

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 12 July 2021
This meeting was not held as a public meeting in accordance with the Local
Government Act 1972

Present:

Board Members: Councillor J Blundell
Councillor K Caan
Councillor G Duggins
Councillor M Mutton
Councillor P Seaman

Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Andy Hardy, University Hospitals Coventry and Warwickshire
Philip Johns, Coventry and Warwickshire CCGs
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Other representatives: Alison Cartwright, Coventry and Warwickshire CCGs
Professor Sir Chris Ham, Coventry and Warwickshire Integrated Care System
Richard Hale, Coventry and Warwickshire LEP

Employees: V Castree, Law and Governance
V De Souza, Public Health
L Knight, Law and Governance
T Richards, Public Health

Apologies: Julie Grant, NHS England
John Gregg, Director of Children's Services
Professor Caroline Meyer, Warwick University
Mark Price, West Midlands Fire Service

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Minutes of Previous Meeting

The minutes of the meeting held on 19th April, 2021 were agreed as a true record.
There were no matters arising.

3. **Chair's Update**

The Chair, Councillor Caan, reported that Monday 5th July, marked 73 years since the birth of the National Health Service, and the country marked the anniversary by celebrating NHS, Social Care and Frontline workers. There was a national two-minute silence. He expressed the Board's thanks for the amazing work of the many key workers and unsung heroes who had put the safety of others first since the Covid crisis first began. He also remembered those who had lost their lives to the virus during the course of their work.

Councillor Caan also reported that on Monday 5th July, the Government had set out the five-point plan regarding if, and when, the move to step 4 of the Covid roadmap would happen. A final decision was expected today. This would no doubt bring its many challenges, but representatives would continue to work and plan together as a collective showing the power of partnership.

Councillor Caan reported that there had been good uptake of the vaccination programme. However, he took the opportunity to encourage people across the City to be vaccinated when they were offered an appointment. He also placed on record his thanks to all colleagues for working so hard to rollout vaccinations to the city's residents. The work of the Vaccinating Coventry Group was particularly important to tackling some of the inequalities in vaccination take-up in communities within the city.

Councillor Caan congratulated Phil Johns in his new executive leadership role of the Coventry and Warwickshire Integrated Care System (ICS). Phil joined the CCG in December and was now preparing for the ICS to become a statutory body under proposals put forward by the government. This included establishing a shadow ICS NHS Board and working with colleagues in local government and beyond in the development of the Health and Care Partnership. The Chair informed that Health and Wellbeing Boards would remain in place and would continue to have important responsibility at Place level to bring partners together as well as developing JSNAs and HWB Strategies.

Councillor Caan informed of his position as a member of the City of Culture Trust and how he was using this as an opportunity to raise the health and wellbeing of Coventry residents. He also referred to the benefits of the Wellbeing for Life initiative.

4. **Covid Defence and Vaccination Programme - Public Health Update**

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing and Alison Cartwright, Coventry and Warwickshire CCGs on the current Covid situation, including the Covid defence and vaccination programme.

The presentation set out the current national situation indicated that the increase in Covid rates in the North West had now levelled off – but rates in the North East continues to increase. The West Midlands continued to remain in the middle with the fourth highest rate of Covid of all nine English regions.

The key metrics on Covid-19 in Coventry, as at 11 July 2021, highlighted 328 cases of Covid per 100,000 residents, up from 54 cases on 7 June. The Board

were informed that most cases were occurring in the 18-21 year olds, then the 11-17 year olds. There had been 65 cases in the 60 plus category. The daily numbers of people being tested had been increasing and was now 527 per 100,000. There were currently 14 patients with Covid in UHCW. The Board were also updated with the latest vaccination rates, to date 67.7% of residents had received their first vaccination, with 48.7% having had both doses. Further details were provided of the first dose coverage across the city by age and ward. It was noted that Foleshill and St Michael's had the lowest uptake and resources were being targeted in these areas.

The presentation set out the national and local principles for managing the Covid defence from 19th July, the local being:

- i) Take up vaccine offer including second dose and booster.
- ii) Maintain hands face space where it made sense or you were requested to do so
- iii) LFT regularly and take a PCR test when symptomatic or requested to do so
- iv) Isolate when required by NHS T&T to do so.
- v) Continuation of Covid secure / infection prevention measures in settings.

Reference was made to the Phase Four roadmap for 19th July and 16th August. The Covid restrictions expected to end on 19th July were detailed, although these were subject to Government review. In addition, from 19th July there was to be no quarantine for the double-vaccinated or under 18s from amber list countries returning to England with testing remaining in place. From 16th August, close contacts who were double-vaccinated or under 18 would be advised to test but would not have to isolate unless positive.

The Board were advised of the key messages including that the vaccine had weakened the link between illness and severe illness; the rate of those with antibodies could be lower in Coventry than elsewhere; and that Covid case rate would continue to increase over the forthcoming weeks. Members noted that there had been 1 Covid death in Coventry in the last 10 weeks.

Additional information was provided on the Public Health priorities to reduce Covid transmission.

Reference was made to the vaccination roll out with all over 18s now being offered the vaccine. There were now multiple settings in the city where residents could access the vaccine. Attention was drawn to the Grab a Jab Coventry and Warwickshire initiative which involved a number of venues where residents could just turn up and be vaccinated without the need for an appointment. Communications, engagement and access push centred on the younger cohort, geographies with the lower uptake and ethnic communities. NHS planning was now underway for an autumn booster programme. The Board noted that there had been no decision yet on vaccinating under 18s.

Members asked for clarification/ further information on a number of issues including the location of pop up clinics in Wards where vaccine take up was low; the situation regarding Covid tests when returning from countries on the amber list; the autumn booster programme; whether there had been any Covid deaths involving patients who had received both vaccinations; and the effectiveness of the vaccine on different cohorts.

RESOLVED that the current Covid defence and vaccination programme update be noted.

5. Restoration of non-COVID Services in Coventry

The Board considered a report of Phil Johns, Coventry and Warwickshire CCGs which provided an update of the monitoring, recovery and restoration plans for non-Covid-19 services in Coventry.

The report indicated that in the first half of 2021 there had been two events which had had a significant impact on our restoration of services, firstly, the second wave of Covid cases over December to February, and, secondly, the increasing Covid cases in the last few weeks in June related to the Delta variant. The system had been selected as a pilot site for NHS England's "Accelerator" programme which aimed to accelerate the restoration of elective care services. The expectation of this programme was for pilot sites to undertake additional activity and transformation of services so that by the end of July 2021, elective care activity, as measured by value, reached 120% of what it was in July 2019. To support this pilot, the system had received £10m to support the expansion of capacity to deliver elective care. This was supported by the national Elective Care Recovery Fund (ERF) which provided additional revenue to systems who achieved delivering over 85% of activity levels seen in 2019-20. Associated with this, the system had developed expansion plans for increasing diagnostic activity through community diagnostic hubs.

The Board were informed of the key areas of activity/focus as follows:

- i) Recover the maximum elective activity including increasing electives including outpatients to at least 120% of 2019-20 levels by the end of July 2021.
- ii) Cancer delivery to restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- iii) Restoration of service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GPs to continue to offer face to face appointments as well as remote triage and video.
- iv) Expanding and improving MH/LD services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.
- v) Preparation for management of any Covid resurgence and preparedness for general increase in emergency activity. In addition, preparing for winter, with activities being detailed in the report.
- vi) Reflecting on Covid lessons-learnt and embedding positive change and continuing to support staff, and continued action on inequalities and prevention: a People Plan 2020/21 had been published with some specific objectives to address inequalities.

The report provided an overview of the restoration of services indicating that services were recovering well, and, as of week of 21st June 2021, the majority of services were at or above the levels from the same period in 2019-20, which was well above the activity seen last year during the first Covid surge. Examples highlighted included almost 1.1million Covid vaccinations being given across Coventry and Warwickshire by the end of June 2021; levels of diagnostic activity were back at or exceeding levels normally expected for this time of year, and

referrals had returned to previous pre-Covid levels; all outpatients services and elective planned surgery had been restarted and were increasing in line with provider operational plans to support the elective accelerator programme; and GP appointment levels were back at and exceeding levels seen in 2019-20.

The Board were informed that A and E attendances were lower than this time last year but there were high numbers of attendances at the main casualty sites, and there was an increase in admissions above numbers experienced pre-Covid. In relation to cancer, the 2 week wait referral was at 170% of the level reported in the same week in June 2019-20 pre-Covid and the 62 day week pathway referrals were at 100% of pre-Covid levels.

The report set out further details of outpatient, day-case and electives activity.

The report also included an update on restoring and supporting access to GP services including setting out how the primary care model was rapidly adapted, in line with national guidance, to safely deliver services to patients in Coventry and Warwickshire. Further information was provided on the current situation. All practices were open across Coventry. For those patients who needed to be seen face to face, and were not potential Covid-19 positive or confirmed positive, face to face appointments were available at all practices in Coventry, following the initial telephone triage. GP appointments were back at or exceeding pre-Covid levels. Increased numbers of patients were having appointments on the day or the day after, with 63% occurring on the day or the day after, which was well above the national position of 55%. Appointments were primarily during the working week (Monday to Friday). 50% of these appointments were face-to-face and 61% of the appointments were with GPs rather than other clinical staff, compared to a national position of 52%.

The Board noted that General Practice was continuing to deliver the vaccination programme in addition to seeing patients and restoring services.

“Hot Hubs” were still being used for potential covid-19 or confirmed positive patients to ensure that patients were still able to seek the treatment they needed or referred onward if urgent treatment was required. Transport for those unable to make their own way to the Hub was also in place. Surge and escalation plans were in place to ensure appropriate capacity and capability in order to respond to the current pandemic demands.

Members informed of concerns of residents about the availability of face to face GP appointments. Concerns were raised about patients were attending A and E because they were unable to get a face to face GP appointment. It was suggested that additional communication was required for patients on waiting lists, including prevention measures that could be undertaken to prevent an escalation of problems prior to treatment. It was clarified that when patients presented for vaccination, the opportunity could be taken to discuss any wider health issues. Members also asked for examples of the additional activity and transformation of services under NHS England’s Accelerator programme.

RESOLVED that:

(1) The contents of the report be noted.

(2) Consideration be given to communications concerning prevention measures, where people are on long waiting lists for treatment to provide help to support the patients and, if possible, prevent / reduce deterioration.

(3) Details of the situation at A and E and walk in centres where patients are turning up because they can't get a face to face appointment with their GP be sent to members.

6. Understanding the Health of Our City

The Board received a presentation from Valerie De Souza, Consultant Public Health on the work being undertaken to understand the changes to the health and wellbeing of Coventry residents over the past twelve months as a result of Covid-19.

Reference was made to the colour coded population health model. Work was based on the following four quadrants: wider determinants of health; health behaviours and lifestyles; integrated health and care system; and places and communities.

The presentation set out an alphabetical approach to a list of issues which included the direct and indirect impacts of lockdown and the short and long term implications of each matter, also including the relevant quadrant ie – alcohol, business, children, death, education etc. As an example, under alcohol, the following were listed:

- Alcohol and drug misuse increased during lockdown
- National surveys suggests greater alcohol use amongst health staff
- Drug offences increased by 41%.
- Reduced services meant less opportunity for prevention/early intervention.

A number of benefits introduced during the pandemic were highlighted along with the importance of continuing to build on successes. Reference was made to the sources used to populate the document.

In relation to Education and the disruption to pupils' education, members enquired about the arrangements to be put in place because of Covid for the new school year.

RESOLVED that the contents of the presentation be noted.

7. Coventry Health and Well-being Strategy Refresh

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the process for refreshing the short-term priorities of the joint Health and Wellbeing Strategy.

The report indicated that the Council and the Clinical Commissioning Group had a statutory duty, through the Health and Wellbeing Board, to develop a Health and Wellbeing Strategy that set out how they would address the health and well-being needs of local residents, as identified in the Joint Strategic Needs Assessment (JSNA). The aim of this Strategy was to develop a set of shared, evidence-based

priorities for commissioning local services which would improve the public's health and reduce inequalities. The outcomes of this work would help to determine what actions the Council, the NHS and other partners needed to take to meet health and social care needs, and to address the wider determinants that impacted on health and wellbeing. The current Health and Wellbeing Strategy was approved in 2019, following consultation and engagement with key stakeholders and members of the public.

The report detailed the three strategic ambitions of the current Strategy as follows:

- (i) People are healthier and independent for longer
- (ii) Children and young people fulfil their potential
- (iii) People live in connected, safe and sustainable communities.

The current short term priorities were:

- (i) Loneliness and social isolation
- (ii) Young people's mental health and well-being
- (iii) Working differently with our communities.

As part of the development of the Health and Well-being Strategy, it had been agreed to review and refresh the short-term priorities every 12 to 18 months to ensure that these still reflected the key issues and challenges facing Coventry residents. The impact of the Covid-19 pandemic on the city and residents and the proposed changes within the health and social care system had further strengthened the need to refresh the Health and Well-being Strategy to ensure the priorities contained within it remained relevant.

The Board were informed that the starting point in developing the revised Strategy would be to look at the impact of the existing three priority areas, by using available data, including a number of assessments and the findings from the place-based JSNA, that had been completed over the last few months. A number of stakeholder workshops were planned to understand what the impact had been so far and prepare a light touch stocktake of key outcomes for each of the three priorities and recommended next steps, to inform the revised Strategy. Wider lessons learnt about the format and implementation of the Strategy within an evolving health and social care context would also be identified.

The Board had adopted the Kings Fund framework for population health as part of the Strategy. This framework still remained integral to the Strategy and it was not intended to change this approach to delivering the priorities.

The Board noted that a workshop for Health and Wellbeing Board members and other senior partners was being planned for the Autumn to understand how the population health framework had worked so far in Coventry and to review the value of the existing activity and identifying gaps and priorities.

Regarding consultation, it was intended to use the recent extensive engagement activity and to carry out a light touch public consultation process on the strategy priorities. It was also intended to consult with the Council's Health and Social Care Scrutiny Board (5). The timescales for the process were detailed.

RESOLVED that the proposed approach to refreshing the short term priorities of the joint Health and Wellbeing Strategy be endorsed.

8. **Domestic Abuse Act 2021**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing informing of the statutory requirements of the Domestic Abuse Act 2021 including the requirement to establish a new statutory board, the 'Coventry Domestic Abuse Local Partnership Board'.

The report indicated that the Domestic Abuse Act included a wide range of provisions and responsibilities to protect victims and children. It received Royal Assent on 29th April 2021. The Act created a statutory definition of domestic abuse, emphasising that domestic abuse was not just physical violence, but could also be emotional, controlling or coercive, and economic abuse. It established in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers.

The report highlighted the Local Authority duties as follows:

- Places a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation.
- Provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance.
- Ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy
- Create a Domestic Abuse Local Partnership Board.

The report also detailed the requirements of the Act in relation to the protection of victims in court and the police and criminal justice along with other provisions.

Under the Act, each relevant local authority in England must appoint a Domestic Abuse Local Partnership Board who would:

- a) assess, or make arrangements for the assessment of, the need for domestic abuse support for victims and their children in its area,
- b) prepare and publish a strategy for the provision of such support in its area, and
- c) monitor and evaluate the effectiveness of the strategy.

The Board was informed that an interim Board was established in May 2021. This Board was a statutory board of the Local Authority and would be chaired by Councillor P Akhtar (Deputy Cabinet Member for Policing and Equalities). The Act set out the minimum membership for the Board which included the local authority, police, health, domestic abuse voluntary organisations and organisations that represented the voices of victims and children.

The report also detailed the next steps to be undertaken at a national level along with the following at a local level:

- A needs assessment was currently being carried out within Coventry to inform development of the strategy for support to victims and their children
- The current Domestic Abuse Strategy for Coventry covered the period 2018-2023. Two addendums to the current strategy would be produced to cover the safe accommodation support requirements of the new Act and the impact of Covid19.
- Local Authorities must publish their strategies for providing support to victims and their children in safe accommodation by 31st October 2021.

In relation to funding, the government had provided the City Council with a £50,000 Capacity Building grant to prepare for the Domestic Abuse Bill requirements. This would be used for the needs assessment and strategy, and training to ensure services were fully aware of their duties under the Act. The Council also had a grant of £849,930 in 2021/22 to fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation. No funding had been provided beyond 2021/22 although it had been stated that any further funding would be confirmed as part of the Governments Comprehensive Spending Review.

A request was made for Members to receive copies of the Terms of Reference and the membership of the Partnership Board.

RESOLVED that:

(1) The requirements of the Domestic Abuse Act 2021, the creation of a Domestic Abuse Local Partnership Board and the planned next steps be noted.

(2) Copies of the Terms of Reference and membership of the Domestic Abuse Local Partnership Board be e-mailed to Members.

9. 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 17 June, 2021.

The report indicated that the over 60 partners attended the virtual meeting which was the fourth joint meeting held during the Covid-19 pandemic. The meeting continues the focus on addressing health inequalities and exploring opportunities for collaborative action in response to the pandemic.

The report set out the meeting items and detailed the key themes emerging from the meeting which included:

- The local outbreak management response has highlighted the importance of data in driving targeted action, and the strength of local, place-based approaches. The pandemic has created new partnerships with local communities which must be sustained if we are to tackle inequalities and address the impact of the pandemic from a population health perspective.

- There are real opportunities to tackle inequalities in health outcomes through the Coventry UK City of Culture 2021 programme, by increasing cultural participation in all neighbourhoods. Partners have a collective responsibility to support communities to engage with the programme, drawing on learning from the COVID response to support this.
- Anchor organisations could have particular impact in addressing inequalities in employment and skills by connecting with education institutions and providing employment and training routes for those who leave school with no qualifications, and opportunities for those with lived experience.
- The business community has a key role to play in tackling inequalities as the economy recovers and the Call to Action provides an important mechanism for businesses to understand their role and sign up to practical actions to help make a difference.
- The transition to a statutory Integrated Care System should help align national and local priorities for population health and build on existing partnerships. It is important that discussions about governance do not distract from the core business of restoration, improving health outcomes and tackling inequalities

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

- Reflect and build on learning to date from COVID-19 outbreak management and, as partners, seek opportunities to support the next phase of COVID defence
- Commit as organisations to support and promote the Wellbeing for Life campaign and in particular to progress Thrive at Work commitments
- Harness opportunities arising from the UK City of Culture 2021 to work together to address inequalities and improve health outcomes
- Demonstrate leadership in championing the Call To Action to address health inequalities and support the economic recovery
- Work together to ensure that the Health and Care Partnership places action to tackle inequalities and improve population health at the centre of recovery plans.

Members were reminded that the next Place Forum meeting was scheduled to take place on 17 November, 2021 and that this would be a joint meeting with the Health and Care Partnership Board.

RESOLVED that the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health and Care Partnership Board meeting held on 17 June 2021 be noted.

10. **Coventry and Warwickshire CCG Clinical Commissioning Update**

The Board received a presentation from Phil Johns, Coventry and Warwickshire CCGs which provided an update on the current position.

The presentation set out the approach for 2021/22 which was a year of transition moving from three Clinical Commissioning Groups to one and moving forward

from Clinical Commissioning to Integrated Care Systems. “Business as Usual” was being prioritised along with restoring services and ensuring they were accessible, in addition to continuing to deal with the pandemic. The Board noted that transition needed to happen in conjunction with this work, not instead of it.

Reference was made to the national priorities from NHSE as follows:

- Supporting our people
- Continuing to deal with demands related to Covid-19
- Focus on population health, prevention and keeping people well
- Restoring elective services, managing increasing mental health demand and delivering key Long Term Plan commitments
- Preventing inappropriate admissions to hospital and maintaining reduced length of stay
- Delivering these priorities via collaboration at system level.

The emphasis of continuing to work with partners was highlighted.

The presentation concluded by referring to the local Health and Care Partnership vision: To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life. Reference was made to the CCG strategic themes of creating value, building capacity and delivering at place. Additional information was provided under the following three key focuses for the current year of performance and restoring services; staff wellbeing and system and place.

In response to a question, the Board were informed of the substantial financial challenges faced by the organisation.

RESOLVED that the contents of the presentation be noted.

11. Integrated Care System Development - Role of Partners and Role of the Board

The Board received an update from Gail Quinton, Deputy Chief Executive and Philip Johns, Coventry and Warwickshire CCGs on the Integrated Care System (ICS) development, with particular reference to the role of partners and the role of the Health and Wellbeing Board.

Gail Quinton reported that work was being undertaken preparing for the ICS to become a statutory body under proposals put forward by the government. The importance of working with the City Council and other partners in the development of the Health and Care Partnership was highlighted. Reference was made to the work being focused on the four places that make up Coventry and Warwickshire and the joint partnerships working to improve the health and wellbeing of local people. She informed of legislation removing barriers for an integrated care system. The Board could add value to what was being done at a local level. Reference was made to aligning with the Health and Wellbeing Strategy. Attention was drawn to the governance arrangements.

Gail informed of the need to determine the Board’s involvement, suggesting two development sessions: (i) Discussion for Board members and (ii) Discussion with Board members and colleagues from Warwickshire and wider partners.

Philip Johns referred to the establishing a shadow ICS NHS Board. He highlighted the intention to continue as much as possible with the current arrangements ie working closely with and involving both officers and Councillors from the City Council and Warwickshire Council. The intention to keep a place based focus was reiterated. He highlighted the successful partnership working of the previous twelve months, wanting this to continue and develop. He also referred to the question of the Board's involvement, in particular what level of development and learning session was required for members.

Sir Chris Ham, Chair, Coventry and Warwickshire Integrated Care System stated Coventry and Warwickshire was in a strong starting position with the two very effective Health and Wellbeing Boards and the successful Joint Place Forum, meaning foundations were already in place.

Members expressed support for the development sessions involving all partners, highlighting that it was important to see this as a real opportunity. The importance of understanding partners expectations for the new ICS Board were mentioned along with what difference members wanted to see for their local population. Other issues outlined included the importance of the involvement of the community and voluntary sectors and hearing the patients' voice. Members also highlighted the importance of the strong partnerships that exist in the city and the need to put people at the heart of everything as the way to bring about change.

RESOLVED that arrangements be put in place for a development session to take place in the autumn on the Integrated Care System development with the aim of embedding collaboration to support improvements in the system.

12. **Better Care Fund Requirements 2020/21**

The Board considered a report of Pete Fahy, Director of Adult Services, which informed that the conditions of the 2020/21 Better Care Fund programme required CCG's and Local Authorities to confirm compliance with the four national conditions to Health and Wellbeing Boards. The report asked the Board to note that these four conditions had been met.

The report indicated that the Better Care Fund programme was designed to support local systems to successfully deliver the integration of health and social care in a way that supported person-centred care, sustainability and better outcomes for people and carers. Due to the pandemic, a decision was taken nationally that 2020/21 policy and planning requirements would not be published and the prioritisation would be on continuity of provision, social care capacity and system resilience based on local agreement, with no requirement to submit plans to NHS England and NHS Improvement for approval. An end of year reconciliation per Board was required to be completed which included confirmation that the following four national conditions had been met:

- National Condition 1 – Plans covering all mandatory funding contributions have been agreed by HWBB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).

- National Condition 2 – The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- National Condition 3 – Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- National Condition 4 – The CCG and LA have confirmed compliance with these conditions to the HWBB.

The report set out how the first three conditions had been met, thus confirming compliance to the Board.

The report also detailed the financial allocations to the Better Care Fund programme for 2020/21 including a comparison with the previous year.

RESOLVED that it be noted that the four national conditions have been met.

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

There were no additional items of public business.

(Meeting closed at 3.30 pm)