



Coventry Health and Well-being Board

Time and Date

12.30 pm on Monday, 19th April, 2021

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/F0PY65IZCic>

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 20)
 - (a) To agree the minutes of the meeting held on 25th January 2021
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan, will report at the meeting

Development Items

5. **Covid 19 Update**
 - (a) Current Public Health Position
Presentation by Liz Gaulton, Director of Public Health and Wellbeing
 - (b) Covid 19 Vaccination Programme
Alison Cartwright, Coventry and Warwickshire CCGs will report at the meeting
 - (c) Reset and Recovery Framework
Presentation by Phil Johns, Coventry and Warwickshire CCGs
6. **Health and Care**
 - (a) NHS White Paper Overview

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership and Phil Johns, Coventry and Warwickshire CCGs will report at the meeting

- (b) **Adult Mental Health Transformation 2019/20 - 2023/24** (Pages 21 - 34)

Presentation from Melanie Coombes, Coventry and Warwickshire Partnership Trust

- (c) **Update from the Children and Young People's Partnership Board** (Pages 35 - 44)

Presentation from Kirston Nelson, Director of Education and Skills and Matt Gilks, Coventry and Warwickshire CCGs

7. **Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) Update and Supplementary Statement** (Pages 45 - 52)

Report of Jane Fowles, Consultant Public Health

8. **Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update** (Pages 53 - 56)

Report of Liz Gaulton, Director of Public Health and Wellbeing

Governance Items

9. **Better Care Fund 2020/21** (Pages 57 - 60)

Report of Pete Fahy, Director of Adult Services

10. **Appointment of Coventry and Warwickshire Local Enterprise Partnership**

Liz Gaulton, Director of Public Health and Wellbeing will report at the meeting

11. **Voluntary Community Sector and Health and Care Partnership Update** (Pages 61 - 66)

Presentation of Valerie De Souza, Consultant Public Health
Councillor Mal Mutton, Cabinet Member for Adult Services will report at the meeting

12. **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, 9 April 2021

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: L Bayliss-Pratt, Councillor J Blundell, Councillor K Caan (Chair), M Coombes, Councillor G Duggins, P Fahy, L Gaulton, J Grant, J Gregg, A Hardy, P Johns, R Light, S Linnell, C Meyer, Councillor M Mutton, M O'Hara, M Price, G Quinton, S Raistrick and Councillor P Seaman

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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, 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)

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Better **Health**, Better **Care**, Better **Value**
COVENTRY AND WARWICKSHIRE

Adult Mental Health Transformation

2019/20 – 2023/24

Overview of Adult MH Transformation from 2019 to date and future plans

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- Urgent and Crisis Care Pathway– From 19/20 to be completed by September 2021
 - ✓ Mental Health Liaison (AMHAT) Core 24
 - ✓ Crisis and Home Treatment Services
 - ✓ Psychiatric Decisions Unit (PCDU)
 - ✓ Mental Health Access Hubs
 - ✓ Street Triage
 - ✓ Safe Havens
- Suicide Prevention Programme – To be completed June 2021
 - ✓ Microsite and Digital Offer including Stay Alive App
 - ✓ Suicide Awareness Training across primary care, VCS and public Sector
 - ✓ Dual Diagnosis and Self harm training projects
 - ✓ Real Time Surveillance
 - ✓ Co-production projects
 - ✓ Suicide Bereavement Offer – To be established April 2022
- Individual Placement and Support (IPS) Service – Completed 31/3/21
- Perinatal
 - ✓ Expansion of Pathway
 - ✓ Maternal MH Service – From April 2021
- Expansion of Early Intervention in Psychosis (EIP)
- Community Mental Health Transformation Programme– To commence April 2021





Better **Health**, Better **Care**, Better **Value**
COVENTRY AND WARWICKSHIRE

Community Mental Health Transformation

2021/22 – 2023/24

Community Mental Health Transformation

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- Substantial funding is being made available to transform and modernise Community Mental Health Services
- Aim – to deliver **NHS Long Term Plan (LTP)** ambitions for **new models of integrated primary and community care** for adults and older adults with severe and enduring mental illness, as close to home as possible
- LTP describes a “**new community-based offer** [that] will include access to **psychological therapies**, improved **physical health** care, **employment support, personalised and trauma informed care, medicines management** and support for **self-harm** and **coexisting substance use ...** and proactive work to **address racial disparities.**”
- Local new model being co-produced and developed to underpin bid for transformational funding – multi-sector team with leads from mental health, social care, VCSE and Lived Experience



It's all about them...



Our Transformation Principles



Transformation Principles for New Model

- Opportunity to be **brave and bold** about model of care and working together
- Citizens to be able to **access care when they need it** – no diagnosis required, no “front door” to services
- Care to be **co-designed** by service users, families and carers
- Care to be **joined up** across primary and secondary care and across health, social care and VCSE - so citizens only tell their story once, and receive seamless care
- **Biopsychosocial model** – addressing people’s physical and mental health needs and addressing socio-environmental factors
- Citizens to have access to **psychological interventions**
- Citizens to be treated with **empathy and compassion**, receiving care in a culture of safety, empowerment and healing (i.e. to receive **trauma informed care**)
- Care to be delivered by **Peer Support Workers** with lived experience
- Improving **quality of life** by making best use of our community assets and developing **resilient communities**
- **Outcomes** to be measured on people’s mental health and well-being

Our Future Model



Additional Funding

- Additional investment into local community mental health – both as part of **Mental Health Investment Standard** into baseline funding and additional **transformation funding** – is estimated to be:

Year	CCG Baseline Funding	Transformation Funding
2021/22	£2.0m	£1.8m
2022/23	£4.0m	£4.5m
2023/24	£6.0m	£5.6m
2024/25	£6.0m	£0

- Excludes NHSE/I funding for Primary Care Additional Roles
- Proportion of funding to be used to support small, micro, grassroots, local community and user-led MH organisations, and to address inequalities

Expanding on Local Work with VCSE

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- NHS and Local Authority partners to work on how and the timescale to create or expand an existing local VCSE MH organisation alliance model across the STP footprint
- Articulate how specified amounts of funding will be used to support small, micro, grassroots, local community and user-led MH organisations to serve their client groups and communities with severe MH problems and to be sustainable as part of the new model
- Commit to ringfencing a specified proportion of allocated funding to addressing inequalities in our local population, particularly ethnic inequalities, by contracting with smaller organisations who address the needs of specific demographic groups



Community Mental Health – Proposed Phasing

Now

- Continue to develop and co-produce the future community mental health model
- Continue to share plans and secure local support
- Plan for recruitment of new workforce for year 1 – including more Liaison Workers

Implementation - Year 1

- Core Offer of “Place Base Mental Health” – expand roll out of primary care mental health liaison workers into PCNs and implement wider model (e.g. Medicines Management support)
- Focus on Personality Disorder & Community Rehabilitation pathway
- Develop collaborative/alliance working model across health/social care/VCSE

Implementation - Year 2

- Focus on Community Rehabilitation & Eating Disorders pathways

Implementation - Year 3

- Focus on further expanding Eating Disorders pathway



Primary Care Mental Health Liaison Workers - Work Already Started:

- New Primary Care Mental Health Liaison Workers introduced into PCNs – 3 embedded into PCNs in Coventry, South Warwickshire & Warwickshire North – further liaison worker being recruited for Rugby
- PCNs can refer patients to the Liaison Worker to help support them and work with PCN hubs / MDTs to get the care they need
- Liaison workers are working with social prescribers or - where PCNs have bigger teams - within an MDT that might include for example IAPT, Clinical Pharmacists, VCSE organisations such as CGL, Mind

Benefits

- GPs/PCNs have quicker access to a mental health professional
- Patients get support much earlier
- Whilst patients present with emotional distress, many need help with social interventions, which they access through PCN hubs/MDTs – previously, they may have been referred to secondary care and waited for an assessment
- More joined up, integrated care being delivered

Next Steps:

- Learning to be taken whilst recruiting more Liaison Workers to be rolled out
- PCNs to start to think about recruiting Mental Health Workers (ARRS role)



Mental Health Practitioner Role

- Indicative Agenda for Change Band 5 / 6 / 7 / 8a (depending on the individual registered clinician providing the service)
- Employed and provided under a **local service agreement** by the PCN's local provider of community mental health services
- Any registered clinical role operating at Agenda for Change Band 5 or above including, but not limited to:
 - Community Psychiatric Nurse
 - Clinical Psychologist
 - Mental Health Occupational Therapist
 - other clinical registered role (as agreed between the PCN and community mental health service provider)
- **In addition** to the adult and older adults' role, PCNs may also choose to embed a children and young people practitioner with the agreement of the mental health provider (funded on the same joint basis)
- Entitlement to increase to 2 WTE in 2022/23 and 3 WTE by 2023/24 (double if over 100,000 – 63 wte across Coventry and Warwickshire by 23/24)
- 50:50 joint funding between PCN (ARRS) and provider

Community Mental Health – Q&A

Q&A



Refreshed Children and Young People's Plan 2021- 22

Living with and recovery from COVID -19 pandemic

Overview

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Plan

The plan is a refresh of the 2020 Children and Young People's Plan

The plan has been developed through:

- Understanding the impact of the COVID -19 pandemic on children, young people and families,
- Understanding the priority areas that needs to continue from the 2020 plan
- Utilising the expertise of the different agencies in the Children's Partnership who interact with Coventry children and families daily

Priority 1 Early Help

PRIORITIES

- Develop and implement the Early Help Assessment (EHA)
- Develop the Signs of Safety practice
- Develop and embed the Family Hub Model,
- Continue to implement the Troubled Families transformation programme.
- Implement Coventry's multi-agency Parenting Strategy 2018 – 2023.
- Develop the use of our Family Hub buildings.
- Develop a new model for mental health and emotional wellbeing support.
- Deliver effective public health promotion and prevention activities.

KEY ISSUES

- Hidden harm –financial hardship exacerbated
- Living in homes with increased tension and conflict
- Increased domestic abuse
- Increased parental conflict
- Sexual abuse (contact and online)
- Peer on peer bullying and abuse online
- Possible unidentified developmental needs
- Gap widening in educational outcomes
- “Behavioural issues”
- During the pandemic, there remains concerns regarding hidden harm, and many children may not have been identified early, that need support.

STRATEGY

- Identifying the needs of children, young people and their families across a continuum of need.
- Allocated specific resource from children services to maintain momentum on the Early Help strategy and associated Transformation plan
- Family Hubs also extended the ‘Here to help’ function.
- Developing multi-agency partnerships to work together within the Family Hub community venues to extend the offer of preventative early intervention to improve outcomes for children, young people and families for generations to come.
- Work collaboratively to support families preventatively and at the earliest opportunity refocusing resources from crisis intervention to prevention.

Priority 2: Mental Health

PRIORITIES

- All children and young people will have timely access to mental health support
- Everyone will be aware of what mental health support is available for children in Coventry
- A digital offer of support will be available for children and young people, including a 24/7 crisis response
- Pathway for care leavers and unaccompanied asylum seeking children (UASC) to access support.
- Reduced number of children and young people will present at acute in crisis and those who will require a tier 4 bed.
- Strengthen approaches to resilience, early help and prevention through partnership work

KEY ISSUES

- Increased numbers of children and young people requiring mental health and emotional wellbeing support, particularly around anxiety and behaviour.
- Children and young people presenting needs are more complex, particularly children with eating disorders.
- Higher risk of death by suicide within children and young people.
- Increased demand on children and young people presenting at acute settings for support, particularly around eating disorders.
- There has also been increased pressure on acute settings with children and young people presenting in crisis, and the growing number of crisis escalation calls taking place to support acute discharge.

STRATEGY

- A Tier 3 Plus Child and Adolescent Mental Health service has been implemented
- The re-commissioning of tier 2 mental health services
- A trailblazer project health crisis line offer
- A Mental Health Surge working group has been set up to review mental health referral data across a number of services.
- Develop and mobilise the Think Family Support Team which provides specific support to children and young people with eating disorders.
- Increase access to mental health services.
- Expand the Mental Health in Schools project.

Priority 3: Health Inequalities

PRIORITIES

- Tackling inequalities disproportionately affecting young people.
- Ensuring that all Coventry people, including vulnerable residents, can benefit from 'inclusive growth' which will bring jobs, housing and other benefits to the city.
- To work strategically to reduce levels of poverty in Coventry, including actions to address child poverty.
- Children and young people are safe, healthy and supported.
- Earlier intervention and a reduction in management of victims / families in crisis.
- Support for children witnessing or being victim of domestic abuse.
- Parents get access to mental health support at the right time.

KEY ISSUES

- Increased risk of poverty particularly for children of families in lower socio-economic groups and in areas of deprivation.
- Increased risk of inequalities in educational attainment due to closure of schools.
- Risks to mental health through isolation.
- Increased risk of witnessing or being a victim of domestic abuse.
- Digital exclusion – difficulty in accessing online learning.
- Fewer “eyes on” children which has highlighted enhanced joint work between drug / alcohol services and children’s services in respect of hidden harm of parental drug and alcohol misuse.

STRATEGY

- Additional resources to expand the amount of safe accommodation for victims and families.
- The Domestic Abuse Strategy 2018-2023 is midway through, however due to significant increase in demand for services it is being reviewed. Alongside the Domestic Abuse Bill, which comes into force on April 1st, 2021.
- The Coventry Parenting Strategy 2018-2023 is delivered by organisations and partners working together, to increase the parenting support offer to families across the city.
- Coventry’s Family Health and Lifestyles 0-19 service will focus on reducing health inequalities.

Priority 4: Education, training and employment

PRIORITIES

- Managing COVID-19 protective measures in Early Years settings, and in Schools and Further Education sites (including LFT).
- Developing children and young people's emotional resilience and support a successful return to learning from remote learning.
- Identifying gaps in learning for all pupils and ensuring progress in Education and Learning to narrow this.
- Minimise and prevent pupils being excluded.
- Tracking and supporting the participation of 16-18-year olds into education, employment or training.
- Decreasing numbers of young people who are unemployed to pre-pandemic levels

KEY ISSUES

- **Keeping vulnerable children and young people safe and enabling them to continue to engage with learning.**
- Potential health impacts – as a result of less activity, social isolation and increased screen time.
- Curriculum plans and delivery has had to be adjusted to enable remote delivery.
- Early Years - day to day work has focussed on responding to the pandemic, through provision of a range of advice, support, training and documentation provided to the Early Years sector.
- Local and national research indicates that a greater number of children are less secure in a developmental stage appropriate to their chronological age, than was seen before the Covid-19 pandemic.

STRATEGY

- There has been national funding allocated to schools to identify and support gaps in pupil's learning as a result of the pandemic.
- Supporting vulnerable pupils outside of term-time, including the launch of a holiday activities fund programme.
- Joining up offers of support from variety of agencies/charities etc. Including a more comprehensive food network and social supermarkets to ensure children can access food.
- Tracking of all post-16 young people has continued and will continue throughout the pandemic.
- Employment support provision/funding to be rolled out until 2023 to provide young people with holistic, person centred 1 to 1 employment and training support.

Priority 5: Children with (SEND)

PRIORITIES

• Statutory requirement 'business as usual' – secured through a blended model of virtual and face to face service.

Covid specific:

- Strengthening safeguarding and support for emotional health and well-being
- Enabling re-engagement and attendance for complex learners
- Promoting confidence in pathways to adulthood, to secure positive outcomes and regenerate system flow
- Securing a sufficiency of placements against rising demand and financial limitation

KEY ISSUES

- Re-engaging and re-socialising vulnerable learners particularly ASC
- Unknown demand – early years specific
- Parental confidence in system safety for CV and CEV, links to national increase in EHE
- Mental health and well-being of all SEND learners
- Lost skills and the widening of the achievement gap for children with lower cognitive functioning
- Fewer SEND learners moving into employment pathways, leading to a loss of opportunity and placement blocking

STRATEGY

- Blended model of service delivery, embracing efficiencies
- Focused priorities on delivering bespoke responses to individual schools and children
- Continuing investment in the recovery curriculum including the provision of training for school and college senior mental health leads
- Ongoing promotion and development of supported employment pathways
- Ongoing co-production with parents, carers and young people to design responses to unmet need and evaluate impact

Priority 6: Youth Violence

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PRIORITIES

- A reduction in violence for those under 25 years of age.
- Children and young people having a better understanding and awareness of the dangers of crime, exploitation, county lines and gang activity.
- Parents and young people involved in or victims of crime and/or anti-social behaviour is reduced.
- Policing resources which target gang activity linked to wider intelligence from partner organisations.
- The Local Authority and Police Prevent Plans are also in sync, with the violence/gang's strategies/plans.
- Coordinated multi-agency management of children and adults involved in serious youth violence and gang-based violence.

KEY ISSUES

- Knife crime and serious youth violence are a significant concern.
- A number of high-profile murder trials concluded in 2020 all involving children from Coventry.
- Young people from Coventry are coming to the attention of neighbouring police forces, often being picked up in possessions of drugs.
- In 2019/20 children in Coventry were convicted of 91 Violence Against the Person/Robbery offences and this made up 27% of all convicted offending behaviour by children in Coventry.
- During government restrictions those that seek to exploit young people have taken their activity on-line and use social media platforms to groom children, drawing them into criminal behaviour.

STRATEGY

- A 10-year violence prevention strategy in place. The local strategy mirror's the regional violence reduction unit strategy and runs until 2029.
- Work with under 4's has continued, and many activities went "online."
- Place-based approaches focus on building a local network of providers and community members to support local people to reject violence and support each other.

Governance

Key sponsor and leads have been identified for each of the six priority areas.

Workstream	Sponsor	Strategic Lead
Early Help	John Gregg	Rebecca Wilshire
Mental health	Matt Gilks	TBC
Health inequalities	Liz Gaulton	Sue Frossell
Education, learning & training	Kirston Nelson	Rachel Sugars/Kim Mawby
Children with SEND	Kirston Nelson	Jeanette Essex
Youth violence	Mike O' Hara	Caroline Ryder

Recommendations

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• CYP Board to sign off the revised 2021/22 plan.

- To request the CYP Partnership board report to the HWB board on a quarterly basis.



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 19th April 2021

From: Jane Fowles, Consultant in Public Health Medicine, NHS Coventry and Warwickshire Clinical Commissioning Group/Coventry City Council

Title: Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) Update and supplementary statement

1 Purpose

- 1.1 This paper updates the Health and Wellbeing Board on the plans for revision of the Coventry and Warwickshire PNA and the supplementary statement.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the contents of the report and expected timeframes for PNA revision
2. Endorse the C&W PNA Supplementary Statement

3 Coventry and Warwickshire Pharmaceutical Needs Assessment and Supplementary Statement

- 3.1 Local Health and Wellbeing Boards have statutory responsibility for the publication of Pharmaceutical Needs Assessments (PNAs) every three years. The last PNA for Coventry was published in March 2018.
- 3.2 A revised PNA was expected to be published by April 2021. However, in May 2020 due to the ongoing COVID 19 pandemic this requirement was suspended for a year with a new deadline of April 2022. A further suspension to October 2022 was announced in early April. The current deadline of October 2022 means that work on revised PNAs will need to start in autumn/winter 2021.
- 3.3 The Coventry and Warwickshire Community Pharmacy Steering Group (C&W CPSG) agreed to produce a Supplementary Statement for March 2021 outlining key changes in community pharmacy provision since the 2018 PNAs. The Supplementary Statement is attached to this paper.
- 3.4 The Supplementary Statement summarises key changes since the 2018 PNAs, including:
- Population changes and housing development projections.

- Shifts in community pharmacy provision – new contracts, closures and consolidation of premises.
- Impacts of COVID 19 across community pharmacy.
- Changes in national contracting.

3.5 Key messages from the Supplementary Statement:

- The C&W CPSG consider consolidation applications as they arise and believe these have not led to any diminution of service provision.
- Pharmacy opening hours are not covered by the statement, the most up to date information can be found on the [nhs.uk](https://www.nhs.uk) website under 'Find a Pharmacy'.
- Overall, there have not been sufficient changes in local population need or community pharmacy provision to create a need for a new community pharmacy.
- There are no gaps in access to pharmaceutical services in Coventry and Warwickshire.
- A wider assessment of pharmacy provision will be conducted through the full C&W PNA process for October 2022.

4 Next Steps and Key Actions

4.1 The following next steps are proposed:

- Publication of the 2021 C&W PNA Supplementary Statement alongside the 2018 PNAs
- C&W CPSG to begin preparations in autumn/winter 2021 for revision of the C&W PNA for October 2022, pending national confirmation of this deadline.
- C&W CPSG to provide an update to Board on the PNA revision as part of the consultation process.

Report Author(s):

Name and Job Title:

Jane Fowles, Consultant in Public Health Medicine, Coventry City Council/NHS Coventry and Warwickshire Clinical Commissioning Group.

Telephone and E-mail Contact:

Jane.fowles@coventry.gov.uk

Enquiries should be directed to the above person.

**Coventry and Warwickshire
Pharmaceutical Needs Assessment:
Supplementary Statement – April 2021**

PHARMACEUTICAL NEEDS ASSESSMENT SUPPLEMENTARY STATEMENT

This supplementary statement:

- has been prepared by the Public Health teams at Coventry City Council and Warwickshire County Council, in collaboration with the Community Pharmacy Steering Group (CPSG) on behalf of the Coventry and Warwickshire Health and Wellbeing Boards;
- is issued in accordance with Part 2; (6) 3 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹;
- provides updates to the PNA published in March 2018²
- provides information which supersedes some of the original PNA information, so should be read in conjunction with the original PNA
- relates to changes in population and pharmacy provision between the end of data collection for the 2018 PNA to November 2020.
- Summarises the impacts of COVID 19 on community pharmacy to date

¹ <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

² https://www.coventry.gov.uk/info/175/data_and_reports/3161/pharmaceutical_needs_assessment_pna / <https://www.warwickshire.gov.uk/directory-record/2165/pharmaceutical-needs-assessment-2018->

Summary

This Supplementary Statement takes into account the supply of and demand for Community Pharmacy Services in Coventry and Warwickshire as at January 2021. The data included in this was collated up to December 2020. Analysis of change in population and changes in community pharmacy provision leads to the conclusion that there have not been sufficient changes to require new community pharmacy services at this time.

Background

The Pharmaceutical Needs Assessment 2018 (2018 PNA) identified no additional needs for the provision of pharmaceutical services. This supplementary statement serves as an update on current service provision and review of findings of the 2018 PNA. A full PNA revision is expected to be published prior to the 1st October 2022, as required by the regulations.

Population

Assessment of the latest population projections have not identified any major changes to demography or infrastructure that will impact on pharmaceutical service need as set out in the 2018 PNA and which would be relevant to the granting of control of entry applications.

Since 2016, the estimated population of Coventry has increased by 5%, from 352,900 in mid-2016 to 371,520 in mid-2019. The population of Warwickshire has seen a smaller increase of 3%, from 558,910 in mid-2016 to 577,930 in mid-2019.¹

Housing

We have also considered the potential impact of large housing developments on the need for community pharmacy. Between 2016 and 2019, the number of dwellings in Coventry has risen by 3%, totaling 142,100. The number of dwellings in Warwickshire has risen by 5%, totaling 259,300.

Demand for new housing in Coventry and Warwickshire remains high and this will need to be accounted for in the planning of community pharmaceutical services to match new house building in future. Changes to national guidance on development announced in December 2020 will need to be taken into account in the next full Pharmaceutical Needs Assessment.

Service Provision

The changes which have taken place in the service provision since the 2018 PNA, i.e. between April 2018 to end November 2020, are summarised in the table below. Full details of these changes are included in Appendix 2.

Changes to Contracts, April 2018 – November 2020

Coventry

Type of Change	Description of Change
New Pharmacy Contracts	3 new contracts - distance selling only
Pharmacy Closures	2 Distance selling, 2 '100 hours' contracts and 3 standard contracts
Consolidations	1 standard contract

Warwickshire

Type of Change	Description of Change
New Pharmacy Contracts	2 new contracts – community pharmacies
Pharmacy Closures	1 Distance selling and 3 standard contracts
Consolidations	2 standard contracts

In Coventry at the time of the 2018 PNA there were 91 community pharmacies, of which 10 were 100 hours. There were also 6 internet/distance selling pharmacies. As of November 2020, there are 85 community pharmacies, of which 8 are 100 hours, and 7 internet/distance selling pharmacies.

In Warwickshire at the time of the PNA there were 105 community pharmacies, of which 9 were 100 hours. There were an additional 6 internet/distance selling pharmacies. As of November 2020, there are 102 community pharmacies, of which 9 are 100 hours, and 5 internet/distance selling pharmacies.

Consolidations

The Coventry and Warwickshire Community Pharmacy Steering Group has considered several consolidations of provision since 2018 and believe that these have not led to any diminution of service provision as a result.

On 5 December 2016, **amendments** to the 2013 Regulations come into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

Pharmacy opening hours

In addition to the material changes above there have also been some changes in supplementary opening hours which are not covered within this statement. As the picture is fast changing the most up to date opening hours for each pharmacy can be found on the [nhs.uk](https://www.nhs.uk) website.

Tightening Financial Circumstances for Community Pharmacies

The Coventry and Warwickshire Community Pharmacy Steering Group has noted the impact of tightening contractual and business conditions on the provision of community pharmaceutical services and recommends that this is considered in the next full Pharmaceutical Needs Assessment

Effects of Covid-19

Community Pharmacy Services have been under huge pressure throughout the pandemic, dealing with more requests for prescriptions, advice and support along with adapting to COVID secure working including social distancing and have faced business continuity challenges as a result of staff sickness or isolation requirements. A large number of pharmacy staff are from the BAME community and / or have other risk factors for Covid19 - meaning that additional precautions have been necessary and at times reducing the number of staff available to work in the pharmacy. Some services had to be prioritised over others and for a period consultation rooms were not in use until PPE was more readily available.

Pharmacies also provided more support over the phone and in some cases via video consultations. Some services were adapted in conjunction with Commissioners to support clients and pharmacies in managing risk. They did not however, close their doors except during a short period when allowed under the flexible working regulations. This was automatically allowed for up to 2.5 hours a day in the first national lockdown and following approval for some pharmacies in difficulty during the second national lockdown. Pharmacies were for the first time funded to provide or facilitate deliveries for the shielded group but only during parts of the national lockdown. Pharmacies were also supported by local council teams and volunteers to support patients with medicine deliveries.

Many people have praised the way Community Pharmacies have stood up to the pressure and supported their patients, through a variety of means including face to face throughout. More information is included in Appendix 2. Some examples are also available on the Pharmaceutical Services Negotiating Committee (PSNC) website. [COVID-19 Hub : PSNC Main site.](#)

National changes:

On 20th October 2020 [new NHS regulations were laid](#) to introduce changes to the Terms of Service for pharmacy contractors.

Some of these changes relate to the coronavirus pandemic, but most are changes which were previously agreed as part of the [5-year Community Pharmacy Contractual Framework \(CPCF\)](#) and were originally planned to be introduced in July 2020.

Key changes are that all pharmacies will be Healthy Living Pharmacies, all will be required to keep NHS website and DoS up to date and use SCR as and when appropriate. More details are included in Appendix 2 and available on PSNC website.

Conclusion:

There have not been sufficient changes to the local population, taking into account population projections, large housing developments and rate of pharmacists per 10,000, to create a need for a new community pharmacy. The changes to the local service provision, taking into account closure of pharmacies and change in hours, are not sufficient to create the need for a new community pharmacy. Therefore, we conclude there are no gaps in access to pharmaceutical services in Coventry/Warwickshire.

Pharmacy provision will be reviewed next through the 2022 Pharmaceutical Needs Assessment, expected to be published by October 2022.

¹ Source: ONS mid-year population estimates



To: Coventry Health and Wellbeing Board

Date: 19 April 2021

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

Title: Joint Coventry and Warwickshire Place Forum and Health & Care Partnership Update

1 Purpose

- 1.1 This paper updates the Health and Wellbeing Board on the outcomes of Joint Place Forum and Coventry and Warwickshire Health and Care Partnership Board meeting held on the 2 March 2021.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health & Care Partnership Board meeting held on 2 March 2020.

3 Joint Place Forum & Health & Care Partnership Board meeting, 2 March

- 3.1 An online joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board was held on 2 March 2021. The meeting was joined by around 70 partners from across the health and wellbeing system. This was the third meeting held jointly during the pandemic period and, as previously, focused on addressing health inequalities and exploring potential collaborative action to address the negative impacts and capitalise on the opportunities arising from the pandemic.
- 3.2 The meeting included:
- Updates from the Health and Care Partnership about: the C&W Integrated Care System (ICS) application; progress on merger of the 3 CCGs to become a single commissioning organisation on 1st April 2021; and implications of the Government White Paper and forthcoming legislation on health and social care.
 - Information about how partners are responding to COVID-19, including: the vaccination programme and work to tackle inequalities in uptake; the work of the local authorities on the community testing programme and how this is being targeted at need; and work to support staff health and wellbeing across NHS, local authority partners and independent and VCS care providers.

- Tackling health inequalities and improving health and wellbeing outcomes for communities, with a particular focus on mental health and wellbeing which had been highlighted as a particular concern for members at the previous meeting. This item included:
 - Tackling the mental health impacts of the pandemic, including the community mental health transformation programme led by Coventry and Warwickshire Partnership Trust
 - Update on the Healthy Communities Together programme, following a successful bid to national King's Fund / National Lottery Community Fund programme
 - Details of the forthcoming Call to Action on health inequalities across Coventry and Warwickshire
 - Information about the relaunch of the Wellbeing for Life campaign.

3.3 There were opportunities for discussion about how members could support these agendas within their communities and organisations, and a Mentimeter poll was used to capture feedback and commitments.

3.4 Key themes emerging from discussion included:

- There are opportunities, through forthcoming legislation on integrated care, to extend collective working and build on strong existing partnerships. It is important that a population health-based approach drives our system change and that we harness the full breadth of influence of partners in improving health outcomes and tackling stubborn inequalities.
- Efforts to ensure inequalities are not reinforced through access and uptake of vaccination and community testing programmes are critically important, and there are opportunities for wider partners to support in this.
- Supporting staff wellbeing is crucial to the recovery of services and aligns closely to work to address healthcare workforce challenges that existed pre-COVID, with potential for a positive impact on inequalities.
- Mental health is likely to be one of the most difficult and enduring impacts of the pandemic and there are significant opportunities emerging to mobilise the collective energies of partners to promote mental wellbeing, taking a wider determinants approach.
- Partners need to translate shared agendas into tangible, practical action and the Call to Action and Wellbeing for Life campaigns offer real opportunities to make an impact by working together and demonstrating collective vision and leadership.

3.5 The agenda, presentations and outcomes of the Mentimeter poll are available at <https://www.happyhealthylives.uk/about-us/our-partnership-board/>.

4 Key actions and next steps

4.1 The following actions were proposed for partners:

- Ensure the implications of the Health and Social Care White Paper are understood at an organisational level and embedded within plans for Place
- Continue to support and champion the dissemination of COVID-19 response information to people within our communities to:

- Ensure equal uptake of the COVID-19 vaccination programme in line with national guidance; and
- Promote community testing to target audiences
- Take opportunities to work collaboratively and use a population health approach to best address the mental health impacts of the pandemic in our communities
- Respond to and champion the Call to Action to address health inequalities
- Champion and progress workforce wellbeing within organisations, including commitment to THRIVE at Work.

4.2 The next Place Forum meeting is scheduled for 17 June 2021 and it is planned that this will again be a joint, online meeting with the C&W Health and Care Partnership Board.

Report Author(s):

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 19 April 2021

From: Pete Fahy, Director Adult Services

Title: Better Care Fund 2020/21

1 Purpose

- 1.1 To update Health and Wellbeing Board on the approval process for the Coventry Better Care Fund for 2020/21.

2 Recommendations

- 2.1 HWBB is recommended to accept this report as completion of the final stage of the 2020/21 BCF process, albeit retrospectively.

3 Information/Background

- 3.1 The government's mandate to the NHS, published in March 2020, included manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF).
- 3.2 The COVID-19 pandemic led to Health and Well Being Boards (HWBs) being advised by Government that BCF policy and planning requirements would not be published during the initial response to the pandemic and that the continuity of provision, social care capacity and system resilience based on local agreement should be maintained and prioritised.
- 3.3 Further to this and given the ongoing pressures on health and care systems in responding to the pandemic, in December 2020, the Department of Health and NHS Improvement agreed that formal BCF plans will not have to be submitted for approval in 2020/21. It was however a requirement that HWB areas must ensure that use of the mandatory funding contributions has been agreed in writing between the Clinical Commissioning Group and the local authority, and that the national conditions are met.
- 3.4 In order to fulfil the requirements each HWBB area will be required to provide an end of year reconciliation to the Department of Health and NHS England, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution. To support this process a template was issued for local areas to complete (but not submit) which summarises the financial position and checks that requirements have been met. It also provides the basis for the end of year reconciliation described above.

- 3.5 The template has been completed and agreed by the Local Authority and Coventry and Rugby Clinical Commissioning Group as required. A section 75 variation has been finalised as written signed agreement to the programme. The previously signed Section 75 remained in force until this subsequent variation was completed. The variation enables a change to the financial values included in the programme for the 20/21 financial year.
- 3.6 The national conditions for the BCF in 2020/21 which have to be abided by are:
- Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006) – This is covered by section 75 variation referenced above.
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation – The figure included in the template and pending variation has been agreed by both parties and exceeds the minimum expectation.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence – The figure included in the template and pending variation exceeds the minimum ringfence.
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards – This report fulfils this requirement.
- 3.7 The guidance states that CCGs and local authorities should also ensure that local providers of NHS and social care services have been involved in planning the use of BCF funding for 2020 to 2021. In particular, activity to support discharge funded by the BCF should be agreed as part of the whole system approach to implementing the Hospital Discharge Service Policy and should support an agreed approach for managing demand and capacity in health and social care – The 2020/21 plan is a continuation of previous plans that have previously involved other providers in the process. The onset of the pandemic has continued to drive joint working across hospital discharge arrangements and the pre-existing investment in discharge to assess services from the Better Care Fund has enabled Coventry to respond to the additional pressure over the past year.
- 3.8 The table below summarises the allocations for the 2021 Better Care Fund.

Better Care Fund (incorporating iBCF)	2020/21 £m
Coventry City Council	46.566
Coventry & Rugby Clinical Commissioning Group	69.930
Total Pooled Budget	116.496
This is resourced from:	
Minimum CCG Contribution	25.938
Additional CCG Contribution	43.992
iBCF	15.323
DFG	4.182
Additional LA Contribution	27.061
Total Pooled Budget	116.496

- 3.9 Alongside the main BCF programme above, as part of the COVID19 response, Government provided additional funding to support Hospital Discharge which forms the basis of a separate section 75 variation which has been agreed between the parties. This additional funding is not subject to the National Conditions and is based on monthly claims

throughout the period. The year end position will include this additional income and expenditure as an additional voluntary contribution as per Government guidance.

- 3.10 The process required for sign off for 2020/21 BCF was issued on 3 December 2020. Unfortunately, there was insufficient time to complete the requirements and in advance of the last HWBB on 25 January 2021. Therefore, this report is being presented post submission at the HWBB closest to the 31 March 2021.
- 3.11 Requirements for BCF planning for 21/22 have not yet been published and no specific date for publication has been provided.

4 Options Considered and Recommended Proposal

- 4.1 HWBB are requested to accept this report as completion of the final stage of the 2020/21 BCF process, albeit retrospectively.

Report Author(s):

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Voluntary Community Sector & Health and Care Partnership: Update

Health and Wellbeing Board: 19th April

Background and context

- Rich, vibrant and diverse VCS in Coventry:
 - Large influential organisations
 - Hundreds of smaller community groups-many of which continue without council involvement
 - An organic environment – changing dependant on issue to address and capacity to contribute
 - No single organising or co-ordinating ‘voice’
- Priority with JH+WS (the places and communities we live in and with) recognising importance of intersections between priorities
- NHS 5-year forward view explicitly mentions the role of Voluntary and Community Sector organisations in supporting health and well-being
 - No clear blue-print for developing this partnership
 - Strong system-wide commitment to develop relationship between HCP and VCS organisations and to support a sustainable sector and working in partnership
 - Numerous examples of working with and engaging elements of the VCS on specific issues, projects and priorities

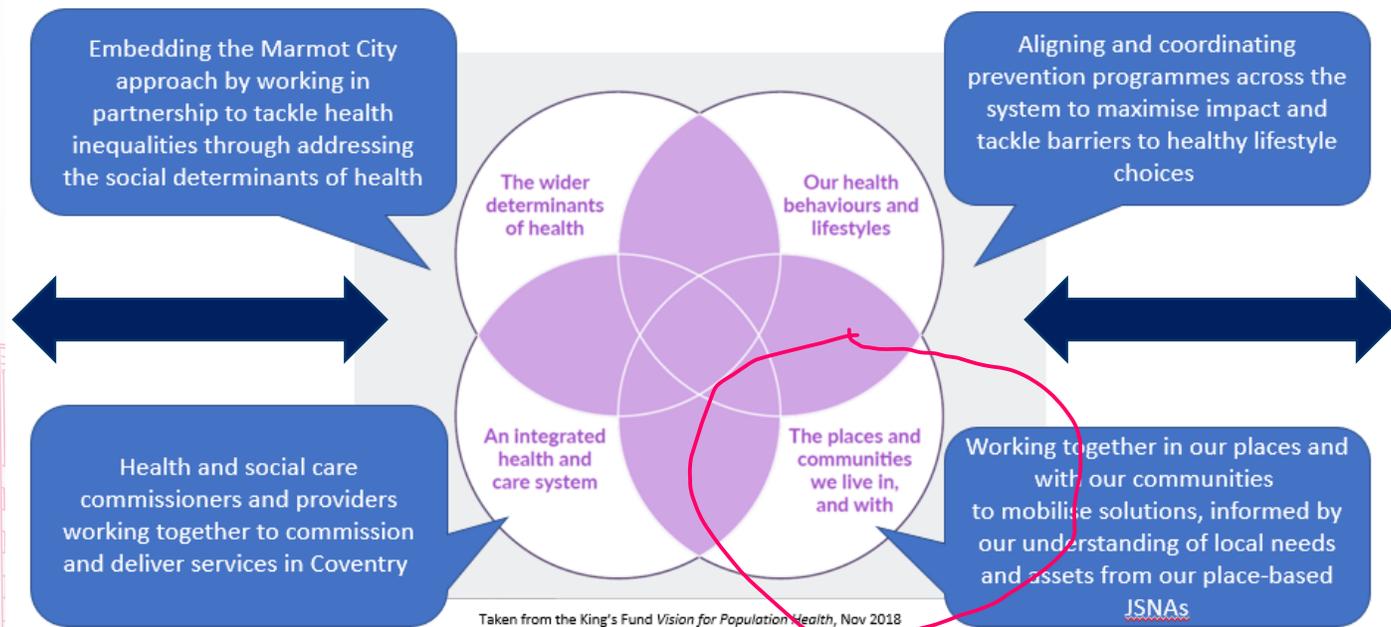


Coventry Health and Wellbeing Strategy 2019-2023

Strategic Ambitions

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities

Our population health framework



Short-term focus

- Loneliness and social isolation
- Young people's mental health
- Working differently with communities

Our shared values and behaviours

Prioritising prevention

Listening and strengthening communities

Co-ordinating services

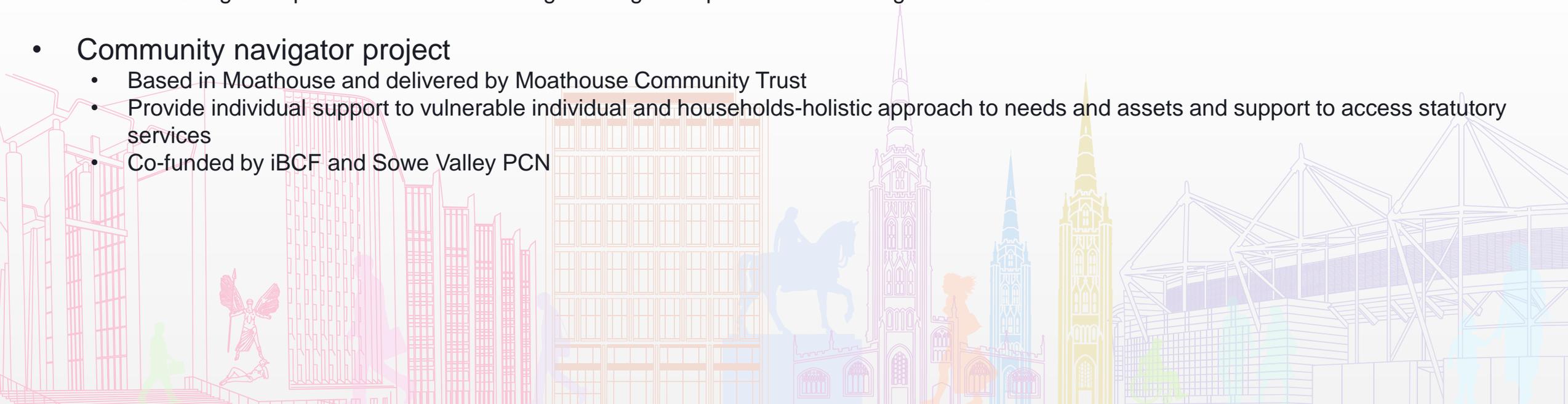
Sharing responsibility

Examples of VCS partnerships: Coventry

- **Social prescribing commission**
 - Monthly meetings with CCC, CCG and VSO partners to ensure inclusive approach to social prescribing
 - Age UK-employed social prescribing link worker in each PCN across the city, actively supporting the most vulnerable residents. Nearly 2700 individuals have been referred for link worker support in their first 12 months and onward referred to over 100 statutory and VCS organisations
 - Health Exchange began working closely with the Age UK link worker service late 2020. The service is exploring opportunities to embed social prescribers in wider community locations for example social supermarkets

- **iBCF funded Community Capacity and Resilience Pilot**
 - Led by Grapevine but with the aim of gaining insight on how best to develop and support community groups
 - Pilot work in Henley ward (evidence of high social isolation and low community connectedness)
 - Focussing on improvement and increasing use of green spaces and reducing social isolation

- **Community navigator project**
 - Based in Moathouse and delivered by Moathouse Community Trust
 - Provide individual support to vulnerable individual and households-holistic approach to needs and assets and support to access statutory services
 - Co-funded by iBCF and Sowe Valley PCN



Examples of VCS partnerships: HCP

- Kings Fund and National Lottery-funded Health Communities Programme
 - Proof of concept approach focussing on enduring mental illness in the first instance
 - Using real patient as the focal point for a conversation with all organisations (statutory and voluntary) providing support
 - Insight into how sectors interface currently and how this could be improved to improve patient outcomes
 - 1-year funding secured, with opportunity to bid for funding for a further three years
 - Partnership between Grapevine, CWPT, CCC
 - Learning to be disseminated through HCP Population Health and Prevention subgroup to enable
- Coventry Place Long Term Conditions: taking a whole-system approach to pathway development including input from specialist VSO providers where appropriate
- Covid response
 - Unique opportunity to quickly mobilise and support VCS to support most vulnerable
 - Resulted in a wide ranging, innovative and flexible response
 - Created an 'equal' partnership and created funding opportunities for smaller groups
 - Enabled mobilisation of smaller community groups without the need for complicated funding arrangements and complicated processes

Considerations and next steps

- Strong examples are often based on action round a specific issue, not system-wide involvement – this can be perceived as a gap
- Aside from VAC no single co-ordinating force or voice within Coventry

Proposal:

- HWBB task and finish group?
- Value of task and finish groups to focus on:
 - What could representation at HWBB level look like
 - How could we move beyond the idea of representation/engagement with VCS to one of active and fair partnerships
 - What way does the sector want to be represented and engaged with
 - Are there more innovative ways to forge relationships

