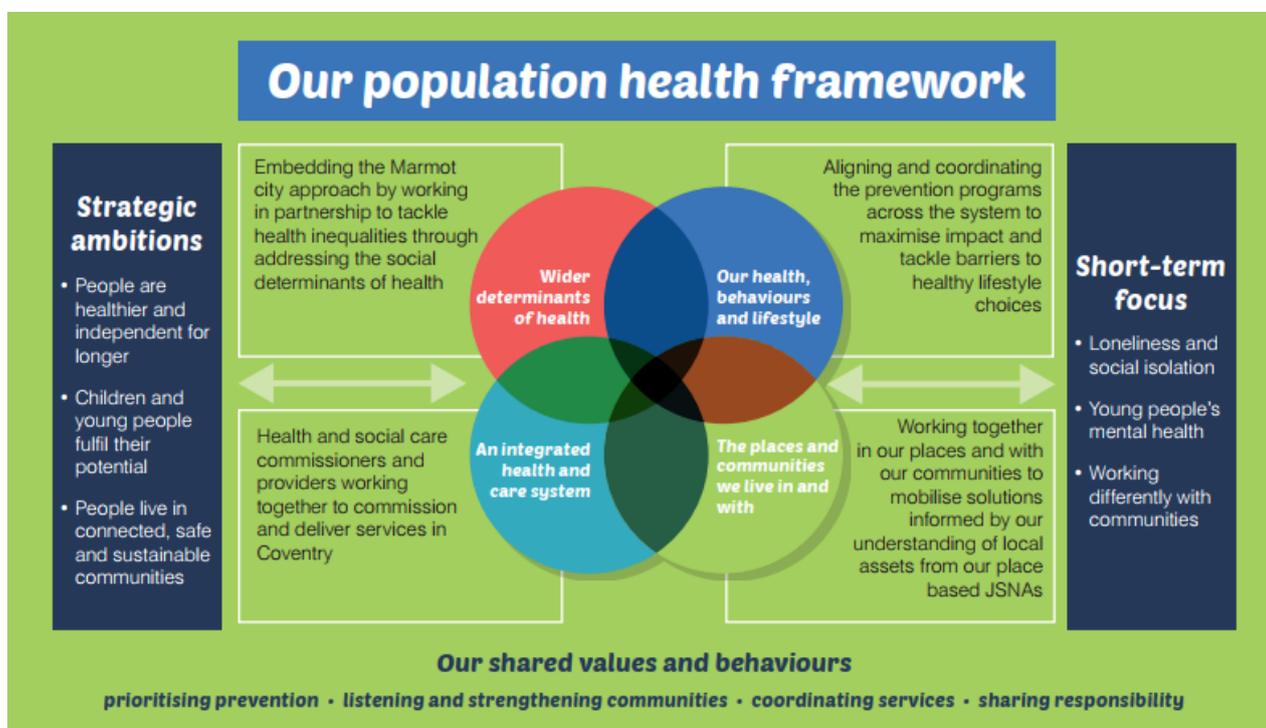
- 3.1 The Health and Well-being Board approved the new Health & Well-being Strategy 2019-23 in October 2019. Since then, the impact of Covid-19 has profoundly affected our communities and our city. Health inequalities have been especially apparent not only for Covid-19 infection, but more widely as key groups of the population have been most adversely affected due to the pressure of the lock down period. We know that during the pandemic many people have not sought medical advice and that urgent treatment has been delayed. The pandemic has also clearly impacted significantly the wider determinants of health, such as business and economy and education.
- 3.2 The initial response phase in Coventry and the UK has focussed since early March 2020 on taking action to deal with the immediate impacts of the pandemic on our communities, infrastructure and economy, and much of this action is ongoing as we continue to live with Covid-19.
- 3.3 Covid-19 remains in circulation and the national risk level has increased from 3 to 4 (widespread community transmission). There are also seeing a number of local and regional outbreaks across the country, with additional restrictions being put in place. In the spring, the Council and its partners began work on plans for reset and recovery following the national lockdown and earlier phase of the pandemic, this has been with a focus on improving the health and well-being of residents both in terms of recovery from the initial phase and in terms of our ability to support our communities to continue to live with and through Covid-19.

4 Resetting of Health and Well-being

4.1 The aims of the Health and Well-being reset and recovery work is to:

- Reduce the long term harm and inequalities caused by Covid -19 and build on the momentum of the last few months to help re-shape how people are supported in the city
- Use the learning and experience from Covid-19 to inform how we do things in future Reset our relationship with citizens by creating greater resilience and not dependency
- Continue to work in partnership, across sectors, to harness the opportunities to improve the health and well-being of Coventry's citizens
- Equip our workforces to operate in new ways so they can continue to meet the demands of Covid-19, whilst harnessing the learning from working in different ways

4.2 This work builds on the population management framework that the Health & Well-being Board adopted as a cornerstone of its approach to improving health and well-being for Coventry's residents, but with a focus on the most pressing issues affecting residents as a result of Covid-19.



5 Developing our approach to reset/recovery

5.1 In May of this year, Coventry City Council jointly initiated work with Warwickshire County Council on a Covid-19 Health Impact Assessment to identify key factors that may affect the population's health and wellbeing as a direct result of the Covid-19 outbreak. The purpose of this assessment was to inform/support planning for recovery. The assessment can be accessed using the following link:

https://www.coventry.gov.uk/downloads/file/33931/briefing_note_warwickshire_county_council_15_september_2020

5.2 In addition to the Health Impact Assessment, Coventry City Council conducted a residents' survey in June to understand both the impact of the pandemic on residents and to understand their key concerns.

5.3 The findings from the Health Impact assessment and the residents' survey have helped to shape our response to identifying and prioritising activities for reset and recovery.

6 Our priorities for reset and recovery

6.1 Wider Determinants

6.1.1 National analysis has shown that people from most BAME groups have a higher risk of adverse impact from Covid-19 than those of White ethnicity. As well as those from ethnic minority backgrounds, people worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people working in lower-paid professions and people living in poorer areas.

6.1.2 The Marmot Partnership Group has been leading work to reduce health inequalities associated with Covid-19. It has been focusing on a number of key areas, including:

- Inclusive growth – this includes working with the Employer Hub & JCP (Job Centre Plus) to identify businesses planning redundancies; Job Shop work with Coventry BID supporting hospitality workers; Strong focus on young people; Publicising transfer of Apprenticeship Levy; and addressing the “digital divide” for both businesses and residents
- Support for the economy and businesses – this includes supporting young people (16-24) to find training/employment; helping those 50+; supporting BAME communities; rapid response to redundancy; long term unemployed; supporting those with complex barriers; enabling digital inclusion; and mental wellbeing & social isolation; and the Thrive at Work award which supports workplace wellbeing and the mental and physical health of employees.
- Launching Call to Action – this will be aimed at employers and organisations asking them to consider what actions they can take to help reduce health inequalities in the city.

6.2 Our health behaviours and lifestyles

6.2.1 Evidence shows that pandemics can adversely affect our health behaviours, with an increase in negative behaviours including an increase in alcohol consumption and gambling. Evidence also shows that physical activity has increased for some during lockdown but this is more likely within affluent groups. There is also a clear link between obesity and poor outcomes from COVID-19 and we know that obesity is associated with deprivation.

6.2.2 During the Summer, work has focused around a number of key areas to support the physical well-being of residents. These include:

- Sustainable travel – using the Emergency Active Travel Fund to increase pedestrian access, provide pop up cycle schemes along major routes and engage schools and residents to participate in active travel
- Physical activity – as part of the GoParks initiative, increase the use of parks, walking routes/markers and outdoor gym equipment. In addition, work has been undertaken to target groups who may not ordinarily engage in physical activity and having been adversely affected by Covid-19, e.g. BAME communities.
- Reducing smoking/alcohol consumption - a number of campaigns being conducted including QuitForCovid

6.3 The places and communities we live in

6.3.1 The pandemic has demonstrated the power of the community within Coventry, with voluntary and community sector organisations actively involved in the emergency response

to the pandemic, including the distribution of essential food supplies and supporting those who were shielding or vulnerable.

6.3.2 Work over the Summer has focused around a number of key areas including:

- Developing an emergency food response – 5 new social supermarkets and 10 emergency food hubs, with 26,232 people supported by foodbank and social supermarkets April to September 2020. In addition, over 2,000 children supported with breakfast and activity packs over the 5 weeks of the school holidays
- Community networks – established consisting of local volunteers to support local people in their area
- Supporting the voluntary and community sectors – 52 funding applications made to support the voluntary sector, with £352,745 successfully awarded to date
- Support for places of worship and faith groups to adjust their religious practice and behaviours in light of Covid-19
- Migrant Health Champions – supporting their communities and disseminating messages alongside Public Health

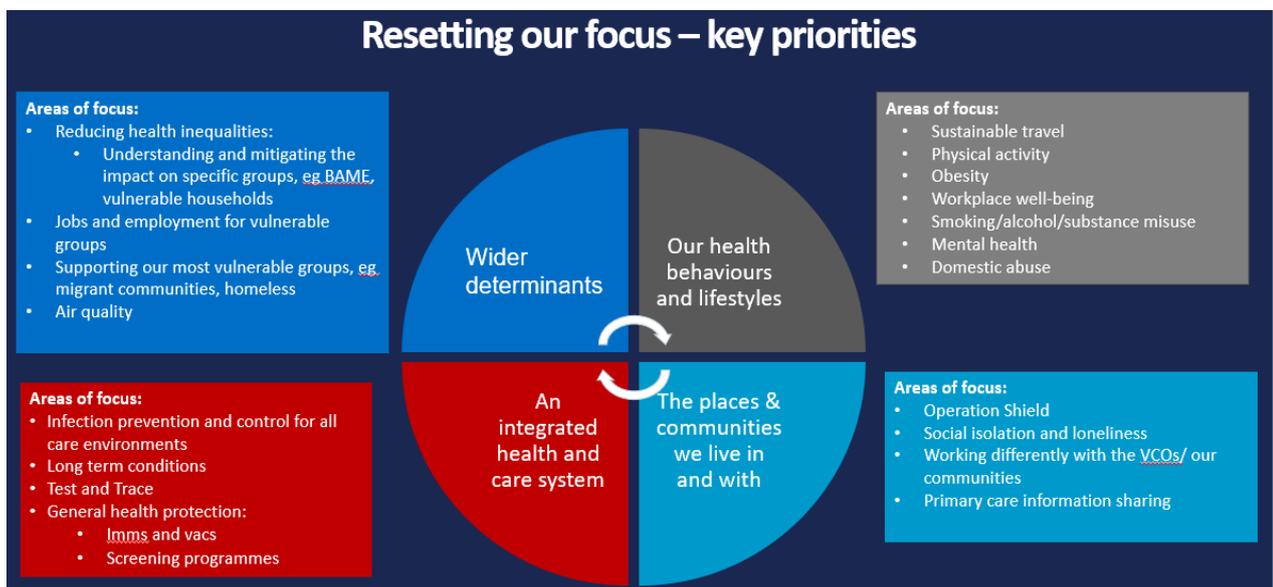
6.4 An integrated health & care system

6.4.1 Since May health and care partners in Coventry have been working on Phase 2 of the NHS Reset & Recovery Plans. Key activities as part of this include:

- Manage infection control within care homes and home care settings by supporting the process of virtual health and social care assessments
- Provide multi-agency support for care home and domiciliary care staff, by ‘training the trainers’ about PHE’s recommended approach to infection prevention and control
- Develop & oversee the delivery of Coventry’s Local Outbreak Control Plan and establish a Covid-19 Specific Health Protection Board.

7 **Next Steps**

7.1 Work during the Summer has focused on the short to medium term actions to mitigate against the negative impact of Covid-19 on the health and well-being of our communities. However, Covid-19 has amplified health inequalities across the board and in order to prepare for and manage the longer term impact of Covid-19, each of the groups and boards that report to the Health & Well-being Board will be asked to lead on the additional priorities that have arisen as a result of Covid-19, and reflect these in their plans and activities.



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Appendices

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12th October 2020

From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Title: Director of Public Health's Annual Report 2019-2020

1 Purpose

This paper presents the Director of Public Health's Annual Report 2019-2020, 'Resetting our Wellbeing'.

2 Recommendations

The Health and Wellbeing Board is asked to

- Note the report's findings;
- Endorse the recommendations from the 2019-2020 DPH report; and
- Note the progress on recommendations from the 2018-2019 DPH report.

3 Information / Background

The report records Coventry's state of wellbeing in 2019/20 and offers a reflection on the city's system-wide approach to improving wellbeing last year and in our early COVID-19 response. The report's findings are informed by statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations.

As we continue to live with, and through, COVID-19, as individuals, we should aim to bolster our wellbeing and build resilience. From a system point of view, COVID-19 has drawn attention to health inequalities and prompted a shift in what we value. Therefore, the report offers two sets of recommendations to minimise the harm of the pandemic and to make use of the benefits gained from the city's COVID-19 response: one for individuals, one for organisations and Coventry's health and wellbeing system.

4 Recommendations for individuals

Individuals are recommended to improve their wellbeing and build their resilience by: 1) Having vaccinations; 2) Having the flu vaccination; 3) Eating healthily; 4) Travelling by walking or cycling; 5) Doing physical activities; and 6) Practising the Five Ways to Wellbeing.

These recommendations tie in with the Coventry Health Challenge and the Government's Better Health campaign. Together, they encourage Coventry's residents to take action for their wellbeing, which helps to reduce the harm of COVID-19.

5 Recommendations for organisations and Coventry’s health and wellbeing system

These recommendations are shaped by the report’s findings and discussion outcomes following a virtual meeting with 18 individuals from partner organisations and across the Council. The recommendations fall under the four quadrants of Coventry’s population health framework and are in line with the Council’s reset and recovery exercise.

Recommendation 1 – Wider determinants of health

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

Recommendation 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

Recommendation 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

Recommendation 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents’ experience and partners’ skills and assets, should be taken to strengthen health and wellbeing in communities.

Recommendation 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

6 Progress on 2018-2019 recommendations

Preparing for, and responding to, COVID-19 has created a shift in priorities across the resources and capacity of the Council and our partners.

No	Recommendation	Action to date
1	Review and revise the Marmot Action Plan	The Marmot Partnership Group identified new priorities with input from partners and findings from ‘Coventry – A Marmot City Evaluation’. Responding to COVID-19, pressing areas of focus were identified using the One Coventry approach.
1, 2, 4	Take a One Coventry approach to embed reduction of inequalities across the Council and local organisations	Health inequalities are considered in all aspects of the Council’s reset and recovery programme, and in the day-to-day work across Council departments, such as public realm planning and targeted support to increase employment. The Council Plan now reports on social determinants and inequality indicators.

3	Take a community asset-based approach to improve health and wellbeing, maximising the legacy of City of Culture 2021	Community groups, place-based stakeholder groups, and family hubs work closely to provide support tailored to local needs. COVID-19 led to an increase in community support groups and residents helping their neighbours. The City of Culture Trust is working with these groups to develop local artistic and cultural projects that lift the communities' health and wellbeing.
5	Respond to barriers to accessing physical activities and healthy lifestyle choices	'Coventry on the Move framework 2019-2024', published in 2019, details the inequalities in accessing physical activities. The Year of Wellbeing and City of Sport programme were key delivery elements. New leisure facilities opened in 2019 and the GoCV scheme offered discounts to improve accessibility. The Council's equalities objectives include increasing disabled residents' participation in sports and cultural events.
6	Embed an integrated early help offer for vulnerable families	Developed through a partnership approach, the Early Help strategy launched in July 2020. The Early Help Partnership is working with Warwick University to evaluate the integration of services. Family Matters meetings bring partners together to discuss and support family cases. Family hubs host partners to deliver bespoke services for their neighbourhoods.
7	Evaluate the impact of the Year of Wellbeing and Health and Wellbeing partnerships	Risk Solutions carried out an evaluation on the impact of the Year of Wellbeing, focusing on awareness raising and participation levels. During COVID-19, fewer resources were available to promote the follow up Wellbeing for Life campaign, but the branding was still used for the virtual Wellbeing Festival.
8	Implement NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership	The Council plays a leading role in the Population Health and Prevention programme of the Health and Care Partnership, which shapes the Strategic Five-Year Health and Care Plan. The population health framework was adopted, and partners galvanised support for it. This will help drive a stronger focus by NHS partners on prevention and the wider determinants of health.
9	Mobilise the 2019-2023 Health and Wellbeing Strategy and utilise the population health framework to underpin change	The Health and Wellbeing Strategy was approved in October 2019. The Council adopted the population health framework to enable system-wide changes to improve health and wellbeing. Responding to COVID-19 has prompted a reconsideration of Strategy's priorities, but the framework still underpins the Council's reset and recovery programme.

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Appendices

Coventry Director of Public Health's Annual Report 2019-2020

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**Director of Public Health
Annual Report 2019-2020**

Resetting Our Wellbeing

**A reflection on Coventry's level of
wellbeing in 2019/20 and our
approach to improving it**



Foreword

Cllr Kamran Caan

Cabinet Member for Public Health and Sport

Welcome to the Director of Public Health's Annual Report for 2020. We learnt a lot about wellbeing from our residents, partners, and colleagues in 2019 following a successful Year of Wellbeing and the adoption of a system-approach to improving wellbeing for residents. We recognise the importance of maximising opportunities to help residents enjoy healthier, longer lives, but also to help reduce the health inequalities in the city. This year we have all been affected by the COVID-19 pandemic, which has presented us with many challenges both at work and at home, and prompted us to reconsider the way we live, our health and our attitude towards wellbeing.

We have worked closely with the local NHS, Public Health England, universities, schools and businesses across Coventry to monitor the situation and coordinate the response across the city, especially working on how we can protect and maintain critical services to protect and support residents.

During these challenging times, it is more important than ever that we pay close attention to our own wellbeing, and the wellbeing of those around us. Based on learning from last year and our response to COVID-19, this report aims to set out 'what works' to promote and activate wellbeing as individuals and organisations.

I would like to thank everyone who has put this report together and who has worked so hard this year. Finally, I want to thank community members for their hard work, supporting each other and for keeping the delivery of essential services to residents in Coventry going, playing their part in reducing the risk of COVID-19 transmission.



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Introduction

Liz Gaulton

Director of Public Health and Wellbeing

COVID-19 has altered our lives and our attitude to wellbeing. Even with the easing of lockdown, we are unlikely to return to life exactly as we used to know it. There have been changes to what we value, to closeness with our communities, to our ways of working, to our economy, to how we choose to look after ourselves – all of which affect our wellbeing. We are calling our future thinking a 'Reset.' Resetting is a journey and we're only part way there.

The Year of Wellbeing 2019 campaign started a conversation on the importance of wellbeing. COVID-19 has furthered our appreciation of being connected to those around us, keeping ourselves healthy by enjoying physical activity, and making good use of our local outdoor spaces. As we continue to live with, and through COVID-19, this is the time for us, as individuals, to build our wellbeing and resilience.

From a system point of view, COVID-19 has drawn attention to health inequalities, where more people now understand the impact of disparities in our communities' wellbeing. The city's passion in tackling systemic inequality shone through in the numerous voices supporting the Black Lives Matter movement. There is also some evidence of people's shift in priorities, preferring the Government to pursue wellbeing ahead of

economic growth.¹ This is our chance to imagine a Coventry where improving wellbeing through addressing system-wide inequalities becomes embedded in our decisions and actions.

This report brings together statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations, to give a record of Coventry's state of wellbeing in 2019/20, and to offer a reflection on the city's approach to improving wellbeing last year and in our early COVID-19 response. These findings, and discussions from a virtual stakeholder event, shaped this report's recommendations, setting the direction on how to reset wellbeing in the city, minimise the harm of a global pandemic, and make use of the benefits we gained as part of our response.



Recommendations for individuals

There are things we can do in our everyday lives to improve our wellbeing, build our resilience and reduce the harm of COVID-19.

- Have vaccinations
- Have the flu vaccination
- Eat healthily
- Travel by walking or cycling
- Do physical activities
- Practise five ways to wellbeing – Keep learning; be active; connect; take notice; and give

Recommendations for organisations and Coventry's health and wellbeing system

Reflecting on last year's projects and partnerships – how they contributed to improving residents' wellbeing, and how they accelerated the city's response to COVID-19 – here are my recommendations for how we, as organisations and as a system, can minimise the impact and harm of COVID-19, while amplifying the benefits gleaned from the city's response to the pandemic.

1 RECOMMENDATION 1 – Wider determinants of health

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

2 RECOMMENDATION 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

3 RECOMMENDATION 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

4 RECOMMENDATION 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

5 RECOMMENDATION 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

Section 1 Why does wellbeing matter?



What is wellbeing?

During the Year of Wellbeing campaign, when we asked residents and organisations what they considered as wellbeing, we found that it was widely understood as a concept, but it meant something different to everyone². This reflects wellbeing's multi-faceted nature, as it does not necessarily fit into a single definition. The Department of Health says it is about 'feeling good and functioning well'³, which includes a person's reflection of their life experience, as well as their basic human needs and rights. The Office for National Statistics (ONS) similarly puts it as "how we're doing" as individuals, communities and as a nation, and how sustainable that is for the future.⁴ It looks beyond what we produce, and considers our 'health, relationships, education and skills, what we do, where we live, our finances and the environment.'⁵

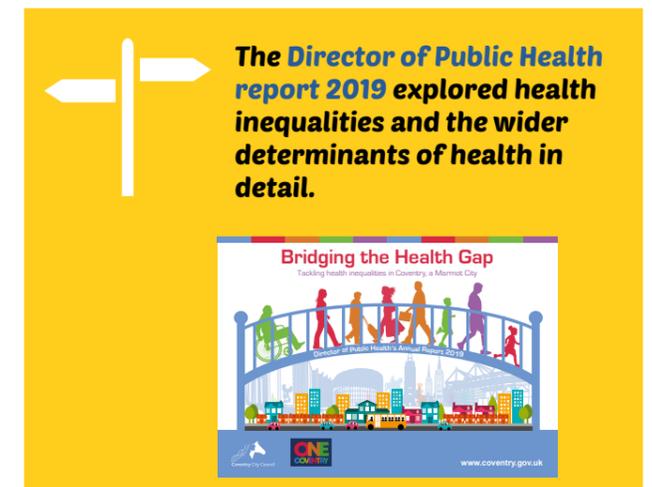
ONS's definition shows that our wellbeing is the sum of many parts. This closely aligns with Public Health concepts such as the principles of the Marmot Review and Population Health Management, both of which recognise that our health and wellbeing are shaped by a range of factors – some of which might be outside of our immediate control (e.g. growing up in a relatively deprived environment) and some of which we might be able to take responsibility for (e.g. choosing to do an act of kindness).

Who tends to have better wellbeing?

In general, 'the more favoured people are, socially and economically, the better their health.'⁶ Conversely, a person living in a more socio-economically deprived situation may find it more difficult to have the 'physical, social and personal

resources to identify and achieve their own goals and deal with changes in their circumstances,⁷ leading to worse health outcomes and levels of wellbeing. These are known as health inequalities.

Public Health England published evidence that 'the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them.'⁸ Amongst those diagnosed with COVID-19 (based on testing offered to those in hospital with a medical need), risk of dying was 'higher in those living in the more deprived areas than those living in the least deprived; and higher in ethnic minority groups than in White ethnic groups.'⁹ For deprivation, 'the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.'¹⁰ Wider inequalities have also shaped our experiences of lockdown and affected changes to our ways of life and work. For example, there are remarkable inequalities in who can work from home – the lower the income, the less likely that they are able to work from home.¹¹



Why do we need to take action for our wellbeing?

According to the Department of Health, wellbeing brings benefits such as adding years to life and improving recovery from illness. It is also associated with broader positive outcomes and influences the wellbeing and mental health of those close to us.¹²

As we continue to live with, and through, COVID-19, we should aim to bolster our wellbeing and to build our resilience, so we are better able to navigate the consequences of the pandemic. This requires efforts from us as individuals and as a system of organisations.

COVID-19 is expected to have a long-lasting, negative effect on our economy and our health systems. The closing of small businesses, the lack of job opportunities for fresh graduates, and the redundancies made after furlough are expected to have long-lasting effects, especially to already vulnerable groups. It is even more important that we are all equipped with the means of improving our

wellbeing and resilience, while bearing in mind the necessity of carrying out compensatory actions to provide more help to those who are most negatively impacted.

On top of the economy, COVID-19 has brought long-lasting impacts on our health system as well. When the initial wave of pressure with responding to COVID-19 is over, there will hardly be enough time for the workforce to recover before having to face another surge in needs – the lockdown is expected to have exacerbated issues such as social isolation, domestic abuse, and poor mental health. In health and care, there is also an expectation not only to restore and recover, but to improve and create the next normal at the same time, which may prove difficult to manage.¹³ As individuals, actively improving our wellbeing may 'ultimately reduce the healthcare burden.'¹⁴ As organisations, finding ways to improve our residents' and communities' wellbeing will work to the same effect. Moreover, organisations are in the unique position to implement measures to improve their workforce's wellbeing, building resilience as a result.



Section 2 How do we measure wellbeing?

Life expectancy and healthy life expectancy, as well as the Warwick-Edinburgh Mental Wellbeing Scales, are some of the measures that give an overview of our levels of wellbeing.

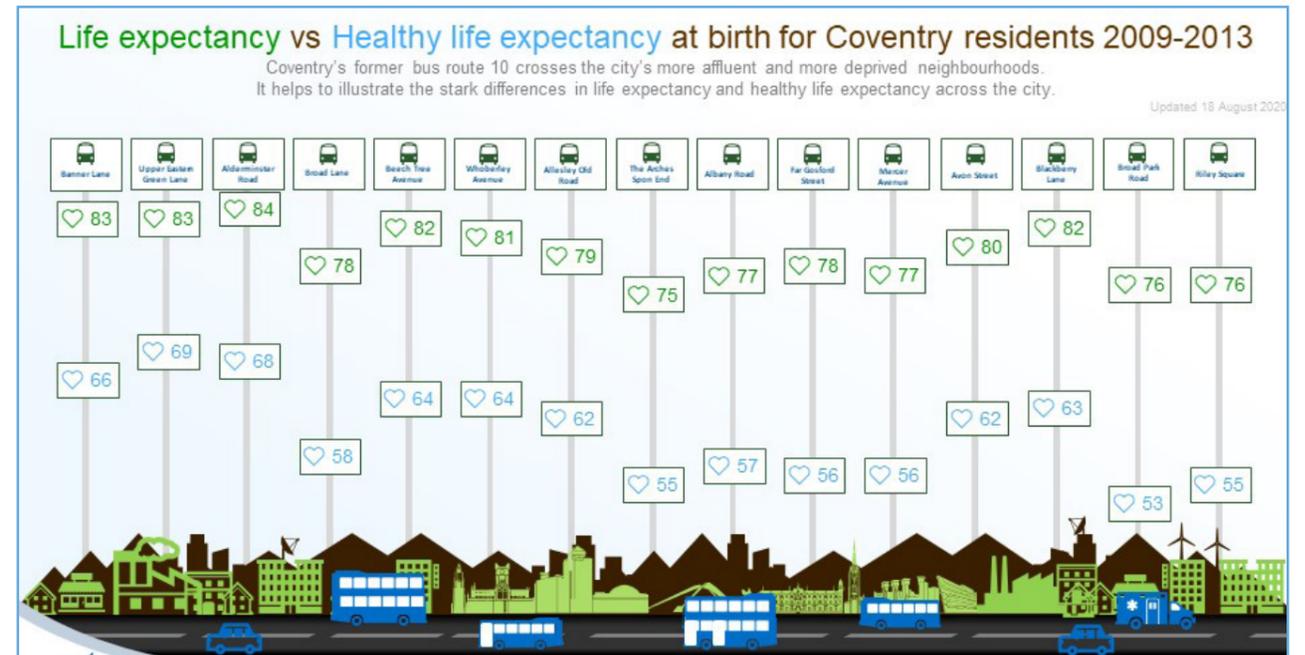
Given that wellbeing is a composite of multiple factors, another method of measuring wellbeing is to evaluate the factors that affect it.

with a small gap between the two. The difference between LE and HLE is known as the 'the window of need'¹⁶. The latest figures for Coventry are in the table below:

Life expectancy and healthy life expectancy

Life expectancy (LE) is the average number of years a person would expect to live.¹⁵ Healthy life expectancy (HLE) is the average number of years a person would be expected to self-report as living in good health. Together, they show a trend in the population's wellbeing. A population is said to enjoy good levels of wellbeing if it has high LE and HLE,

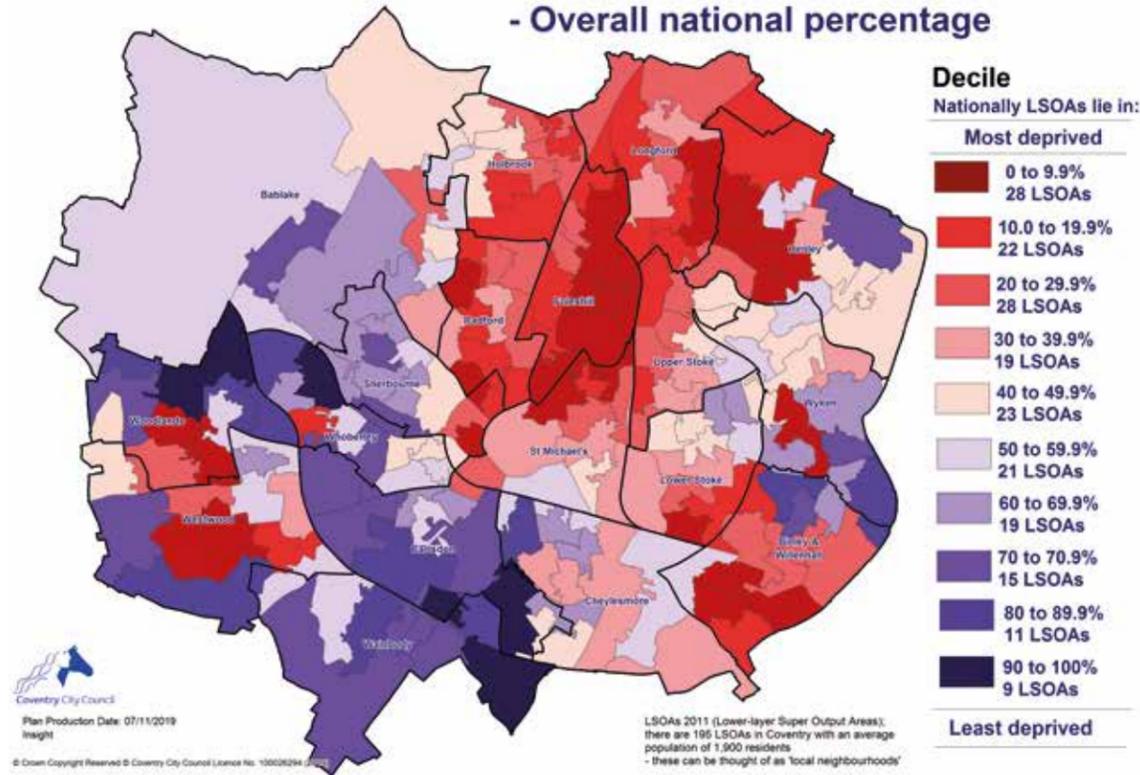
For 2016-18		
Life expectancy	78.5	82.3
Healthy life expectancy	61.9	62.5
% of life in poor health = (LE-HLE)/LE	21%	24%



For comparison, LE for Coventry's males and females is notably worse than England's average. For HLE, Coventry's males and females have similar figures to England's.

Deprivation and inequalities exacerbate these differences. People living in more deprived pockets of the city not only live shorter lives, but also have a bigger window of need which means they spend a greater proportion of their shorter lives in poor health. The Index of Multiple Deprivation (2019) combines information such as income, employment, crime and living environment, to rank England's neighbourhoods in order of deprivation. The map below shows Coventry's neighbourhoods and their relative levels of deprivation.

INDEX OF MULTIPLE DEPRIVATION 2019 - Overall national percentage



The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

WEMWBS is a set of 14 questions designed to measure the mental wellbeing of a population. Each question asks how often the respondent has been experiencing a positive aspect of mental wellbeing over the last two weeks. The answers are summed to provide a score between 14 (scoring 1 for each of the 14 questions) and 70 (scoring 5 for each of the 14 questions).¹⁷ The lower the score, the lower the level of mental wellbeing. When surveyed in 2018, 11% of Coventry residents had notably low mental wellbeing.¹⁸

Some researchers noted that 'a score of 40 and below corresponded to probable depression and a score of 41- 44 to possible depression.'¹⁹ According to data from GP surgeries in 2018/19, almost 10% of Coventry adults were diagnosed with depression, compared to just under 11% for England.



Depression diagnosis

10% COVENTRY **11%** ENGLAND

What affects wellbeing?

Our wellbeing is the sum of many parts. Factors that affect our wellbeing, such as income, education, and the environment, are known as the wider determinants of health. Considering the indicators of the wider determinants of health provides us with another way of measuring wellbeing. The Office for National Statistics (ONS) organised the factors affecting wellbeing into 10 domains.

This section offers a broad look at Coventry residents' level of wellbeing based on these domains. The focus will be on latest available data collected before COVID-19. Where possible, data from the COVID-19 period will be presented too. The section also signposts to the assessments that were carried out during COVID-19.



See our interactive **Power BI** report to compare Coventry's performance to previous years.

For a more in-depth look at the city's health and wellbeing status, please see our **citywide Joint Strategic Needs Assessment (JSNA)**.

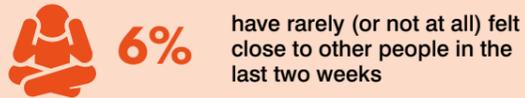
To explore Coventry's residents' level of wellbeing at a neighbourhood level, please see our **place-based JSNAs**.

1. Personal wellbeing



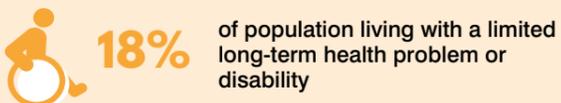
These are estimates of self-reported levels of wellbeing from a national survey. It asks about levels of life satisfaction, happiness, anxiety, and whether respondents feel things they do are worthwhile. In 2019/20, 80% of Coventry respondents reported high levels of life satisfaction (a score of 7+ out of 10), which is similar to the England average of 81%.²⁰ 20% of Coventry respondents reported high levels of anxiety (a score of 6+ out of 10), a slightly smaller percentage than the England average of 22%.²¹ During COVID-19, nationally, all four measures of personal wellbeing have worsened. The Coventry figures from the COVID-19 period are not yet available.

2. Our relationships



Feeling isolated or powerless is damaging to physical and mental health; loneliness increases our chances of dying early.²² One of the questions in WEMWBS asks respondents how often they have felt close to other people in the last two weeks. When surveyed in the 2018 Coventry Household Survey, 6% of respondents said rarely or less often, suggesting a small proportion but significant number of Coventry residents might not have people to rely on.

3. Health



Slightly more than one in every six Coventry residents reported in the 2011 Census that their daily activities were limited due to a long-term health condition or disability. Older people are more likely to feel limited.

4. What we do



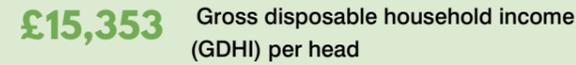
Our work and leisure activities affect our wellbeing. A systematic review shows that unemployment is damaging to wellbeing, permanently reducing life satisfaction, mental health levels, and self-esteem.²³ Coventry's unemployment rate in 2019 was at 5.3%, which was higher than the national average.²⁴ This is roughly 10,300 residents who are seeking employment but cannot secure it. During COVID-19, recent benefit claimant count statistics suggest that the number of unemployed residents in Coventry has increased significantly since 2019. For leisure activities, 78% of the 2018 Coventry Household Survey respondents attended local cultural events²⁵ at least three times in a year. 61% of Coventry adults are considered physically active, doing at least 150 minutes of moderate intensity physical activity per week. A smaller percentage of Coventry adults are physically active than the national average (67%).²⁶

5. Where we live



Living in a safe environment and being part of a cohesive community positively affect our wellbeing. 74% of Coventry residents reported feeling safe at night in their neighbourhood in the 2018 Household survey, a decrease from 2016. This suggests most people feel safe, but a quarter of residents don't feel the same, which could undermine their levels of wellbeing. From the same survey, 77% of residents felt 'very' or 'fairly strongly' that they belonged to their immediate neighbourhood. Our satisfaction with our accommodation and the quality of our dwelling affect our wellbeing. Fuel poverty data gives an indication of the number of households with high fuel costs and low income. High fuel costs are driven by energy prices and the energy efficiency of the property. In 2018, 12% of Coventry households were regarded as fuel poor, compared to 10% overall in England.²⁷

6. Personal finance



GDHI broadly measures the amount of Coventry's Gross Value Added (GVA) that becomes incomes for households, directly benefitting people. Coventry's figure is notably (about £6,250) less than that of England, meaning Coventry's residents might have significantly less to spend or save.²⁸

7. Economy



GVA is a measure of how much Coventry's businesses produce. It is one of the indicators that reflect the health and make-up of the local economy. GVA per head is a measure used to put the GVA of the city in context given its population size. Coventry's GVA per head in 2018 was £25,972, which was notably lower than England overall at £29,356.²⁹

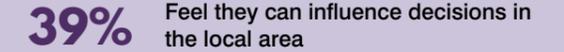
8. Education and skills



Not having formal qualifications may limit an individual's work opportunities. In 2019, just under one in ten working age Coventry residents had no formal qualifications.³⁰ Older residents are more likely to have no qualifications. In recent years, more residents have been gaining qualifications, however, Coventry still falls short of the England average.³¹

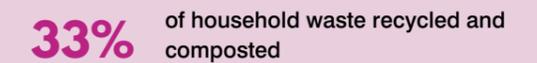
In 2019, about one in 20 (5%) of Coventry's residents aged 16 and 17 were not in education, employment, or training (NEET), or their activity was unknown.³² This is equivalent to 390 young people.

9. Governance



According to Public Health England, 'Community life, having social connections and having a voice in decisions that affect you are all vital to your wellbeing. They provide you with feelings of control, provide a buffer against illness or help you manage existing health conditions better.'³³ In the 2018 Coventry Household Survey, 39% of residents agreed that they could influence decisions affecting their local area.

10. Environment



This domain looks at areas such as climate change and the effects of our activities on the global environment. The [air quality map](#) shows Nitrogen Dioxide (NO₂) levels in different parts of the city. The figure for household recycling and compost helps to reflect Coventry's residents' interest in bettering the environment. The provisional data for 2019/20 shows that 33% of Coventry household waste was recycled and composted.³⁴

COVID-19 has prompted new research to better understand the changes brought by the pandemic. In Coventry, the Council commissioned Coventry University to undertake research into the impact of COVID-19 and its implications for future transport, especially mass transit. A Health Impact Assessment was also jointly carried out by Coventry City Council and Warwickshire County Council. The analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself.³⁵ An over-arching Equality Impact Assessment will also be carried out by the Council, drawing on the findings of other local and national research and assessments, to better understand what the local impact of the pandemic has been on protected groups. This will inform the city's reset and recovery work in the medium to longer term. Surveys were also conducted with residents and voluntary and community organisations to understand their concerns and the impact COVID-19 has had on their lives.

Section 3 What can we, as individuals, do to improve our wellbeing?



As part of our responsibilities to keep ourselves healthy, it is important to understand how to look after our wellbeing as individuals.

Speaking to residents and partner organisations during the Year of Wellbeing 2019 campaign, we learnt that, while wellbeing was widely known as a concept, it was not always understood how our actions could affect our wellbeing.³⁶ This section aims to highlight some of the connections between our actions and wellbeing.

Vaccinations play an important role in protecting our health and wellbeing. They prevent the spread of infectious and communicable diseases (diseases that can be spread from one person to another). Before the introduction of widespread immunisation and vaccinations, these diseases were a major cause of death and permanent disability, especially for children. Building the population's immunity helps with limiting the spread of vaccine-preventable diseases.³⁷

To achieve population immunity for measles, for example, 95% of five-year olds must have received both doses of measles, mumps, and rubella (MMR) vaccines.³⁸ England unfortunately lost its measles elimination immunisation status,³⁹ with only 86% (nine percentage points lower than 95%) of five-year olds having had both doses in 2018/19.⁴⁰ Coventry rates have been similarly disappointing. In 2018/19, only 82% of Coventry five-year olds had had both doses of MMR vaccination in 2018/19.⁴¹ Coventry GPs and partners have set up a task force to increase the uptake of vaccines.

The **flu vaccine** (commonly known as the flu jab) is currently the best protection against the risk of flu and its complications.⁴² The level of protection may vary, but it is likely to make the flu milder and shorter-lived. As the flu strains often change, and as protection from the injected flu vaccine decreases over time, it is recommended that the flu vaccine is taken every year. While the flu may clear up within one week for some, for vulnerable people such as pregnant women or those with underlying health conditions, it is more likely to develop serious complications such as pneumonia. There is a chance that the flu season of 2020 will collide with the next peak of COVID-19.⁴³ The Government has expanded the eligibility for free flu vaccination in 2020 in preparation. Having the flu vaccine not only protects against flu, it also protects the NHS from being overwhelmed at a critical time.

Follow up: The flu vaccine can be obtained at GPs and local pharmacies from September 2020. See **The Flu Vaccination Winter 2020/21 – Who should have it and why**.

Our lifestyles have a profound impact on our wellbeing. Healthy eating, active travel, and regularly taking part in physical activity all contribute to lowering the chance of obesity. In 2018/19, 63% of Coventry adults were classified as overweight or obese, similar to England's average of 62%.⁴⁴ Evidence suggests 'people with COVID-19 who are overweight or living with obesity, compared with those of a healthy weight, are at an increased risk of serious COVID-19 complications and death.'⁴⁵

Healthy eating refers to having a balanced diet, paying attention to areas such as good nutrition, low salt intake, and good hydration. In Coventry in 2018, while 91% of surveyed adults agreed it was important to them to eat healthy foods, only 25% of adults self-reported to have at least five portions of fruits or vegetables in a typical day.⁴⁶ Meanwhile, 10% said they had about one or less than one portion.⁴⁷ In the same survey, 35% of residents said they ate takeaways at least once or twice a week.

Active travel refers to walking or cycling as a form of transport. 'Switching more journeys to active travel will improve health, quality of life, [the] environment, and local productivity'.⁴⁸ A survey in 2018 shows that 12% of Coventry residents walk to work, while 3% cycle.⁴⁹

There are plenty of benefits brought by regular **physical activity**. It is reported that 'people who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle'.⁵⁰ The image below illustrates its impact on wellbeing for children, adults, the elderly, and people with disabilities.



61% of Coventry adults are considered physically active, doing at least 150 minutes of moderate intensity physical activity per week.⁵¹ This is a smaller proportion than the national average of 67%.⁵² During COVID-19, Sport England reported that, nationally, while 'a third of adults [in England did] 30 minutes

or more of physical activity (at a level that raised their breathing rate) on five or more days a week,⁵³ inequalities were still replicated or even exacerbated. Groups who found it harder to be active before the pandemic, such as women, older adults, people of BAME background, and people from lower socio-economic groups, still found it more difficult than others to be active.

Follow up:

- ▶ **Better Health** provides further information on how individuals can prevent obesity from becoming a risk to their health.
- ▶ **Coventry Health Challenge** complements Better Health to provide support for Coventry residents, focusing on physical activity, nutrition, giving up smoking, and vaccinations.
- ▶ **Healthy Lifestyles Coventry** provides support with weight management, healthy diet, giving up smoking, getting more active, cutting down on alcohol or just improving overall wellbeing.
- ▶ **Free NHS Health checks** are provided for eligible people aged 40-74.
- ▶ **Best You** is an app that provides personalised health and wellbeing recommendations regarding healthy eating, healthy weight, and physical activity.
- ▶ **NHS's Eat Well page** provides information on having a healthy diet.
- ▶ All Coventry residents can benefit from membership incentives and options with **Go CV**. See page 22 for details.
- ▶ During COVID-19, the **NHS Diabetes Prevention Programme** delivered by Weight Watchers accepts self-referrals from residents of BAME background.⁵⁴
- ▶ The Council is using Government funding to reallocate road space in some parts of the city to pedestrians and cyclists. This is done by creating new pedestrian and cycle zones and by installing pop-up cycle lanes and 'modal filters', such as bus gates, to remove through traffic from some roads.⁵⁵

In recent years, health and care professionals have taken up the practice of **social prescribing**. Under social prescribing, patients can be referred to activities such as 'volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports',⁵⁶ that are usually provided by local organisations. Social prescribing reflects a recognition that sometimes, solutions to improving wellbeing lie outside of clinical services, and can be sought in our everyday behaviours.

The activities relating to social prescribing closely align with the **Five Ways to Wellbeing**. Developed by **New Economics Foundation** and endorsed by the NHS, they are actions that, if built into our day-to-day lives, will have an impact on our wellbeing. Specifically, Take notice and Give have been shown to influence wellbeing in a positive way, while the other three are 'important influencers of both wellbeing and ill-being'.⁵⁷

The actions mentioned above are general in nature. Quitting smoking or addressing substance misuse, paying attention to mental health levels, seeking support in a domestic abuse situation, for example, all contribute to better wellbeing. See the Council's COVID-19 response webpages for advice and services that can support your wellbeing, especially during the pandemic.

A person living in a more socio-economically deprived situation may find it more difficult to have the resources to identify and achieve wellbeing goals.⁵⁸ This is where, as organisations, we can act as a system to address health inequalities, so their barriers to wellbeing may be lifted.



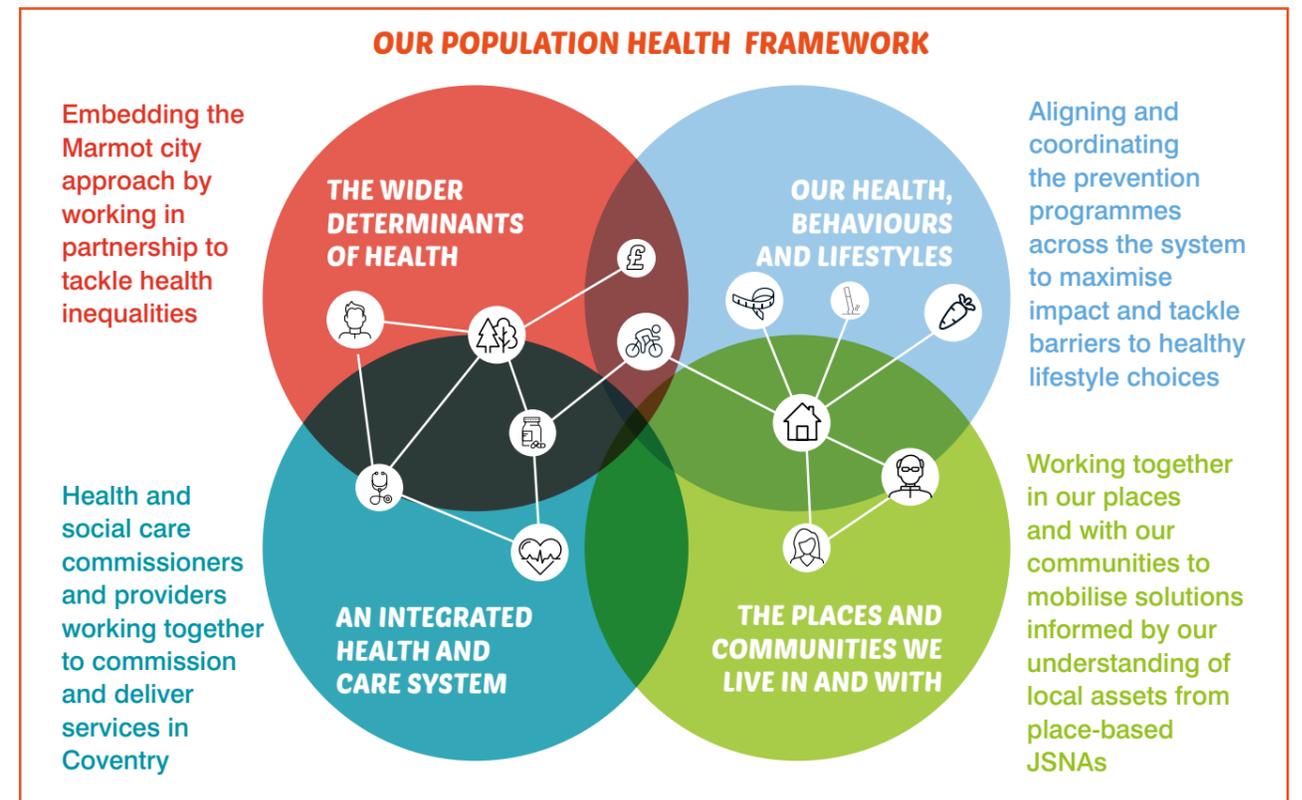
Section 4 What did we, as organisations and as a system, learn about Coventry's approach to improving wellbeing?



There are many social factors that affect our wellbeing, such as income, education, and the environment. They are known as the wider determinants of health. By addressing the avoidable inequalities in these factors, the population's wellbeing can be lifted. Furthermore, some groups that are more vulnerable will require compensatory actions and extra support to overcome barriers.

Since the social factors affecting our wellbeing stretch across a range of expertise, it is essential that a partnership approach is adopted. Coventry has been a Marmot city since 2013, championing the approach of working with partners to address health inequalities and carry out compensatory action.⁵⁹ Furthermore, the Council introduced the One Coventry approach in 2018, bringing renewed emphasis on working with organisations across the system and within the community.

How does Coventry's system look from a Public Health perspective? The population health framework provides an overview of how we can work together as organisations and as a system. The framework is developed by the **King's Fund**, a national health and care think tank, with the aim of reducing health inequalities and improving health and wellbeing in a population. The Council adopted the approach, making it the heart of the **Health and Wellbeing Strategy 2019-2023**.



Through the lens of the four quadrants of the population health framework, this section is a reflection on the projects and partnerships from last year and the early months of COVID-19. This section is informed by performance reports and evaluations from the Council and partners, as well as semi-structured and unstructured interviews conducted with over 20 colleagues across teams and organisations. Together, they gave a view of what worked well in Coventry's approach to improving residents' wellbeing (as defined by ONS's 10 domains) and how these characteristics played a part in the city's response to COVID-19.

QUADRANT: Wider determinants of health

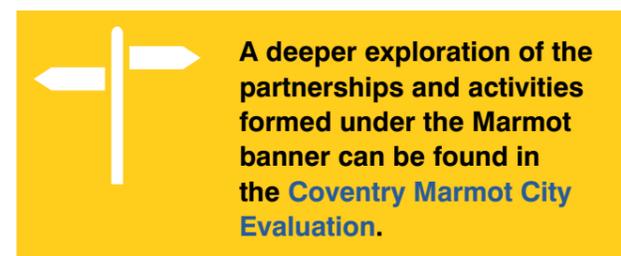
This quadrant reflects Coventry's ambition to work in partnership with services and organisations to address health inequalities within the wider determinants of health. Here are some things we learnt about Coventry in the last year:

More organisations in the system now understand the concept of wider determinants of health and consider tackling health inequalities as part of their work.⁶⁰ The number of partners in the Marmot Partnership Group increased between 2013 and 2020, with membership from local charities, emergency services, universities, and Government bodies. The diversity of partners allows considerations of health inequalities to shape a range of works across the system. The Police's Youth Violence Reduction Strategy and the Fire Service's Safe and Well Checks, for example, both acknowledge the influence of social factors on the risk of crime and fire.

During COVID-19, at a strategic level, the Marmot Partnership Group responded to the city's shifting needs by highlighting four areas of focus – 1) BAME communities; 2) Families with 0-5-year olds; 3) Economy and regeneration including employment and young people; 4) Income inequality. The COVID-19 needs and impact assessments inform the actions for the four priorities.⁶¹ At an operational level, a high level of willingness to collaborate helped to deliver a speedy response to the city's food needs.

Within the Council, there was a similar embracement of cross-team working and awareness of the wider determinants of

health.⁶² A deeper integration developed between Public Health and teams across the Council, leading to the continual application of the Marmot principles in the Planning, Parks, Licensing, and Transport teams at a strategic and operational level. Public Health concepts and highlights from the JSNA now form part of the Council's mandatory training for new staff members.



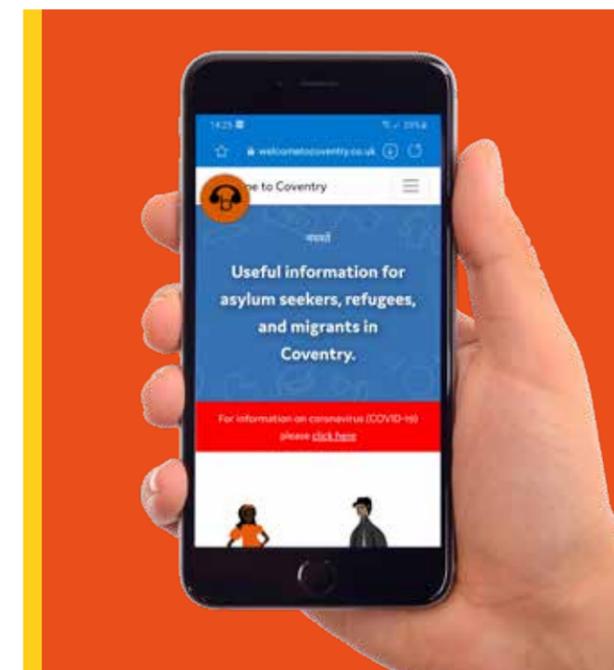
Employment inequality was addressed through influencing employers and providing rounded training for refugees.⁶³ This relates to **What we do in ONS's 10 domains for wellbeing.** Given that 'unemployment is damaging to people's wellbeing,'⁶⁴ the What Works Centre for Wellbeing identifies raising employment levels as an effective method of improving the population's wellbeing. In Coventry, employment inequality was addressed by delivering specialist employment support services via a city centre hub, the Job Shop; influencing employers with their recruitment practice; and providing specialist support for residents who were most excluded from the labour market.

Employability support for residents is delivered directly at the Job Shop and in partnership with specialist community organisations such as WATCH, Foleshill Women's Training, and the Coventry Refugee and Migrant Centre. The Employer Hub has encouraged local employers to employ Coventry residents who were experiencing deprivation. There were instances when partners and the Council successfully influenced employers to offer work trial periods, training, and higher pay for prospective employees. A partner reflected, 'There are very few organisations that try to influence the quality of the job on offer. I think we've made a big difference with the employers we've worked with, and I think there's loads more that could be done on that side'. Other examples of Coventry partners seeking to influence employers include strategic work with the West Midlands Combined Authority and the Coventry and

Warwickshire Local Enterprise Partnership. It has also included the direct management of specialist interventions with employers including, the NHS, the City Council itself and a wide range of small and medium size local businesses.

The Ignite programme, for example, which was delivered in conjunction with the Council's Migration Team and ACH, merged integration and employability support for refugees. The Resettlement Induction Programme enrolled refugees in Coventry to learn about the UK's laws, policies, and employment procedures.⁶⁵ There were additional sessions to help them gain an understanding of the UK job market. The employability classes also offered the opportunity for socialising and building ambitions for life in the UK. Recognising the trauma that they had experienced, confidence building was a key part of the programme too. The Council partnered with Stand and Be Counted theatre company to deliver confidence-building workshops.

Collaboration with community health champions and multi-lingual technology enabled increased communication with migrant groups and residents from BAME backgrounds.⁶⁶ This relates to **Health in ONS's 10 domains for wellbeing.** Some migrants struggle with the English language or with literacy, putting them at a disadvantage. Fifteen volunteers of refugee and migrant backgrounds were trained as **Community Health Champions** to disseminate public health messages to their communities. Some of them were medical professionals in their home countries. They represent 15 nationalities and are fluent in English and 19 languages between them. They led on new initiatives such as a regular health-focused podcast and virtual art therapy sessions. On the technology side, a culturally-sensitive app and multi-lingual social media campaigns were developed. The Council worked with a focus group of 30 residents to develop the **Welcome to Coventry app** to overcome the language barrier. The app provided key information on education, employment, and health in multiple languages. Its built-in 'BrowseAloud' technology allowed users to select a language and listen to its translation.

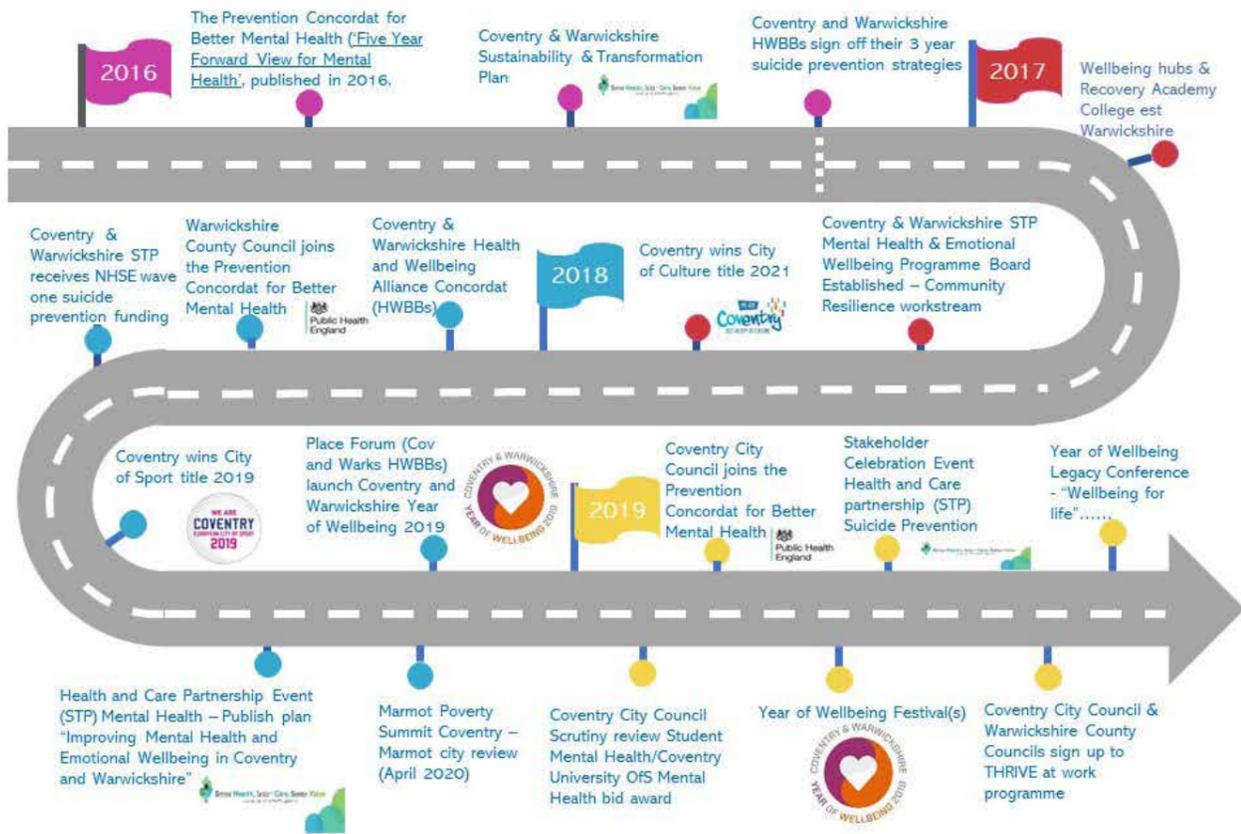


These ties proved especially impactful during COVID-19. The health champions helped to disseminate messages to their communities in over 60 languages. The Director of Public Health, health champions, and faith leaders co-hosted webinars to inform communities of the COVID-19 situation. The app disseminated COVID-19-related advice, employment rights, and avenues of accessing mental health support. Similarly, when childhood vaccination rates decreased during COVID-19, a social media campaign was published in seven languages. By helping to clear misconceptions of GP surgeries being unsafe or closed, residents were encouraged to return to GP surgeries to complete their vaccinations.

The Routes to Ambition (RtA) project provided education and employment support for young people who were disengaged, or at risk of exclusion, or facing major barriers to employment due to health and disability.⁶⁷

This relates to **Education and skills in ONS's 10 domains for wellbeing.** Under the project, the Work Related Learning Team offered learning programmes for young people who were at risk of becoming not in education, employment, or training (NEET). RtA coaches were attentive to the young people's needs, which was reflected in the range of support provided, including confidence-building exercises and guidance on routes to the young person's dream career.⁶⁸

Coventry & Warwickshire Road Map to Better Mental Health



An RtA coach noticed a young person's talents in sport and music, brought him to a live production at Belgrade Theatre, and arranged for him to meet with the show's directors and actors. This gave the young person the confidence to be open about his dreams of working in the music scene and to share with staff and peers the music he had made. He later reflected, 'I'm glad I got to go and see the show at the theatre with the RtA coaches because I have never seen a show like that before and would love to do more stuff like that in the future. I have lived through a lot of shady (bad) things in my past, but if you keep looking back, then you won't see what is in front of you.'

For a seamless transition from education into employment, RtA has referral routes into Ambition Coventry, a project where 20 organisations collaborate to support marginalised young people⁶⁹ with further education, employment training and opportunities, vocational qualifications, and paid placements.⁷⁰

An increase in staffing and accommodation resources brought about significant changes for people who are homeless.⁷¹ This relates to *Where we live* in ONS's 10 domains for wellbeing. The Homeless Team expanded to become the Housing and Homelessness Team. In particular, funding from the Ministry of Housing increased the Council's capacity to work with street homeless people, expanding from five hours of outreach per week to having nine full-time members of staff. The increase in staffing has enabled the team to build relationships with more partners. The Homelessness Forum now has over 50 members, with representation from charities and specialist service providers. The Housing and Homelessness Team reflects that they now 'have better understanding of who is street homeless and the issues they are facing. We can also quickly pick up when new people are on the streets.' The procurement of alternative temporary accommodation options, such as self-contained flats designed for family living, led to the elimination of bed and breakfast usage for homeless families in September 2019.

Public Health led on the commissioning of the Housing First project and embedded a housing-led approach to tackle homelessness. As part of the COVID-19 response, over 180 individuals have been accommodated. Users were given time to emotionally adjust to being in accommodation – in 'a space they feel in control of' – and to build trust with services. All accommodated individuals have since drawn up bespoke move-on plans, detailing available housing options that would best meet their longer term need so they did not return to the streets. 'It is difficult to engage people on the street. When they were given a space, we saw people who we did not think would change their behaviours, suddenly start looking after themselves,' reflected the Housing and Homelessness Team. After they were accommodated, services were able to deliver the necessary drug and alcohol support and Hepatitis C treatment. Between May and July 2020, more than 20 recovering drug users commenced Hepatitis C treatments, putting Coventry on track to eliminating the disease among drug users accessing addiction support by 2021.

The Coventry and Warwickshire Health and Care Partnership (HCP) has led on our COVID-19 mental health responses. Through collaboration between the statutory and voluntary and community sector partners a 'Working Together Partnership' was formed prior to COVID-19 to support and engage mental health organisations to develop and improve commissioning, communications, and pathways. This relates to Health and Personal wellbeing in ONS's 10 domains for wellbeing. The Working Together Partnership also enabled organisations to collaboratively bid for funding and access training opportunities. The graphic on page 18 illustrates the HCP's journey to improve mental health and emotional wellbeing for our population which received national attention. Partnership members were asked to present on their approach to mental health and wellbeing at two national events. As part of the response to COVID-19, the Partnership has developed and provided virtual training on suicide awareness to help services to identify at risk populations. Mental health resource packs were produced and distributed to partners and residents, as well as a bereavement pack which was developed to provide people with help, ranging from emotional to financial support.

Volunteering opportunities in nature have helped to improve the wellbeing of people with mental ill health.⁷² This relates to Health and Personal wellbeing in ONS's ten domains for wellbeing. What Works Centre for Wellbeing cites existing evidence that doing outdoor activities 'can make us feel happier, and more satisfied with life, or less anxious and depressed.'⁷³ The Council collaborated with Warwickshire Wildlife Trust, and Coventry MIND, a mental health charity, to deliver a project called The Environment and Me. For the third year running, the project offered Coventry residents with mental ill health the opportunity to socialise while making a visually-evident, positive impact on the environment. Together, they worked across allotments, nature reserves, parks, rivers, and woodlands, to create new wildlife ponds and meadows, plant trees, install otter holts, and grow organic fruits and vegetables. The project has engaged over 600 people, working closely with 200, including individuals who are suicidal. Some participants in the project successfully minimised hospital admissions, or progressed back into employment and education, while some branched into other social and volunteering activities. The project received the Countryside Management Association (CMA) Award. [Learn more about the project.](#)

The City Council developed alternative solutions to improving air quality, protecting the economic and social interests of people living in relatively deprived areas of Coventry.⁷⁴ This relates to Environment in ONS's 10 domains for wellbeing. In 2017, it was forecasted that Coventry would be non-compliant with Nitrogen Dioxide (NO₂) levels in



the future. The Government advised on introducing a Clean Air Zone (CAZ), where more polluting vehicles would be charged for entering a large part of the city.⁷⁵ Noting that the charging zone would have mainly affected residents living in deprived areas, such as people who could not afford a new electric vehicle or the daily zone charges, the Council rejected the CAZ, consulted widely, and submitted alternatives to achieve compliance with legal limits for NO₂ in the shortest possible time. The new Local Air Quality Action Plan was approved in February 2020, with a focus on improving the city's infrastructure, encouraging behaviour change, and making cleaner vehicles more accessible. Infrastructure changes include building the city's first segregated, two-way cycle route along Coundon Road; remodelling junctions to change the flow of traffic; and introducing a Dynamic Traffic Management system to monitor air pollution in real-time and redirect traffic to another route when pollution levels are high. Under COVID-19, the Council has secured Government funding to reallocate road space in some parts of the city to pedestrians and cyclists.

Quadrant: Our health, behaviours and lifestyle

As individuals, we understand that having a healthy lifestyle will improve our wellbeing. However, some may find that they face more barriers than others when it comes to adopting healthy behaviours. It is our role as organisations and as a system to help minimise these barriers.

Coventry and Warwickshire designated 2019 as the Year of Wellbeing, resulting in a campaign to raise awareness for wellbeing; activities ranged from encouraging employers to promote workforce wellbeing, to empowering residents to share their experiences in overcoming mental and physical adversities.⁷⁶

The Year of Wellbeing led to an increase in the number of organisations across Coventry and Warwickshire assessing and improving their staff wellbeing offers. This relates to Personal wellbeing and What we do in ONS's 10 domains for wellbeing. The Year of Wellbeing campaign found that 'there was a high level of interest in workplace-driven wellbeing offers, with many staff feeling this



should be a focus for organisations to improve performance, retention, and staff satisfaction.⁷⁷ Considering 19% of the working age population of Coventry and Warwickshire worked in the public sector,⁷⁸ this was judged to be a measurable starting point for awareness-raising and introducing cultural and behavioural change.

In 2019, Coventry City Council joined dozens of Coventry and Warwickshire organisations in adopting the Thrive At Work scheme, a workplace commitment with criteria and guidelines on creating a workplace that promoted employee health and wellbeing, through organisational enablers such as line manager support, attendance management, policies and procedures.⁷⁹ Before and during lockdown, Warwickshire County Council and Coventry City Council respectively carried out surveys to better understand the workforces' needs and their priorities around health and work, informing the City Council's wellbeing offer. The Council also started to provide Mental Health First Aid training in 2019 to help managers to spot signs of poor mental wellbeing amongst colleagues and to signpost them to appropriate support.

The Year of Wellbeing campaign evidenced effective awareness-raising for wellbeing. This relates to Personal wellbeing and What we do in ONS's 10 domains for wellbeing. The campaign reframed public health messages, putting the inspirational voices and stories of real people at the heart of its communications. Seventy three residents were empowered to share their wellbeing stories on BBC radio, in meetings, and on social media. Feedback suggested that people responded well to real life stories and could connect with them.⁸⁰ Amongst many examples, trustees and senior leaders in South Warwickshire NHS Foundation Trust (SWFT) acted as independent advocates for the campaign by talking about their personal wellbeing pledges on camera on the first day of the year, setting an example for colleagues across the system. When the Council wanted to raise awareness of the 'One Coventry' way of working, a similar approach of filming senior leaders was adopted.

The city hosted events to promote sports and wellbeing.⁸¹ The city was UK European City of Sport during 2019, holding over 180 events around the



city. Summer saw Coventry host Europe's largest corporate multi-sports festival. The four-day event had over 3,000 people participate in 23 sports. Summer 2019 also saw the annual event, Sports Fest, getting over 14,000 people active for free in 10 days, along with 21 Vodafone Gigafast Broadband Community Festivals around the city. Sport and wellbeing activities were hosted in the Go CV Sports Zone at Godiva Festival, getting a further 7,000 active.

Amongst many other sport and wellbeing events, the sport sector collaborated with Free Radio's Cash for Kids charity where £36,000 was raised to help disadvantaged children in the city get moving. Coventry Smashes Sport Week was hosted in January 2020, focused on taking physical activity with wellbeing messaging around the city for free, also celebrating the end of Coventry's Year of Sport. There was also investment via Sport England as a priority place to develop work in our local communities.



Coventry will be hosting the 2021 Rugby League World Cup, rugby 7s, judo and wrestling for the Birmingham 2022 Commonwealth Games and will be host city for the International Children's Games in 2022. The Festival of Wellbeing was hosted in Coventry City Centre in 2019. There were organisations for physical and mental health, arts, and food, forming 30 stalls to promote wellbeing.

There was investment in new sports and leisure facilities in the city. A discount scheme and card were set up to ensure residents, especially families on low incomes, could enjoy the city's attractions.⁸² The was over £100m of investment in new sports and leisure facilities in Coventry, including new facilities at The Alan Higgs Centre, an established leisure centre, along with The Wave, a new waterpark and fitness destination. The Wave is designed as one of the most accessible water parks in the UK. The Go CV scheme was set up to offer discounts to Coventry residents for the city's arts and sports venues (currently over 45,000 people registered). with additional discounts for families with low income and qualifying benefits, helping to remove some of the financial barriers of taking part in sports and cultural activities. New partners are always joining the Go CV scheme, bringing offers from discounted tickets to The Wave waterpark and fitness memberships, to free tennis and tickets to see professional Champion of Champions snooker matches.



The Foleshill Partnership Group set an example of partnership working in delivering a healthy lifestyles programme to local families. The successful summer programme in Edgwick Park led to increased usage and a reduction of anti-social behaviour in the area.⁸³ This relates to **What we do** and **Where we live** in ONS's 10 domains for wellbeing. To bring the local community together and to encourage lifestyle improvements in physical activity and healthy eating, 10 local communities collaborated to form the Foleshill Partnership Group. The group met regularly to review and plan future delivery, allowing for better alignment of, and referrals to, timetabling, projects and funding opportunities. Together, they delivered a programme of summer activities at Edgwick Primary School and Edgwick Park. Having the school as a base helped to build confidence amongst parents about the programme as the school was a trusted organisation in the community. Edgwick Park had been known as an area that struggled with anti-social behaviour; hosting activities in the park helped to increase park usage by residents, subsequently reducing police reports in the area. The summer 'Sport in the Park' programme was attended by over 200 children. Throughout the summer, 14 families became regular attendees. To ensure sustainability, the partners created a delivery calendar for 2020. The success of this group was recognised as it was named winner of Partnership award at the 2020 Coventry Health and Wellbeing Awards.

The City of Culture Trust built engagement across the city through targeted programming and geographically dispersed consultations, workshops and other events.⁸⁴ This relates to **What we do** in ONS's 10 domains for wellbeing. 46,000 attended cultural events in the city in 2019. In response to the 2018 Coventry Household Survey finding that 2% of Upper Foleshill residents participated in publicly invested cultural events (compared to 77% in Earlsdon), the Trust undertook a programme of targeted work in Upper Foleshill to encourage cultural engagement and participation. The next phase of development for the Trust is to address other neighbourhoods with historical and current low levels of engagement, such as Binley, Willenhall, Canley, Longford, and Wood End, Henley and Manor Farm (WEHM).



Bridge by Imagineer Productions,
photo: Tara Rutledge

QUADRANT: Integration of actions from the community, public sector, and voluntary sector

When the health system and the care system are well aligned, there will be fewer gaps in the support provided to vulnerable individuals, improving their chances of living healthier for longer.⁸⁵ A tighter partnership between service commissioners (e.g. the Council and Clinical Commissioning Groups) and service providers (e.g. GPs and mental health services) can improve residents' wellbeing by providing services of better quality.

Intelligence sharing across agencies has led to improved identification, management and contact tracing for tuberculosis (TB).

⁸⁶

This relates to **Health** in ONS's 10 domains for wellbeing. Coventry has a large ongoing TB outbreak amongst its homeless, substance misusing and sex worker populations, many of whom are street homeless or 'sofa surfing' in overcrowded accommodation, providing optimum environments for the onward transmission of the disease. This group is typified by poor treatment adherence leading to risk of treatment failure, relapse, incomplete

contact notifications, persistent infectiousness, drug resistance and a much higher risk of TB-related death. The TB Multi-disciplinary Team was set up in 2019 with representation from the TB Team, voluntary sector organisations working with the cohort, the Police, Public Health England, the Council's Housing and Homelessness Team and the Drug and Alcohol Service. Through information sharing and holistic care planning, the team accelerated city-wide response when a TB patient was identified, better enabling patients to commence and complete treatment, reducing the transmission of TB in the city. This experience of TB contact tracing is being used to inform how we test, trace and manage outbreaks of COVID-19 in our homeless population, including effective data sharing and referral pathways.

GPs were encouraged to share best practices to help increase uptake of vaccinations.

⁸⁷

This relates to **Health** in ONS's 10 domains for wellbeing. Coventry and Warwickshire convened an Immunisations Task and Finish Group with stakeholders such as local Clinical Commissioning Groups, the child health and information systems, and Public Health England. Under the group, a review was undertaken to identify obstacles to good rates of vaccination. Following results from the review, GPs were able to identify best practices from each other and share their experiences.

A new procurement practice brought about system change for domestic abuse (DA) services.

⁸⁸

This relates to **Our relationships** in ONS's 10 domains for wellbeing. Following a **needs assessment** and a new **strategy**, consultation was carried out with service providers professional stakeholders, domestic abuse victims and members of the public. It was identified that there was scope for service providers to collaborate better and work more closely with operational staff in Police, social care, and housing services. The requirement for collaboration – as well as priorities from the strategy like improved data collection and better provision for previously under-represented groups of victims was written into the procurement process and supported with lengthier contracts of up to nine years to reduce the disruption associated with re-commissioning and encouraging providers to establish more robust long-term partnership

arrangements. Annual service improvement plans will be established to ensure providers adapt to changing local needs, good practice and technology throughout the contract.

The success of system change brought by procurement was evidenced during COVID-19 where providers worked with housing services to improve pathways into specialist accommodation. Domestic abuse services also joined other Public Health commissioned services to share their experiences during the pandemic, learn lessons and gain reassurance from each other that they were adopting safe practice.

Improved use of data has helped with early identification of pupils who might need additional support⁸⁹ This relates to **Our relationships** and **Health** in ONS's 10 domains for wellbeing. The Council's Family Health and Lifestyles Service adopted the Lancaster Model in 2019, where pupils complete a needs assessment on areas including emotional health and wellbeing, lifestyle choices, and relationships. Amongst other information, the needs assessment data identified pupils with safeguarding concerns, mental ill health, and anxiety issues, enabling schools and services to intervene at an earlier stage.

Under COVID-19, NHS England identified some Coventry residents as Extremely Vulnerable Persons (EVP) who were eligible for protection under Operation Shield. The scheme offered the delivery of food parcels, medicines, and social contact calls to EVP who did not have a support network. However, some residents who local health and care partners believed to be at risk, were not on the Shielded list. In response, the Council pooled data with University Hospitals Coventry & Warwickshire (UHCW) and Sowe Valley primary care network to complement the list from Operation Shield. This provided a more holistic picture of different levels of vulnerability and risk within Coventry's communities, as illustrated in the diagram below. It also identified gaps in provision, allowing community services to better mobilise support for residents.

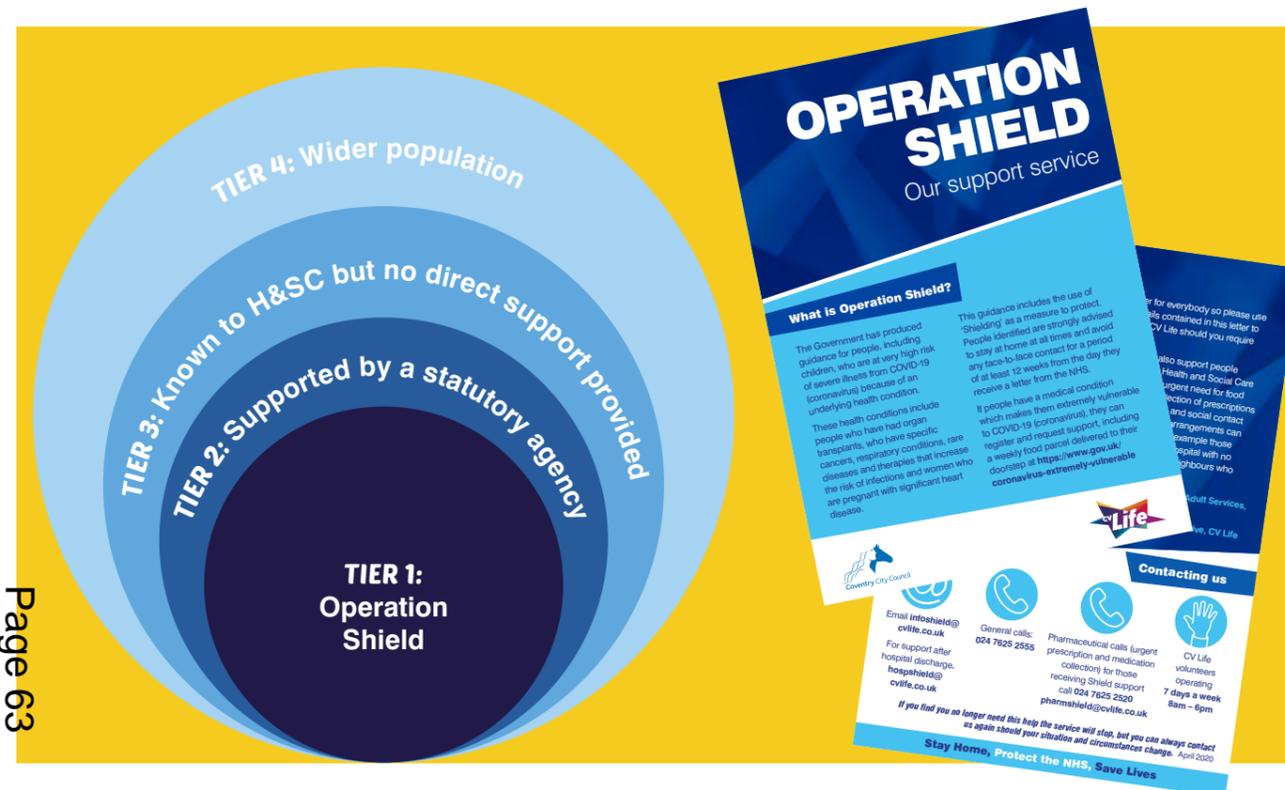
Putting the voice of the user at the heart of service design has enabled more fit-for-purpose delivery and helped to build trust between users and services. This relates to **Our relationships** in ONS's 10 domains for wellbeing. A person with lived experience of homelessness acted as a chair for the Homelessness Forum.⁹⁰ As mentioned earlier in the report, the Homeless Forum is attended by over 50 partners. It created a space for recognising assets in the city's infrastructure and

its specialist wraparound services and enabled a better understanding of gaps in provision from the perspectives of users and providers. Through the forum, the Council was able to work with providers to enhance the offer at winter night shelters, adding extra resources where it was most needed.

A similar approach was taken for parent's mental health.⁹¹ A Co-production and Communications work stream aims to promote and raise awareness of the initiatives undertaken to help reframe the narrative surrounding mental health and support parents as they enter parenthood. The group leads across Coventry and Warwickshire in the planning and co-ordination of co-production and participation for Parent Infant Mental Health and Wellbeing (PIMHW). A parent representative sat on the strategic board and at the working group, ensuring parents voices influenced the system at all levels. Parents worked alongside the Council to organise a conference around parent infant mental health in February 2020. Case studies of parents' experiences were discussed, and parents and professionals worked collaboratively to explore ways to improve parent infant mental health services in Coventry and Warwickshire. Feedback and input from parents have helped to further the Co-production and Communications work stream and shaped future actions for parent infant mental health.

needs and assets, informing their decision-making. This relates to all domains in ONS's 10 domains for wellbeing. The JSNA's traditional role is to provide leaders with an understanding of the local health and care status to inform their decision making. In addition to the statutory requirement of producing a **citywide JSNA**, eight accompanying **place-based (neighbourhood level) JSNAs** were in production between 2018 and 2020. Moving away from mainly reporting on statistics, qualitative findings from workshops held across the city helped to inform each neighbourhoods' profiles. Over 200 residents and 70 local organisations took part in the workshops. It was fed back that, while the evidence provided by residents and local organisations provided richer insight for health and care leaders, the accessible statistics also benefitted schools and communities with their planning delivery. There was appetite for similar reports, with keen anticipation for the remaining three place-based JSNAs.⁹³

New methods of community engagement were trialled last year, with positive results.⁹⁴ This relates to **Governance** in ONS's 10 domains for wellbeing. Using a new online engagement platform, Let's Talk Coventry, the Council carried out three pieces of consultation on housing and homelessness in 2019. The consultations brought renewed focus on increasing residents' understanding of the issues and increasing the avenues for feedback. A mixture of traditional method of surveys and face-to-face meetings with those affected were used. The consultations also used case studies to inform the public of the current system and to visualise the impact of potential future changes. The Homefinder policy review had almost five times more responses online compared to the year before, highlighting the effectiveness of the new online platform to reach wider audiences; discussion of this sensitive topic was constructive; and the press featured this engagement exercise positively.



QUADRANT: The places and communities we live in and with

Populations in different neighbourhoods will have different needs, as evidenced by the Council's Place-based Joint Strategic Needs profiles. Often, local communities may already have efforts in place to address them; these are known as assets. Taking these needs and assets into consideration, each area will require bespoke actions to improve its population's wellbeing. Understanding the population at a neighbourhood level, also known as taking a place-based approach, is the first step. Joint decision-making initiatives that involve meaningful participation from local communities can increase wellbeing.⁹²

Local Joint Strategic Needs Assessments (JSNA) by neighbourhood, enabled residents, local organisations, and health and care leaders to have a better understanding of each area's



There were also lessons to be learnt from Grapevine's, a local charity, creative engagement methods.⁹⁵ Their youth group, Coventry Youth Activists, worked with Imagineer Productions and Open Theatre to set up an outdoor engagement space with a sofa and plants in Broadgate, creating a living room to simulate the experiences of young disabled people who were less able to leave the house, as part of a campaign to raise awareness about isolation for young disabled people. They also led a walk and talk through the city centre for over 80 individuals, to bring together people working in services and people who want to make change in their lives and in their communities.

During COVID-19, an innovative approach to the Engagement for Test and Trace work was established,⁹⁶ where local community leaders (people who were well connected and a trusted voice in the community) worked with the Council to get messages out to communities and to feedback valuable community information and intelligence. This approach will be used as a framework for further work by the engagement service.

Eight family hubs across Coventry continue to form a core part of community and early help support.⁹⁷ This relates to **Where we live** in ONS's 10 domains for wellbeing. Established two years ago, family hubs are centres where children, young people, and families can visit when seeking support. Family hubs offer a space for providers to drop in and bring services to the community. The family hubs moved to a virtual delivery model in March 2020 due to lockdown.

Regular place-based stakeholder meetings brought together organisations to improve their neighbourhoods.⁹⁸ This relates to **Where we live** in ONS's 10 domains for wellbeing. Coordinated by the Council, organisations with an interest in certain wards met to share local knowledge, promote their services, and to discover ways of collaboration. Areas with such meetings include Foleshill, Hillfields, Spon End, Canley, and Willenhall.

During lockdown, these groups stepped up to help with the city's COVID-19 response. The Foleshill group, for example, grew in membership, creating

a virtual meeting place for Councillors, the City of Culture Trust, the Police, religious groups, the food bank, and charities such as Sky Blues, Carriers of Hope, GoodGym, and Feeding Coventry.

Additionally, across the rest of the city many community groups sprang up to help as part of the COVID-19 response, including mutual aid group and WhatsApp groups – these were supported and co-ordinated by the Council's Community Resilience team and additional Council staff who were deployed.

A thriving community food network, which encompassed all the food banks and grub hubs of the city, was formed during COVID-19. The Council enabled the growth of this network and supported them to become sustainable. The food banks and grub hubs each have their roots in their place-based communities, whilst working together to provide support across the city. The pandemic has highlighted the need for a more sustainable approach to providing access to food for vulnerable groups of the population. As a result, the Coventry Food Network has been established. The Network incorporates a range of partners including Feeding Coventry, the Community Centre Consortium, The



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CANLEY FOOD HUB

Pod, Groundwork and both Coventry and Warwick universities. It will build on the work already done, and will work to create a coordinated, city-wide sustainable Food Strategy and action plan that recognises the scale and breadth of the problem and seeks to address these.

Local organisations were invested in inspiring and enabling residents to make the changes they wanted to see. This relates to Governance in ONS's 10 domains for wellbeing. Speaking to local organisations, there was consensus that, in order to be sustainable, residents must be empowered to help themselves.⁹⁹ From 2019 to the present, the Collaboration Station project, led by Grapevine, a local charity, invited residents to raise issues that mattered to them relating to isolation and loneliness, and to start a movement to address it. As a result, 13 initiatives were established and designed by local people. An example of this is the creation of the Lads and Dads to engage men in community, culture, and music in support of men's health. They explored the way arts and culture could benefit mental health, especially for people of BAME background. The Council supported the group by signposting to mental health services. Grapevine noted that 'there's appetite for [making] local change, but there's also feelings of being disempowered – we want them to understand they have the right to make change, but not everybody comes to us thinking they can make change.' During COVID-19, Grapevine created the **'Changemaker University'** to upskill residents on storytelling, leadership, and tools for making change. These online training sessions brought together migrants, people with autism, people with mental ill health, and people who 'felt they were the regular kind of people.'

There were pockets of activities across the city to tackle social isolation for the elderly, migrant communities, and people with disabilities and learning disabilities. This relates to Our relationships and Where we live in ONS's 10 domains for wellbeing. Social isolation was identified as an 18-month priority for the Health and Wellbeing Board.¹⁰⁰ An executive group was formed to tackle the issue. Grapevine, a local charity, ran a workshop to identify how organisations could connect and seek opportunities to work together. Chatty cafés

were launched in Coventry in January 2020. The scheme allowed cafés to sign up for a small fee, set up a 'chat and natter' table, where residents could talk to each other to combat loneliness. A number of cafés joined the scheme and the feedback was positive. Chat Central, which is run by Voluntary Action Coventry, offers a telephone and drop-in service to bring the community together, to work on confidence building, and to offer support with life changes such as retirement and bereavement.

For the elderly, the Council worked with housing centre managers and residents to establish a number of 'friendship groups' within sheltered housing complexes.¹⁰¹ These groups helped residents to make friends, do light exercise together and go on trips.

For migrant communities, the Council arranged a befriending service with Coventry Muslim Forum to provide an opportunity for the city's Arabic-speaking women to connect with each other.¹⁰² Hosting a Christmas event at the library, the Council welcomed newly arrived families. In addition to providing a programme of children's activities, event attendees were consulted and linked to appropriate volunteering and training programmes, effectively maximising their skills and helping them settle into their new homes and communities.

Before COVID-19, Grapevine's Collaboration Station brought together people with a passion for music and going out to co-create ideas for accessible gigs.¹⁰³ They formed 'Fight For Your Right To Party' which was made up of local people with a range of disabilities and long-term health conditions. A local student offered DJ workshops and the group worked closely with JJ's nightclub staff team to co-create accessible nights: a silent disco with games consoles, outdoor seating and a place to talk, a doodle corner, better lighting and all the newly trained DJ's playing at their own gig. During lockdown these gigs moved online, providing a weekly socialising space for over 20 people.

As part of the COVID-19 response, vulnerable residents were identified through Operation Shield. For the residents who requested social contact calls, library staff volunteered to reach out to them. By mid-July, over 2,000 calls were made.

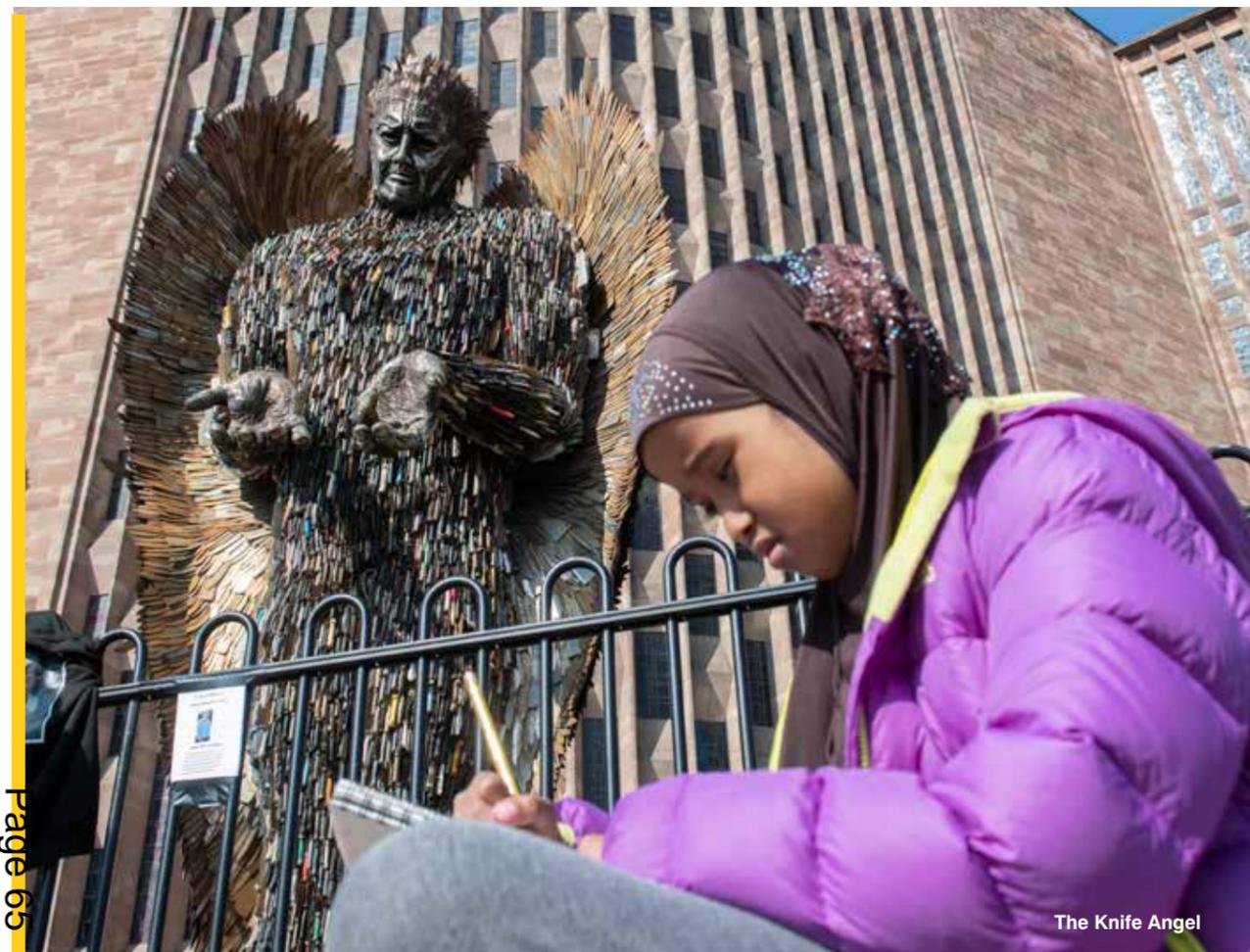
There were cultural and multi-faith events in Coventry to improve community cohesion. This relates to **Where we live** and **What we do** in ONS's 10 domains for wellbeing. Share My Language, a project by MiFriendly Cities, supported Rhymetimes in libraries.¹⁰⁴ These sessions for children brought together people from different backgrounds to share language and culture through rhymes and activities. Share My Language also partnered with university student volunteers at Offbeat to host an **Open Mic evening**. Performances from the community included Arabic rapping and songs in ancient Chinese and Kurdish.

The City of Culture Trust presented A Mile in my Shoes in June 2019 to 'highlight the city's activism, pioneering spirit and welcome.'¹⁰⁵

The interactive experience allowed 'visitors to walk a mile in someone else's shoes while listening to them tell their story.'¹⁰⁶ Furthermore, the Knife Angel,

an eight-metre sculpture made up of 100,000 confiscated knives dedicated to the victims of knife crime, was temporarily installed outside Coventry Cathedral in Spring 2019. The City of Culture Trust worked with local organisations to deliver a programme of activities around the Angel. The local community laid flowers and photos by the Angel to pay respects to the victims of knife crime. It was estimated that over 100,000 people visited the sculpture.¹⁰⁷

Under COVID-19, the Sacred Spaces initiative brought together faith leaders, emergency services, local organisations, and the West Midlands Combined Authority to produce a **video** for residents.¹⁰⁸ To show solidarity, faith leaders spoke about recent events and traditions that were significant to each other's faiths and urged residents to support their neighbours regardless of cultural or religious background.



The Knife Angel

Section 5 What can we, as organisations and as a system, do to improve our residents' wellbeing during COVID-19?



Based on findings from the projects and partnerships from last year and our early COVID-19 response, this section offers recommendations for the Council and partners to reset wellbeing in the city, minimise the harm of a global pandemic, and make use of the benefits we gained as part of our COVID-19 response.

18 individuals from partner organisations and across the Council joined a virtual meeting in early August 2020 to share their thoughts on the report's initial findings and recommendations. Their input has been invaluable in identifying the following as recommendations for this report.

WIDER DETERMINANTS OF HEALTH

FINDING

More partners in the system now have a better understanding of health inequalities and are willing to consider it in their work.

Health champions and the Migration app were effective in spreading health messages to BAME communities and new migrant groups. Early COVID-19 responses show success with collaboration with faith groups.

Employment inequality was addressed through specialist support for residents and influencing employers to improve recruitment practice.

RECOMMENDATION 1

COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

OUR HEALTH, BEHAVIOURS AND LIFESTYLE

FINDING

Effective methods of engagement and awareness raising were explored through the Year of Wellbeing campaign, JSNA workshops, our work with community messengers, and Grapevine's initiatives.

RECOMMENDATION 2

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.

FINDING

Year of Wellbeing encouraged organisations to build workforce resilience.

RECOMMENDATION 3

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

INTEGRATION OF ACTIONS FROM THE COMMUNITY, PUBLIC SECTOR, AND VOLUNTARY SECTOR

FINDING

Many aspects of Public Health work have become more integrated and effective through partnership working. The benefits from this approach were especially evident during COVID-19. This model has been adopted in areas such as:

- Domestic abuse services;
- Mental health services;
- Parenting and early help;
- Homelessness;
- Healthy lifestyles;
- Tuberculosis treatment; and
- Childhood and flu vaccination.

RECOMMENDATION 4

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

THE PLACES AND COMMUNITIES WE LIVE IN AND WITH

FINDING

A place-based approach has enabled organisations to better tailor their support to local needs and share resources and intelligence more effectively. During COVID-19, place-based groups were significant forces in providing food relief and spreading public health messages.

New methods of consultation and engagement helped to empower residents to make informed decisions about their local area. Organisations also enabled residents to raise issues that mattered to them, and to start movements to address them.

Socially isolated individuals have been identified through Operation Shield and the vulnerable list. Before and during COVID-19, pockets of activities by local organisations and the Council have been successful in alleviating loneliness and building community cohesion.

RECOMMENDATION 5

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

As part of the Reset and Recovery exercise, the Council has drawn up priorities for a system-wide response. Details are in the diagram below.

To minimise the harm brought by COVID-19 and to amplify the benefits gleaned from the city's response, it is important for organisations to work together with wellbeing at the heart of our decisions and actions. If you or your organisation would like to share ideas on working together to improve the wellbeing of Coventry residents, please contact CommunityResilience@coventry.gov.uk.

RESETTING OUR FOCUS - KEY PRIORITIES



ENABLING ACTIVITIES

- **JSNA** - understanding our communities and using emerging data relating to COVID and inequalities
- **Staff capacity**
- **Developing our PHM approach** to support COVID-19 response and recovery planning
- **Re-thinking our commissioning strategy** so that it is more flexible/responsive to emerging trends

Section 6 Progress on 2019 recommendations



This chapter outlines progress made on last year's report's recommendations. Preparing for, and responding to, COVID-19 has created a shift in priorities across the resources and capacity of the Council and our partners.

No	Recommendation	Action to date
1	Review and revise the Marmot Action Plan taking account of the findings in the evaluation and considering how a One Coventry approach can help to embed partnership working and promote ownership of initiatives throughout organisations and community groups, and how using a place-based strategy as set out by Public Health England can facilitate effective action through civic, service and community interventions	<p>Towards the end of the 2016-2019 action plan, work began with partners to identify the next steps for Coventry and the Marmot approach. The Marmot Partnership Group identified new priorities for the next three years, with input from partners and the report titled 'Coventry – A Marmot City Evaluation'. With the outbreak of COVID-19, Marmot partners used the One Coventry approach to identify more pressing areas of focus. Through the One Coventry approach, health inequalities are considered through all aspects of the Council's reset and recovery plans. The number of organisations in the Marmot Partnership Group also increased.</p> <p>To emphasise the One Coventry approach, indicators of social determinants and inequality are reported in the Council Plan and is seen as a mechanism for achieving health equity in all policies.</p>
2	Improve partnership-working with Place Directorate within Coventry City Council to ensure that public realm works and developments in the city take account of their potential impacts on health inequalities and use initiatives in a proactive way to reduce inequalities	<p>Taking the One Coventry approach, Marmot principles continue to be applied to Planning, Parks, Licensing and Transport, at a strategic level in policy and operationally in individual applications. Partnership working has supported the Public Realm work currently under construction to incorporate plans positively impacting on health inequalities (making the city centre accessible to all, providing pleasant walking routes, encouraging active travel).</p> <p>With the Planning policy 'Health Impact Assessment Supplementary Planning Document' adopted, developers are submitting evidence with applications for new developments showing consideration of health inequalities (in addition to other health impacts).</p>

No	Recommendation	Action to date
3	Utilise community asset-based approaches to improve health and wellbeing, maximising the legacy of City of Culture 2021	Community groups are well established within areas of the city and work effectively with other stakeholders in projects such as offering substance misuse support to those seeking work or delivering services through the city's eight family hubs. The City of Culture is working with established community groups to develop local artistic and cultural projects. The COVID-19 pandemic has brought opportunities, with more community support groups being established and people becoming more involved in supporting vulnerable neighbours. Work is underway, particularly through the City of Culture Trust, to find ways to build on the strengths of these groups and ensure that they deliver a legacy in the health and wellbeing of their communities.
4	Ensure there are strong links with the Skills Board and Local Enterprise Partnership to promote skills development to enable Coventry citizens to gain the necessary qualifications and skills to fill local jobs	There is representation on the Marmot Partnership Board from Adult Education; the Coventry and Warwickshire LEP; Employment and Skills; and Education. In addition, Public Health attend the Skills Board and Work and Poverty Working Group. This has led to citywide projects from these areas being targeted at more deprived communities, therefore contributing towards reducing health inequalities.
5	Recognise and respond to barriers and challenges which may prevent people in some groups from accessing and engaging in physical activities and healthy lifestyle choices	<p>The Coventry on the Move framework 2019-2024 was published in April 2019, drawing attention to the challenges and inequalities that residents face when trying to be more active. The Year of Wellbeing and Coventry City of Sport programme were key delivery elements of the framework which highlighted the success and demand for ongoing opportunities for residents to engage in physical activity.</p> <p>New leisure facilities were opened last year and the Go CV scheme has been launched and targeted at every resident. The scheme includes incentives and staggered membership rates to increase engagement. These programmes will continue to be developed and uptake monitored. Increasing the number of disabled residents taking part in sporting and cultural events in the city has also been established as a City Council equalities objective.</p>
6	Council and partners to embed an integrated early help offer which improves life chances for the more vulnerable families	<p>The Early Help Strategy was launched in July 2020, developed by partners including Children's services, Education colleagues, and Health colleagues to work together on ten key early help outcomes.</p> <p>Coventry's Early Help Partnership aims to reach children, young people and families when the need first emerges; and intervene when there will be the greatest impact. Several workshops were developed to create the baseline of how well the partnership was working and if it had been strengthened over time. Warwick University is completing an evaluation to understand the integration of services.</p>

No	Recommendation	Action to date
6	Continued	Family Hubs continue to facilitate multi-agency Family Matters Meeting, providing an opportunity for partners to discuss cases where there were unmet needs in the family, identifying concerns at an earlier stage and working with partners to support families. The Family Hub offer remains a core part of Coventry's early help partnership. Eight Family Hubs have been operating for two years and continue to bring a range of partners into their localities to deliver bespoke services for their respective neighbourhoods.
7	Evaluate the impact of the Year of Wellbeing and examine ways in which the Health and Wellbeing partnerships have raised the profile of health and wellbeing and maximise the legacy that can be achieved	<p>An evaluation of the impact of the Year of Wellbeing was carried out by Risk Solutions, with a focus on 'what worked' regarding awareness raising and participation levels. The campaign's immediate impact and its long-term impact were also examined. It was reflected that the campaign helped to raise awareness of wellbeing; encouraged changes to individuals' behaviours; enabled system-wide networking; and created the basis for better partnership working in the future.</p> <p>The Wellbeing for Life campaign, a follow up to the Year of Wellbeing campaign, was meant to commence in 2020. The Council's COVID-19 response shifted away some resources necessary for its promotion. The branding is still in use in some projects, such as the virtual Wellbeing Festival in September 2020.</p>
8	Maximise the opportunities available with the NHS as a key partner, through implementation of the NHS Plan around prevention and health inequalities and the Coventry and Warwickshire Health and Care partnership	The Council plays a leading role in the Population Health and Prevention programme of the Health and Care Partnership. The content of the draft Strategic Five Year Health and Care Plan was shaped and influenced by the P&P programme and there was a strong commitment to prevention and addressing health inequalities running through the Plan. The King's Fund population health framework has been adopted by the system as a whole and there has been considerable progress made in galvanising support for Population Health Management which is central to ensuring that we understand our population needs and variations in outcomes and target interventions where they will have the greatest impact. This will also start to drive a stronger focus by NHS partners on prevention and the wider determinants of health.
9	Mobilise the 2019-2023 Health and Wellbeing Strategy to ensure that the priorities are addressed utilising the population health framework to underpin change	The Health and Wellbeing Strategy was approved in October 2019. As part of the refresh, the Council has adopted the King's Fund model of population health management to enable system-wide changes to improve residents' health and wellbeing. Overall, as demonstrated in this report, the population health framework has become central to the Council's approach and has evidenced the benefits of this style of partnership working. Preparing for and responding to COVID-19 has prompted a reconsideration of the priorities identified in the Strategy. In the following months of recovery and reset, the framework still underpins the Council's course of action.

Acknowledgements

Editorial group

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