

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 25 January 2021
This meeting was held remotely

Present:

Board Members: Councillor Blundell
Councillor Caan
Councillor Duggins
Councillor M Mutton
Councillor Seaman

Professor Lisa Bayliss-Pratt, Coventry University
Melanie Coombes, Coventry and Warwickshire Partnership Trust
Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
John Gregg, Director of Children's Services
Andy Hardy, University Hospitals Coventry and Warwickshire
Philip Johns, Coventry and Warwickshire CCGs
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Other representatives: Derek Benson, Coventry Safeguarding
Alison Cartwright, South Warwickshire CCG
Chris Ham, Coventry and Warwickshire Health and Care Partnership
Kate Hughes, Coventry and Warwickshire LEP

Employees: S Frossell, Public Health
N Inglis, Public Health
L Knight, Law and Governance
R Nawaz, Public Health
C Sinclair, Law and Governance
S Weir, Economic Development

Apologies: Julie Grant, NHS England
Gail Quinton, Deputy Chief Executive

Public Business

23. Declarations of Interest

There were no declarations of interest.

24. Minutes of Previous Meeting

The minutes of the meeting held on 12th October, 2020 were agreed as a true record. There were no matters arising.

25. **Membership Changes**

The Chair, Councillor Caan, welcomed Phil Johns, the new Chief Accountable officer, Coventry and Warwickshire CCGs and Melanie Coombes, the new Chief Executive of Coventry and Warwickshire Partnership Trust who were attending their first meeting of the Board.

Councillor Caan referred to Adrian Stokes, Coventry and Rugby CCG, Simon Gilby, Coventry and Warwickshire Partnership Trust, and Sue Ogle, Voluntary Action Coventry who had all stepped down as members of the Board. He placed on record his thanks for all their support, contributions and hard work during their period of membership and wished them well for the future.

26. **Chair's Update**

The Chair, Councillor Caan, highlighted that his thoughts, and those of all the members and officers present at the meeting, were with those people who have been directly affected by Covid and their families. He took the opportunity to thank all colleagues who were working tirelessly during this time both at the frontline and behind the scenes to manage the response to the pandemic. In recognition of the tremendous work that the NHS partners had been doing over the last year, the City Council had decided to award University Hospitals Coventry and Warwickshire the Freedom of Entry to the City. Councillor Duggins spoke in support of this decision.

Councillor Caan reported that, due to the hard work of lots of colleagues, there were a number of new testing sites opening in the city over the next few days and weeks, in addition to the 6 sites already open. Four more new sites would open soon at The AT7 Centre in Upper Stoke; The Alan Higgs Centre in Lower Stoke; The Xcel Centre in Westwood; and The Hagar Community Centre in Willenhall.

Councillor Caan reminded members that the next Place Forum and Health and Care Partnership joint meeting was due to take place on 2nd March 2021.

27. **Covid 19 - Current Public Health Position**

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the Covid 19 situation in Coventry including data information and the testing results in the city.

The presentation provided a comparison with the local districts including Solihull and Warwickshire which were now showing high numbers of Covid infections. Latest results recorded for Coventry showed 492 infections per 100,000 residents at 24th January which compared with 661 for the West Midlands Combined Authority region. The city's latest rolling 7 days rate was highlighted which reflected the impact of the Christmas mixing and the new covid variant. This was a reduction from the recent high of 585 so numbers were plateauing. The figures were put into context with what was happening across the country with details being provided on the areas with the highest numbers of infections at this date.

High rate infection areas were now starting to spread across the country with Knowsley, Sandwell and then Slough having the highest numbers. The West Midlands was now the second highest region. Further information was provided on case numbers in Coventry, with particular reference to age groups and ethnic origin. Significant infections were now occurring in working age adults with work place settings being the most likely place for transmissions along with home environments.

The presentation concluded with a summary of key messages as follows:

- The West Midlands was the 2nd highest region nationally for infections
- The rate had plateaued in Coventry but was not dropping as fast as some other WMCA areas.
- Hospital admissions were likely to continue to gradually rise for next 10-14 days
- Coventry rate was currently 492/100k (524 WM Region average), with 1830 cases in the last week.
- The over 80 rate was 757/100k
- There were 220 admissions to UHCW in last week, compared to 198 on 14th January week. 159 of these were Coventry residents (median age 70).
- The north east quadrant of the city had the highest number of community cases

Additional information was also provided on the Public Health priorities to reduce Covid transmissions which highlighted the importance of communications and engagement.

RESOLVED that the contents of the presentation be noted.

28. **The Impact on Adult Social Care**

The Board considered a report of Pete Fahy, Director of Adult Services which provided an update on the current service provision and impact of the Covid-19 pandemic on Adult Social Care in the city.

The report indicated that Adult Social Care services had, in the main, continued to operate throughout the pandemic. This had been enabled by several significant measures being in place, including; comprehensive dynamic risk assessments, infection prevention and control processes and systems, supply and use of personal protective equipment (PPE) and the offer of alternative access to services via digital and self-services options. New ways of working had relied on digital agility and the flexibility and overarching good will of both the internal/external social care workforce and residents to support the service.

In the first wave of the pandemic some services ceased or were reduced due to the requirement for social distancing and other infection control measures. The implementation of Care Act Easements in April 2020 enabled the City Council to make prioritisation decisions that would otherwise be in breach of the Care Act 2014. This was a necessary and short-term measure to direct resource to most in need. Following wave one services were re-opened or reinstated to wherever this could be done in a Covid compliant way, with the necessary infection prevention

and control measures in place. Care Act easements had not been required beyond the first wave of the pandemic.

Adult Social Care operations had been and continued to be significantly impacted in a number of key areas including:

Commissioning - The Commissioning Team had provided additional support to the external provider market throughout the pandemic across a number of priorities. Also maintaining day services and providing respite and carer support had required changes to operating processes with reductions in numbers of those people accessing services to enable safe practices.

Financial Support to the market - The Commissioning Team had worked with finance to manage additional financial support to the market from the Governments Infection Control Fund Grants (£5.6m) as well as a scheme of provider relief to cover the additional costs of Covid (£0.77m).

Supporting NHS partners - The social care team based at University Hospital Coventry and Warwickshire had been operating seven days a week since March, 2020 which required revised working patterns and changes in working practices. There had been significant pressure on the team - during the six week period commencing 1 December 2020 the number of referrals into the Hospital Social Work Team showed an increase of 40% compared to the same period the previous year.

Community Social Work - Adult Social Care front door demand initially saw a gradual decline in completed contact assessments (referrals), since the first wave of the pandemic in 2020. The number of 'involvements', anyone requesting support was broadly similar to pre covid-19. Social Work staff continued to work from home and do as many of their duties from home as possible and only undertaking face to face assessments where necessary using appropriate PPE and safety measures.

Shielding - In addition to business as usual operations, Adult Social Care had undertaken a lead role in co-ordinating support for all 3 national lockdown periods, which advised Clinically Extremely Vulnerable residents to shield. The work was a significant undertaking.

Financial impact of Covid-19 - Whilst the immediate financial impacts of covid were being supported by short term grants the longer term position was much less certain.

Workforce - The impact of Covid 19 upon the adult social care workforce had created higher levels of absences due to sickness or self-isolation. Staff had to date been responsive and accommodating of continual changes and additional expectations including; 7 day working, working in different roles or settings and altered working patterns. The support offered to staff was outlined.

Members asked about the current position relating to patients who had been in hospital with covid and then being able to transfer back to care homes, in light of the indemnity concerns and the need to free up hospital beds.

Councillor Mutton, Cabinet Member for Adult Services and the Chair, Councillor Caan, placed on record their thanks to all Social Care staff for all their work during the pandemic.

RESOLVED that the contents of the report be noted.

29. **NHS Recovery and Restoration Update**

The Board considered a report of Phil Johns, Coventry and Warwickshire CCGs which provided an update of the work done to date on NHS recovery and restoration in response to the NHS Phase 3 letter from NHS England, and also gave an update on the impact on this restoration due to the latest surge in Covid-19 cases in the last few weeks.

The report indicated that at the end of June activity levels across most NHS services were at around 30-40% of pre-Covid-19 levels. The focus of the NHS was to protect cancer and clinically urgent workload and meant that routine non-clinically urgent cases were as a result delayed and waiting times for routine elective surgery increased nationally as well as locally. The NHS over this period saw a tremendous amount of service transformation in developing new green and red pathways.

On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of "Phase 3" response to Covid-19 and the need to restore services following the first wave of the pandemic, outlining the national expectations for the restoration of services within the NHS. Prior to the latest increase in Covid-19 cases and the renewed stress they had placed on both health and social care, the systems restoration was doing well. The report included the last summary of performance before the new year. Information set out the final week of December 2020 compared to the same week in 2019. This confirmed the trends seen in terms of restoration across the system, with activity levels at or above the same period last year. The system had used the 'window of opportunity' before the winter to restore services, and to mitigate the negative impact on health services to patients during the first wave of Covid-19.

The report also referred to referrals indicating that there were still significant challenges in terms of waiting times for routine care, with long waits for routine care and many patients waiting over 52 weeks for treatment. Pre-Covid the Referral to Treatment (RTT) target nationally was that 92% of patients on an 18-week RTT pathway should wait for less than 18 weeks. Both at a national level and in Coventry and Warwickshire, RTT performance fell dramatically when Covid-19 first appeared. Performance had been improving again month on month since July but had been hampered by the growth of long waits, especially for those who had waited for over 52 weeks. The details of referral waits on a monthly basis was set out in the report. Figures showed that, from a low point of RTT falling to 39.4% against the 92% target in July, as activity had been restored RTT performance increased month on month to a present position of 66.1%. However, the number of people waiting over 52 weeks had also increased.

The Board noted that the eradication of elective long waits would be a priority both for the NHS nationally and for the system locally once Covid-19 was under control. Within that, the priority remained to address cancer and clinically urgent cases

first, with longest waits next. It was pleasing to note that referrals for elective care were now generally back to levels pre-Covid.

The report concluded with an update on restoration through the second Covid surge. Whilst progress on restoration during the window of opportunity before winter had been good, it couldn't be assumed that this progress would continue between now and the end of March 2021. There was the surge in Covid-19 cases, with more new cases being confirmed in the first weeks of January and more patients in hospital with Covid-19 than in the peak of wave one. Only when the R rate fell below 1 could we then expect to see reductions in hospital admissions.

This latest increase in Covid-19 cases was placing even greater strain on the ability of NHS services to continue to restore normal non-Covid services, and it was anticipated that there would be some reversal in level of restoration of services, especially for non-clinically routine cases, between now and the end of March 2021. However, the service was in a far better place to maintain services in this second/third wave of Covid-19 due to the development of green non-Covid pathways, the use of same day services, and use of virtual appointments, established in the first wave.

Members enquired about the current position for cancer patients and it was clarified that the most urgent cases were being prioritised for treatment, while the waiting times for other cancer patients were likely to increase.

RESOLVED that the contents of the report be noted.

30. **Covid 19 Vaccination Programme**

The Board received a presentation from Alison Cartwright, NHS South Warwickshire CCG which provided an update on the Covid-19 vaccination programme.

The presentation referred to the governance arrangements which involved National, Regional and Coventry and Warwickshire Covid Vaccination Programme Boards and Work Stream Sub Groups, along with daily calls. Phase 1 of the programme involved all the over 50+ population of Coventry and Warwickshire, some 420,489 residents. For this there was a national planning assumption of a 75% uptake. Two vaccines were being used, Pfizer and AstraZeneca; both 2 doses now 12 weeks apart.

Reference was made to the 4 tier delivery model: 4 hospital hubs; 20 local vaccination sites; a roving / PCN visiting service for all care homes (staff and residents) and the housebound; and 1 vaccination centre. There were national assurance and readiness processes to follow; with sites being prioritised by number of over 80's and national logistics capability.

The key focus for the hospital hubs was all health and social care staff; and over 80 patients who were already attending hospitals for outpatient appointment or admissions. The initial focus on staff was frontline hospital staff and care home workers and this had now expanded to healthcare workers from all services and all social care staff as prioritised approach by LA colleagues.

The presentation listed the 20 covid vaccination sites and included two locations plans. To date 94,000 vaccinations had been given in Coventry and Warwickshire. For the Coventry and Rugby CCG area, 41,000 vaccinations had taken place: 81% of over 80s and 70% of care home residents.

Additional information was provided on the national vaccination programme and the ten patient priority cohorts, currently focussing on all over 80's and all health and social care staff, then moving to over 75's then over 70's and all clinically extremely vulnerable (formally shielded patients). Patients were being contacted by national letter to access large vaccination centres and local contact from patient's practice / LVS.

The Board were informed that there was sufficient physical capacity to deliver the Prime Minister's target of top 4 cohorts by mid February, subject to vaccine supply. There was now a regional process in place to accredit larger local pharmacies going forward.

Members raised a number of issues including were many residents refusing to be vaccinated and what could the partner organisations do to encourage vaccination; information about the process for second vaccinations; clarification about the roll out involving different surgeries and why some people were being called earlier than others. Members also asked about the space between doses. The importance about communication was highlighted so organisations and residents were aware of the key priority messages. In response to issues raised, further information was provided on how spare vaccines were being used and the vaccination of volunteers.

RESOLVED that the presentation on the covid-19 vaccination programme be noted.

31. **Covid-19 - Wider Partner Perspectives**

Mike O'Hara, West Midlands Police provided an update on the work of the local police in response to the covid-19 pandemic.

Since 6th January when the third lockdown commenced, officers had been involved with patrols, engagement, supporting the vaccination centres and responding to calls. Work was ongoing with the Enforcement Sub-Group relating to breaches of the current rules and officers were patrolling parks, open spaces, retail and religious venues. Visits were also being undertaken to business and licenced premises making sure everyone was clear about what was allowed.

The number of calls to the service were stable and there had been a drop off in street crime. Officers were currently responding to calls concerning larger gatherings and were following the national guidance regarding enforcement. The police were currently in the response phase at the present time and there would be a community recovery in due course. Then resources would be required to support the City of Culture.

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership referred to the successful health and care partnership in the city that had helped to set up the successful vaccination programme and to the work of local GPs to support this. He reported that the Health and Care Partnership was to be

designated as an integrated system and it would be going live from the start of April. Final approval was awaited.

The Chair, Councillor Caan and Liz Gaulton, Director of Public Health and Wellbeing placed on record their thanks to all those in the voluntary sector who had worked so hard to support the health partners and residents during the pandemic. Thanks were also given to families and friends who had supported the vulnerable during this time. There was an acknowledgement that following the resignation of Sue Ogle, Voluntary Action Coventry, further consideration needed to be given to the role of the voluntary sector on the Board.

RESOLVED that consideration be given to the appointment of representatives from the voluntary sector to the Board.

32. **Marmot Sub Group: Health Inequalities Call to Action**

The Board considered a joint report of Dr Sarah Raistrick, Coventry and Warwickshire CCGs and Sue Frossell, Consultant in Public Health which provided an update on the development of the Call to Action across Coventry and Warwickshire, to involve businesses and organisations in pledging to make changes to improve health and reduce health inequalities in the light of Covid-19.

The report indicated that at the Board meeting on 27 July, 2020, it was agreed that the Marmot Partnership Group would take the strategic lead on supporting the system to address health inequalities relating to Covid-19. This had resulted in the development of the health inequalities Call to Action. The Call to Action was a recognition that improving health and reducing inequalities could only be achieved by the joint efforts of organisations and businesses across the city in making changes that would have a combined impact for residents and communities.

The Call to Action recognised that if all organisations and businesses made small changes to address health inequalities, the overall impact on the city and its residents would be maximised. Calls would go out to private businesses, statutory and voluntary agencies, with tailored messaging designed to inform and encourage organisations to pledge to make a small number of changes as a result of Covid and the widening health inequalities. Information about the Call to Action would include how taking action could benefit the individual business or organisation, as well as explaining the advantages to the wider community if health inequalities were reduced.

The Call to Action would be themed to specific areas and would be system wide. Although it would encourage organisations to consider a number of ways that they could make change to tackle health inequalities, the two core areas of focus would be:

- Review/update of HR policies and processes to ensure that there were no unconscious bias and that there were no barriers for BAME employees in recruitment or progression.
- Development of a social value policy or inclusion of social value approaches in procurement and other processes, to ensure wider benefits to the community through core social value such as offering apprenticeships to local people as part of a local project, as well as added

social value which added value over and above the goods or works being provided.

The Call to Action was being managed by the Inequalities Team in Public Health and would be overseen by the Marmot Partnership. Discussions were in place with the Economic Development team regarding their potential support and involvement. The Call would also be supported by the newly formed Coventry and Warwickshire Anchor Alliance.

Discussions were underway with Warwickshire County Council to establish the Call to Action across the county. It was likely that the approach would be aligned across Coventry and Warwickshire rather than being directly integrated. Additionally, the Coventry and Warwickshire Inequalities Task Group, which feeds into the Population Health and Prevention Board had created an action to consider how the Call to Action could best be used to influence actions across the health system.

The report set out the support to be provided for businesses and organisations which included the development of a website to provide further information about the Call to Action and showcase the actions taken by organisations. The site would also contain a range of materials, templates and toolkits that would support businesses and organisations to take action to proactively work to reduce inequalities.

All organisations would be encouraged to sign up to the Thrive at Work accreditation. Other suggested changes included signing up to the Disability Confident scheme, implementing the real living wage for low paid staff, and increasing the number of young people taken on as apprentices. It was proposed that businesses would be aware of the services available to them from the Coventry Job Shop and the Employer Hub. The report set out a draft list of suggested actions that businesses and organisations could consider, and this would be developed and expanded during the period of the programme.

It was intended It is intended for the Call to Action to be a year-long programme, engaging with as many businesses and organisations as possible through a variety of means, including social media and online promotion, direct engagement through colleagues in Economic Development, Employer Hub, and the Chamber of Commerce. A proposed timetable for 2020/21 was set out.

In response to a question about the significant impact of sub-standard housing on residents and the importance of working with landlords, it was clarified that the housing sector would be consulted.

RESOLVED that:

(1) The approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities be endorsed.

(2) Members to begin to consider what actions each member of the Board can take in response to the Call to Action. Two key recommended areas of focus are:

- a. a robust review of HR equality policies and processes using a recognised tool; and
 - b. embedding a social value approach,
- both these core areas will enable a system-wide approach to reducing general health inequalities within our communities.

33. **Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of Joint Place Forum and Health and Care Partnership meeting held on 3 November 2020.

The report indicated that the over 70 people joined the virtual meeting which was the second joint meeting held during the Covid-19 pandemic. It provided the opportunity to continue the conversation from the previous July meeting about health inequalities and Covid-19 and to explore potential collaborative action to address the negative impacts and capitalise on the opportunities arising from the pandemic.

The report detailed the key themes emerging from the meeting which included:

- A clear imperative to continue working collectively with communities and as partners to address health inequalities;
- The relationship between health and wealth, and importance of inclusive growth to ensure that some groups were not excluded from economic recovery. There was an opportunity to develop Social Value policies as a mechanism to address health inequalities;
- A recognition that the foundation of strong partnership working across Coventry and Warwickshire was increasingly important in the months ahead. The value of close relationships through the Joint Place Forum and Health and Care Partnership Board had been proved and the Anchor Alliance was an opportunity to expand this further;
- Innovation and new learning triggered by the pandemic and the importance of taking the time to capture this;
- Staff wellbeing was now more important than ever in improving health outcomes and addressing inequalities. The Thrive at Work programme had the potential to have a real impact in all organisations and should be embraced by all partners; and
- The importance of local communities and places in driving change/ improvement and responding to need.

The report also set out the key next steps and actions that were proposed as follows:

- Reassert the system commitment to tackling health inequalities and respond to and champion the Call to Action to address health inequalities;
- Take opportunities to work collaboratively with business sector partners and use collective influence to address economic impact of Covid-19;
- Support activity to strengthen statutory and voluntary and community sector partnerships and harness the community response to the pandemic;
- Champion and progress Year of Wellbeing pledges to achieve THRIVE bronze award;

- Participation in planned training on workplace mental wellbeing for strategic partners; and
- Support and champion a population health management approach to inform plans and activity.

Members were reminded that the next Place Forum meeting was scheduled to take place on 2 March 2021.

RESOLVED that the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health and Care Partnership meeting held on 3 November 2020 be noted.

34. **Coventry and Warwickshire Local Enterprise Partnership Strategic Reset Framework**

The Board received a presentation from Kate Hughes, Coventry and Warwickshire Local Enterprise Partnership (LEP) and Steve Weir, Head of Economic Development on the CWLEP Reset Strategic Framework and Implementation Plan. A copy of the Strategic Reset Framework had been circulated to members.

The presentation provided an overview of the Coventry and Warwickshire economy pre-covid in March 2020 which highlighted that the local economy had grown at a rate unsurpassed by any other LEP area in the country, with economic growth increasing by 45%. Manufacturing had grown by over 110% over the decade and the unemployment rate of 3.8%, was lower than the regional (5.1%) and national rates (4.1%).

Arising from the pandemic, a strategic reset framework had been developed, through the work of the Reset Taskforce, which the objective that Coventry and Warwickshire was a safe and highly attractive place to live, study, work, and invest. The approach would be founded on clear reset principles, which were detailed. Reference was made to the following six pillars, which framed the strategy and priorities, building on strengths but also identifying vulnerabilities and barriers:

Good jobs and levelling up opportunities
 Leading innovation
 Green sustainable future
 Bold approaches to enterprise
 Re-imaging our communities, forging global connections
 Transforming infrastructure.

Information was provided on the different CWLEP Business Groups tasked with driving implementation. Also highlighted were the current issues which included the variable impact on all areas including places, businesses, communities and individuals; the complexity of support which was confusing and excluding some; the EU Trade Deal impacts; the March Budget; unemployment which was expected to peak at 7.75% in Quarter 2 2021 with a high impact on 16-24 year olds; business confidence and activity that had been growing; and the vaccine roll-out.

The Board were informed of the various employment solutions for employers and recruiters, along with the employment solutions for job seekers and young people that were now being promoted.

Attention was drawn to health and social care, in particular the Midlands Engine Mental Health Productivity Pilot (MHPP) in the workplace; the West Midlands Health & Wellbeing Innovation Centre; and CIPHER – the Coventry Codesign Innovation Platform for Healthy EldeRs. All the work carried out in relation to PPE was highlighted along with Project Sherbourne which would see the City Council join forces with a host of commercial and public sector partners, including Coventry's universities, to create an unrivalled digital infrastructure at the cutting edge of the global use of digital connectivity such as full fibre and 5G. Health and Social Care example cases were provided.

The presentation referred to the City Council's economic recovery priorities as follows:

- Safeguard Coventry's businesses – protect jobs and work
- Support businesses to innovate, grow & scale up in recovery
- City centre regeneration & investment in cultural assets
- Transport & digital infrastructure and power supply enhancements

The presentation concluded with the following key actions for linking the economy and health:

- Employability & skills support – particularly young people
- Creative Economy Strategy – City of Culture Legacy
- Integration of business support & employment support schemes
- Roll out Social Value plan
- Clean Air Zone.

Members asked about what the LEP could do to encourage the employment of disabled employees. It was agreed that further consideration needed to be given to the future relationship of the Health and Wellbeing Board and the Coventry and Warwickshire LEP.

RESOLVED that:

(1) The request that the LEP consider their role in encouraging employers to recruit and support disabled employees (part of the inequalities pillar) to be raised as appropriate.

(2) Further consideration to be given to the role of the Health and Wellbeing Board working with the LEP, particularly in light of the impact of Covid on the health of the nation and the economy, also taking into account the Marmot Sub Group.

35. **Update on the Progress of the Flu Immunisation Programme**

The Board considered a report of Nadia Inglis, Consultant Public Health which provided an update on the delivery of the flu immunisation programme to the key target groups and health care workers.

The report indicated that due to the risk of flu and Covid-19 co-circulating this winter, the national flu immunisation programme was even more important than usual in protecting vulnerable people and supporting the resilience of the health and care system. Research suggested that people who were co-infected with flu and Covid-19 were more at risk of severe illness and were more than twice as likely to die than someone with Covid-19 alone

Planning and delivering the programme was more challenging this year due to the impact of Covid-19 on health and social care services, the need for social distancing measures, and the expansion of the eligible groups such as household contacts of those who were extremely clinically vulnerable. The programme was due to end on 31 January. This was a much-shortened schedule (5 months) than the usual 7-month period to enable rapid protection from flu for the most vulnerable and to enable NHS delivery of the Covid-19 vaccination.

The report detailed the uptake of flu vaccination in the key target groups between 1 September and 27 December 2020, although details from approximately 10% of the 66 GP practices in Coventry and Rugby was still awaited. Results showed all key target groups witnessed an increase in flu immunisation, apart from pregnant women which was a theme across the country.

Additional data highlighted the uptake of the flu vaccine amongst health care workers at 1 December 2019 and 1 December 2020. This showed that there had been an increase in the number of health care workers accessing the vaccine in comparison to the previous year.

Communication would continue to encourage uptake of the flu vaccination throughout the January 2021 period.

The Board were provided with an update for vaccination uptake as at 14 January, which showed a 10 per cent increase on the previous year. At 19 January, 73 per cent of staff at UHCW had been vaccinated, with an uptake of 72 per cent at CWPT.

The Deputy Chair, Dr Sarah Raistrick, highlighted the importance of promoting the flu vaccination for pregnant women indicating there was still the opportunity for them to be vaccinated at their local GP surgery.

RESOLVED that the excellent work that has been undertaken to rapidly deliver the flu immunisation programme in Coventry within Covid-19 safety parameters be noted.

36. **CCG Merger and Forward Plan**

Phil Johns, Coventry and Warwickshire CCGs, introduced the report of Alison Walshe, South Warwickshire CCG which provided an update on the CCGs' current merger activities, including risks and mitigations and with particular reference to Phases 3 and 4 of the merger. He highlighted that everything was on target to complete the merger by 1 April, 2021.

The report indicated that under Phase 3, all documents requiring re-submission following the Merger Application Panel in October 2020 were sent to NHS England/Improvement on 12 January 2021 in readiness for their formal 'Conditions and Recommendations' review of the merger at the end of January. The Board were informed that the informal review with the CCGs' Merger Programme Team on 4 January had gone very well.

Phase 4 was the Implementation Phase. The recruitment of statutory Governing Body roles was progressing well. Members had endorsed Dr Sarah Raistrick as the Chair, and Phil Johns commenced in post on 7 December, 2020 as the single Accountable Officer for the three CCGs, ahead of his nomination for the role of Accountable Officer for the new CCG. A start date for the new Chief Finance Officer was still awaited although it was likely to be towards the end of March 2020.

Governance arrangements were under continuous review and Committees/Governing Bodies in common across the three CCGs would be utilised during quarter four to achieve efficient decision-making, as required.

Policy Advisory Groups, with cross-CCG Governing Body membership, had now been established for Nursing/Human Resources, Governance/Operations and Clinical Commissioning/Medicines Optimisation. The first meetings were held w/c 14 December, 2020 and a number of policies were supported for recommendation by Clinical Quality and Governance Committees to Governing Bodies for approval. In total there were 175 policies to be fully aligned by the end of March in readiness for adoption by the new CCG on 1 April 2021.

The full-time 'embedding' of a HR lead within the CCG was paying dividends as the HR element of the programme 'ramps up'. This arrangement would be formally reviewed at the end of January 2021. TUPE consultation with existing CCG staff would commence in February 2021 with the majority of staff being transferred through a 'lift and shift' approach (i.e. no formal management of change ahead of the merger).

The report highlighted that IT/Business Intelligence workstream continued to present a challenge although a meeting was planned with the aim of agreeing a clear way forward and project lead for this area of work.

A risk register was actively maintained for the merger programme. Current high rated risks included Leadership and delivery of the Merger IT/Business Intelligence Programme along with HR capacity.

RESOLVED that the contents of the report be noted.

37. Coventry Safeguarding Children's Partnership and Safeguarding Adults Board Annual Reports

The Board received a briefing note of Rebekah Eaves, Safeguarding Boards Manager, concerning the 2019/20 Annual Reports of the Coventry Safeguarding Children's Partnership and Coventry Safeguarding Adults Boards, copies of which were set out at appendices to the briefing note. Derek Benson, Independent Chair

of the Safeguarding Partnership and Board attended the meeting for the consideration of this item.

The report concerning the Adults Board Annual Report detailed that the Safeguarding Adults Board was a partnership of organisations that worked to both prevent and end abuse of adults with care and support needs in the city. The Board included a wide range of organisations that had a role in safeguarding.

The Board had three priorities for 2019-2021:

- i) To be assured that services and agencies have appropriate systems, processes and training in place to support and safeguard adults effectively
- ii) Making safeguarding personal
- iii) To be assured in respect of issues that are complex, yet that sit outside of safeguarding, that agencies and organisations are working effectively together to prevent abuse/ support people with a range of vulnerabilities.

The report detailed the governance arrangements; information about Coventry's population; the outcomes for Coventry adults; set out the six principles of safeguarding; highlighted how the Board have made a difference; informed about making safeguarding personal; detailed audits; reported on learning and development and learning events; reported on safeguarding adults review and safeguarding awareness week; and referred to the impact of covid-19.

The report concerning the Safeguarding Children Partnership Annual Report was an interim report which covered the latter part of the performance year 2019/20. The partnership vision was to work in partnership to ensure that children, young people and families are protected from harm and neglect and that their welfare is promoted. The report provided a summary of the activity that had taken place, how learning was identified and applied in practice so as to make a positive difference and detailed some of the challenges continued to be faced by the partnership. Progress against priorities was highlighted; information was provided on signs of safety; right time to help; serious case reviews and safeguarding training; and reference was made to the impact of covid-19.

The Chair, Councillor Caan and Pete Fahy, Director of Adult Services, expressed their thanks to Derek Benson, for all his work since his appointment as the Independent Chair.

RESOLVED that the contents of the Coventry Safeguarding Children's Partnership and the Coventry Adults Safeguarding Board Annual Reports for 2019/20 be noted.

38. Any other items of public business

There were no additional items of public business.

(Meeting closed at 3.50 pm)