



Coventry Health and Well-being Board

Time and Date

2.00 pm on Monday, 12th July, 2021

Place

This meeting will be held remotely. The meeting can be viewed live by pasting this link into your browser: <https://youtu.be/64ipR-JVzes>

Note: This meeting is not being held as a public meeting in accordance with the Local Government Act 1972

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 5 - 18)
 - (a) To agree the minutes of the meeting held on 19 April, 2021
 - (b) Matters Arising
4. **Chair's Update**

The Chair, Councillor Caan, will report at the meeting

Development Items

5. **Covid 19 Update**
 - (a) Covid Defence and Vaccination Programme - Public Health Update
Presentation by Liz Gaulton, Director of Public Health and Wellbeing and Alison Cartwright, Coventry and Warwickshire CCGs
 - (b) Restoration of non-COVID Services in Coventry (Pages 19 - 22)
Report of Phil Johns, Coventry and Warwickshire CCGs
6. **Understanding the Health of Our City**

Presentation by Valerie De Souza, Consultant Public Health
7. **Coventry Health and Well-being Strategy Refresh** (Pages 23 - 26)

Report of Liz Gaulton, Director of Public Health and Wellbeing

8. **Domestic Abuse Act 2021** (Pages 27 - 30)
Report of Liz Gaulton, Director of Public Health and Wellbeing
9. **Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update** (Pages 31 - 34)
Report of Liz Gaulton, Director of Public Health and Wellbeing

Governance Items

10. **Coventry and Warwickshire CCG Clinical Commissioning Update**
Presentation by Dr Sarah Raistrick and Phil Johns, Coventry and Warwickshire CCGs
11. **Integrated Care System Development - Role of Partners and Role of the Board**
Gail Quinton, Deputy Chief Executive and Phil Johns, Coventry and Warwickshire CCGs will report at the meeting
12. **Better Care Fund Requirements 20/21** (Pages 35 - 36)
Report of Pete Fahy, Director of Adult Services
13. **Any other items of public business**
Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

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

Friday, 2 July 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

Liz Knight

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 12.30 pm
on Monday, 19 April 2021
This meeting was held remotely

Present:

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

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
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Other representatives: Dr Sharon Binyon, Coventry and Warwickshire Partnership Trust
Alison Cartwright, Coventry and Warwickshire CCGs
Matt Gilks, Coventry and Warwickshire CCGs
Chris Ham, Coventry and Warwickshire Health and Care Partnership
Richard Hale, Coventry and Warwickshire LEP
Dr Richard Onyon, Coventry and Warwickshire Partnership Trust

Employees: R Chapman, Public Health
V De Souza, Public Health
L Knight, Law and Governance
R Nawaz, Public Health
K Nelson, Director of Education and Skills
T Wukics, Public Health

Apologies: Professor Lisa Bayliss-Pratt, Coventry University
Julie Grant, NHS England
Stuart Linnell, Coventry Healthwatch
Professor Caroline Meyer, Warwick University

Public Business

39. Declarations of Interest

There were no declarations of interest.

40. Minutes of Previous Meeting

The minutes of the meeting held on 25th January 2021 were agreed as a true record. There were no matters arising.

41. **Chair's Update**

The Chair, Councillor Caan, reminded that 23rd March marked the first anniversary of the UK's first Covid lockdown. He indicated that his thoughts, and those of members and officers at the meeting, were with those people who had been directly affected by Covid and their families.

Councillor Caan reported that there had been good uptake of the vaccination programme. He encouraged people across the City to be vaccinated when they were offered the opportunity. He placed on record his thanks to all colleagues for working so hard to rollout vaccinations to local 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.

The Chair also thanked all colleagues who had worked, and were still working, tirelessly during this last year at both the frontline and behind the scenes to manage the response to the pandemic. He paid tribute to everyone who had kept all the wider council, NHS, education and voluntary sector services running throughout this time and in such challenging circumstances.

Reference was made to the community testing sites within the City. As well as undertaking lateral flow tests, these sites were also Community Collect sites so residents could visit to collect kits for home testing.

Councillor Caan informed of Get Active for April, which was a joint campaign with Warwickshire – part of the Wellbeing for Life initiative – which followed on from the Coventry Health Challenge. The aim was to encourage people to get active, with any activity that could get you moving, from cleaning and gardening, to walking, dancing or running. Building activity into daily lives would help to keep residents healthy so reducing the likelihood of illness, including Covid-19.

Attention was drawn to recent changes in the local health and care system as follows:

- The merger of the three Clinical Commissioning Groups in Coventry and Warwickshire which took effect on 1st April 2021 and included the appointment of Dr Sarah Raistrick as Chair of the new organisation.
- The evolution of Coventry and Warwickshire Health and Care Partnership, which had now been officially designated as an Integrated Care System
- The publication of the White Paper and forthcoming legislation on health and social care, and proposed changes to the governance arrangements for the Health and Care Partnership to reflect this
- Changes to public health at a national level, with the development of the UKHSA (national health security agenda) and the Office for Health Promotion.

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

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

The presentation detailed Coventry's rolling 7 days Covid-19 rate per 100,000 residents which was now 26, a considerable reduction since the peak of 585 in January. Reference was made to the very challenging 3 to 4 months prior to reaching this stage. A comparison of regional trends which compared the West Midlands with other areas of the country was set out which showed the West Midlands having the 5th highest seven day rate out of all the 9 English regions.

Key metrics for the city at 18th April showed there were currently 98 Covid-19 cases in the city over the last 7 days, with just 7 cases in the 60 plus age group. The weekly percentage of cases testing positive was 1.6 and 262 residents per 100,000 were being tested on a daily basis. 150,314 individuals had now received their first vaccination (46.1%).

The presentation highlighted a summary of key messages which also included:

- The West Midlands was rated 5th nationally.
- The highest rate in the city was in the 16-17 year olds.
- Covid rates in North East quadrant remained slightly higher
- Vaccination uptake in Foleshill and St Michaels was lower than the city average
- Testing and rates were likely to increase this week as schools reopened and impact of social mixing was seen.
- Hospital Covid beds were reducing with 7 admissions UHCW in the last week, compared to 12 the week before (median age 53).
- New variants from returning travellers posed a considerable risk, local numbers were small and surge testing plans were in place.

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

The presentation concluded with an update on the easing of lockdown restrictions including the earliest key dates and the metrics required to be in place to allow restrictions to be lifted.

There was an acknowledgment of the great positive, the reduction in hospitalisations and in response to a question, further information was provided on the impact of vaccinations.

RESOLVED that the current Public Health position concerning Covid 19 be noted.

43. **Covid 19 Vaccination Programme**

The Board received an update from Alison Cartwright, Coventry and Warwickshire CCGs on the local Covid 19 vaccination programme.

Work was ongoing with cohorts 1 to 9 and the programme was about to move into phase 2, the under 50s. Detailed information was provided on the uptake rates for

phase 1. Anyone in these cohorts who hadn't been vaccinated would still be offered the opportunity for a vaccine.

Vaccination data was being monitored on a ward basis, with increasing opportunities being provided for residents to be able to visit vaccination centres, including the use of pop up clinics. Work was ongoing in the Foleshill area to try to increase vaccine uptake.

As the programme moved to phase 2, appointments would be offered to the 45-49 year olds. It was noted that there had been a smaller supply of vaccines available during April, although from 26th April it was anticipated that supplies of first vaccines would increase again. The programme aimed to have all 18s vaccinated by July. The programme for second doses was ongoing and residents would be contacted about their second appointment.

Members were informed that it was hoped to be able to provide pop up clinics for anyone who had received their first vaccination in such venues.

RESOLVED that the update on the Covid-19 vaccination programme be noted.

44. **Reset and Recovery Framework**

The Board received a presentation from Phil Johns, Coventry and Warwickshire CCGs which provided an update on restoration and recovery.

Reference was made to the significant work that was being co-ordinated by the Partnership Executive Group to restore health services across Coventry and Warwickshire with areas such as mental health requiring additional levels of service following the pandemic. The governance and workstream arrangements were highlighted.

There were currently 19 hospital patients with Covid which compared to 456 inpatients at the height of the second peak. Elective activity had continued through the initial part of the second wave allowing progress to be made in achieving the phase 3 targets for restoration. However, the sustained pressures of Covid over the winter had impacted on ability to continue with all elective activity so priority had been given to cancer and urgent patients from phases 1 and 2.

Information was provided on current activity levels, with the restoration of services across the system being monitored at place and across pathways and prioritised based on clinical need. Key acute services were tracked at system and provider level and monitored against 2019/20 activity levels. Changes to service delivery models away from face to face to digital solutions were appropriate including primary care and outpatients to reduce patient risk and increase capacity.

The Board were informed that Primary Care attendances were now at 101% of pre-Covid levels; emergency admissions were above 2019/20; and A and E attendances were increasing. The focus was on the restoration of cancer and urgent elective pathways based on clinical prioritisation. It was noted that there was now a large increase in patients waiting over 52 weeks (5167 at UHCW). Staff were working on system approach to waiting list, prioritisation and completion of

elective procedures. There was also the need to balance patient clinical need and staff wellbeing and recovery.

The presentation referred to communications with primary care, patients and stakeholders. The presentation concluded with the National Operating Plan Priorities for first half of 2021/22 concerning:

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

Members welcomed the communications with patients, in particular with regard to waiting times. Discussion centred on the difficulties for some patients of being able to secure face to face appointments with their GPs and the need for front line reception, admin staff to show sensitivity when speaking with patients.

RESOLVED that the restoration and recovery update be noted.

45. **NHS White Paper Overview**

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership and Phillip Johns, Coventry and Warwickshire CCGs provided a brief update on the NHS white paper overview.

The Board were informed that the Coventry and Warwickshire partnership was now formally an integrated care partnership. The vaccination role out; the reduction in case numbers; and the restoration of services across the nhs had all benefitted from the strong partnership work across the locality. The partnership was now in its shadow year and would be a statutory body from April 2022. Reference was made to the commitment to improve the health and wellbeing of local residents providing them with better care across Coventry and Warwickshire. An Integrated Health and Care Partnership Board would provide leadership. The Board were informed of the commitment to work across the four places with shared care records. Active work was currently underway to build local partnerships. The importance of having the right focus was outlined to allow for continual improvements. The biggest implications were for the Coventry and Warwickshire CCGs and much work was going on with Andy Hardy, UHCW and Philip Johns, Coventry and Warwickshire CCGs to make sure that everything was in place for next April.

Further information was provided on the reorganisation for staff at the CCGs and much was being done to manage the change. Further guidance was still awaited.

Members asked about the role of the Health and Wellbeing Board as structures were changing. The significance of partnership work and working with the anchor alliances was also highlighted.

RESOLVED that the update on the NHS White Paper overview be noted.

46. **Adult Mental Health Transformation 2019/20 - 2023/24**

The Board received a presentation from Dr Sharon Binyon and Dr Richard Onyon, Coventry and Warwickshire Partnership Trust concerning Adult Mental Health transformation 2019-20 – 2023-24 and Community Mental Health Transformation 2021-22 – 2023-24.

The presentation provided an overview of Adult Mental Transformation from 2019 to date including the different services and future plans under the following areas:

- Urgent and Crisis Care Pathway – to be completed by September 2021
- Suicide Prevention Programme – to be completed by June 2021
- Individual Placement and Support (IPS) Service – completed March 2021
- Perinatal
- Expansion of Early Intervention in Psychosis
- Community Mental Health Transformation Programme – to commence April 2021.

Detailed information was provided on Community Mental Health Transformation and it was highlighted that substantial funding is being made available to transform and modernise Community Mental Health Services. The aim was 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. The LTP described 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.”

The local new model was being co-produced and developed to underpin bid for transformational funding – a multi-sector team with leads from mental health, social care, VCSE and Lived Experience.

The presentation set out the transformation principles for the new model and provided further information on the additional investment into local community mental health, both as part of Mental Health Investment Standard into baseline funding and additional transformation funding. Estimated funding levels for the next four years were highlighted. The board noted that a proportion of the funding was to be used to support small, micro, grassroots, local community and user-led mental health organisations, and to address inequalities.

Expanding on the local work with the voluntary community sector included:

- 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 would be used to support small, micro, grassroots, local community and user-led mental health organisations to serve their client groups and communities with severe mental health 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.

The presentation put forward the proposed phasing for community mental health as follows:

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 and 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.

The Board were informed that the new primary care mental health liaison workers had been introduced into PCNs, three had been embedded into PCNs in Coventry, South Warwickshire and Warwickshire North and a further liaison worker was being recruited for Rugby. PCNs could refer patients to the Liaison Worker to help support them and work with PCN hubs / MDTs to get the care they need. Liaison workers were 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. Further information was provided on the benefits of having the primary care liaison worker posts and the next steps for recruiting more liaison workers. The presentation concluded with details about the role of the mental health practitioners. It was the intention to have 63 practitioners working across Coventry and Warwickshire by 2023/24.

Members expressed support for this significant investment in mental health services, highlighting the importance of partnership working and providing patients with a holistic experience. The need for a smooth transition for mental health patients moving from children’s support to adult support was emphasised. Members asked about the challenges of being able to increase the workforce including working with the two local universities to be able to recruit graduates to the new posts. Other issues raised included the support for young people including NEETS; the need for more support for school pupils who were experiencing mental health issues as a result of the pandemic; and the requirement to support Looked After Children as young adults.

It was suggested that an item for discussion at a future Board meeting be how the two local universities could contribute to the health and wellbeing agenda, with particular reference to work force planning.

RESOLVED that:

- (1) The content of the presentation concerning the Adult Mental Health transformation including the Community Mental Health transformation be noted.**
- (2) Consideration be given to a future Board meeting agenda item on how the two local universities were contributing to the health and wellbeing agenda for the city.**

47. Update from the Children and Young People's Partnership Board

The Board received a presentation from Kirston Nelson, Director of Education and Skills, John Gregg, Director of Children's Services and Matt Gilks, Coventry and Warwickshire CCGs which provided an update on the refreshed Children and Young People's Plan 2021-22 – Living with and recovery from the Covid-19 pandemic.

The presentation provided an overview which highlighted that the Plan was a refresh of the 2020 Children and Young People Plan and had 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

The presentation focussed on the six key priorities detailing the individual priorities, key issues and strategy in the following areas:

- Early Help
- Mental Health
- Health Inequalities
- Education, Training and Employment
- Children with SEND
- Youth Violence

In relation to governance, the key sponsors and strategic leads for each of these six priority areas were highlighted.

Members were informed of the intention for the Children and Young Partnership Board to report to this Board on a quarterly basis and members welcomed the focus on children and young people at future meetings.

Regarding the mental health priority, members highlighted the importance of having a smooth transition as possible for patients moving between children and adult mental health services.

RESOLVED that the contents of the presentation be noted, including the intention for the Children and Young People Partnership Board to report to the Health and Wellbeing Board on a regular basis.

48. **Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) Update and Supplementary Statement**

Liz Gaulton, Director of Public Health and Wellbeing introduced a report of Jane Fowles, Consultant Public Health which provided an update on the plans for the revision of the Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) and the supplementary statement, a copy of which was set out at an appendix to the report.

The report indicated that Local Health and Wellbeing Boards had statutory responsibility for the publication of PNAs every three years. The last PNA for Coventry was published in March 2018. 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.

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 PNA. The key changes detailed included:

- 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.

The report set out the key messages from the Supplementary Statement as follows:

- 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 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.

The Board were informed of the next steps and key actions as follows:

- 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.

RESOLVED that:

(1) The contents of the report and expected timeframes for Pharmaceutical Needs Assessment revision be noted.

(2) The Coventry and Warwickshire Pharmaceutical Needs Assessment Supplementary Statement be endorsed.

49. 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 2 March, 2021.

The report indicated that the over 70 people joined the virtual meeting which was the third joint meeting held during the Covid-19 pandemic. The meeting focused on addressing health inequalities and Covid-19 and exploring 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:

- 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.

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

- 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:

- (i) Ensure equal uptake of the COVID-19 vaccination programme in line with national guidance; and
- (ii) 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.

Members were reminded that the next Place Forum meeting was scheduled to take place on 17 June 2021 and that this would be a joint online meeting with the Health and Care Partnership Board. Sir Michael Marmot would be joining this meeting.

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 2 March 2021 be noted.

50. **Better Care Fund 2020/21**

The Board considered a report of Pete Fahy, Director of Adult Services, which provided an update on the approval process for the Coventry Better Care Fund for 2020/21.

The report indicated that 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). 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.

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 would 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 had been agreed in writing between the Clinical Commissioning Group and the local authority, and that the national conditions would be met.

The Board were informed that, in order to fulfil the requirements each HWBB area would be required to provide an end of year reconciliation to the Department of Health and NHS England, confirming that the national conditions had 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 summarised the financial position and checked that requirements had been met. It also provided the basis for the end of year reconciliation.

The Board noted that the template had been completed and agreed by the Local Authority and Coventry and Rugby Clinical Commissioning Group as required. A section 75 variation had 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 enabled a change to the financial values included in the programme for the 20/21 financial year.

The report detailed the national conditions for the BCF in 2020/21. The guidance stated that CCGs and local authorities should also ensure that local providers of NHS and social care services had 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 was a continuation of previous plans that had previously involved other providers in the process. The onset of the pandemic had continued to drive joint working across hospital discharge arrangements and the pre-existing investment in discharge to assess services from the Better Care Fund had enabled Coventry to respond to the additional pressure over the past year.

The report detailed the allocations for the 2021 Better Care Fund which comprised a total pooled budget of £116.496m.

Alongside the main BCF programme, as part of the Covid19 response, Government provided additional funding to support Hospital Discharge which formed the basis of a separate section 75 variation which had been agreed between the parties

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 Board meeting on 25 January 2021. Therefore, the report was being considered post submission at the meeting closest to the 31 March 2021.

The Board were informed that the requirements for BCF planning for 21/22 had not yet been published and no specific date for publication had been provided. An update would be provided in due course.

RESOLVED that the report be accepted as completion of the final stage of the 2020/21 Better Care Fund process, albeit retrospectively.

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

Liz Gaulton, Director of Public Health and Wellbeing welcomed Richard Hale, Coventry and Warwickshire Local Enterprise Partnership, as an observer to the meeting, reminding of the intention to appoint a permanent representative from the LEP to the Board. This action was currently being progressed. The importance of joint partnership working was emphasised. Richard Hale addressed the Board expressing support for all the great work undertaken by the members.

52. **Voluntary Community Sector and Health and Care Partnership Update**

The Board received a presentation from Pete Fahy, Director of Adult Services and Valerie De Souza, Consultant Public Health which provided an update on the Voluntary Community Sector (VCS) and Health and Care Partnership (HCP).

The presentation referred to the rich, vibrant and diverse Voluntary Community Sector in Coventry which included large influential organisations and hundreds of smaller community groups, many of which continued without council involvement. It was an organic environment which changed dependant on the issues to be address and the capacity to contribute. A major issue was that there was no single organising or co-ordinating 'voice' which made representation on the Board difficult. It was a priority with the Joint Health and Wellbeing Strategy and the NHS 5-year forward view explicitly mentioned the role of VCS organisations in supporting health and well-being. However, there was no clear blue-print for developing this partnership. There was a strong system-wide commitment to develop the relationship between the HCP and VCS organisations and to support a sustainable sector and working in partnership. There were numerous examples of working with and engaging elements of the VCS on specific issues, projects and priorities. Reference was made to the Kings Fund model with the four quadrants which impacted on all areas of work.

The presentation gave examples, including details, of VCS partnerships in Coventry as follows:

- Social prescribing commission
- iBCF funded Community Capacity and Resilience Pilot
- Community Navigator Project.

Details were also provided of examples of VCS partnerships with the HCP:

- Kings Fund and National Lottery-funded Health Communities Programme
- Coventry Place Long Term Conditions: taking a whole-system approach to pathway development including input from specialist VSO providers where appropriate.

The Covid response had provided a unique opportunity to quickly mobilise and support the VCS to support the most vulnerable. It had resulted in a wide ranging, innovative and flexible response, creating an 'equal' partnership and creating funding opportunities for smaller groups. It had allowed the mobilisation of smaller community groups without the need for complicated funding arrangements and complicated processes.

Moving forward consideration needed to be given to the issue that strong examples were often based on action round a specific issue, not system-wide involvement, which could be perceived as a gap. Also, that aside from VAC, there was no single co-ordinating force or voice within the city.

It was recommended that consideration be given to the establishment of a Health and Wellbeing Board Task and Finish Group focussing 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.

Members discussed the complexities associated with having so many individual excellent voluntary groups across the city without an overarching organisation to bring them all together. The importance of having appropriate representation on the Board was acknowledged, along with the need to make best use of all the good opportunities that existed. Members expressed support for the setting up of a Task and Finish Group to progress the issue.

RESOLVED that approval be given to the establishment of a Task and Finish Group to consider the Voluntary Community Sector, with the focus for the Group as set out above.

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

There were no additional items of public business.

(Meeting closed at 2.25 pm)



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12th July 2021

From: Phil Johns, Chief Accountable Officer, Coventry & Warwickshire CCG

Title: Restoration of non-COVID services in Coventry

1 Purpose

- 1.1 To provide an update of the monitoring, recovery and restoration plans for non-COVID-19 services in Coventry

2 Recommendations

- 2.1 The Board are asked to note the content of the report.

3 Information/Background

- 3.1 In the first half of 2021 there have been two events which have had a significant impact on our restoration of services.

- We have had a second wave of Covid cases over December to February, followed by increasing Covid cases in the last few weeks in June related to the Delta variant.
- The system has been selected as a pilot site for NHS England's "Accelerator" programme which aims to accelerate the restoration of elective care services. The expectation of this programme is 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, reaches 120% of what it was in July 2019.

To support this pilot, the system has received £10m to support the expansion of capacity to deliver elective care. This is supported by the national Elective Care Recovery Fund (ERF) which provides additional revenue to systems who achieve delivering over 85% of activity levels seen in 2019-20.

Associated with this, the system has developed expansion plans for increasing diagnostic activity through community diagnostic hubs.

4 Key areas of Activity:

- 4.1 Our focus remains on:
- 4.1.1 Recover the maximum elective activity including increasing electives including outpatients to at least 120% of 2019-20 levels by the end of July 2021.

- 4.1.2 Cancer delivery to restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- 4.1.3 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.
- 4.1.4 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.
- 4.1.5 Preparation for management of any Covid resurgence and preparedness for general increase in emergency activity. We will do this by continuing to follow good Covid-related practice. We will also prepare for winter including
- utilising the independent sector,
 - expanding both Covid vaccination and seasonal flu vaccination programmes,
 - expanding the 111 First offer,
 - maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demands.
 - Continuing to work collaboratively with local stakeholders including voluntary sector and local authorities.
- 4.1.6 Reflecting on Covid lessons-learnt and embedding positive change and continuing to support staff, and continued action on inequalities and prevention: a People Plan 20/21 has been published with some specific objectives to address inequalities.

5 Overview of restoration of services

- 5.1 As a system, we are recovering our services well and, as of week of 21st June 2021, the majority of our services are at or above the levels from the same period in 2019-20, which is well above the activity seen last year during the first Covid surge.
- Almost 1.1 million covid vaccinations have been given across Coventry and Warwickshire by the end of June 2021. Initial data shows that this seems to be breaking the linkage between the rate of infection and the rate of hospitalisation, so whilst community infections have increased, the associated hospitalisation growth has so far been less than it was during the first and second waves.
 - Levels of diagnostic activity are back at or exceeding levels normally expected for this time of year, and referrals have returned to previous pre-COVID levels.
 - **Outpatients** - all services have been restarted and are increasing in line with provider operational plans to support the elective accelerator programme.
 - **Planned surgery** (Elective) - all services have been restarted and are increasing in line with provider operational plans to support the elective accelerator programme.
 - **GP Services:** Appointment levels are back at and exceeding levels seen in 2019-20.
 - **A&E attendances** – Overall these are lower than the same period last year, however, we are seeing high numbers of attendances at main casualty sites, and seeing an increase in admissions above numbers experienced pre-Covid. Part of this increase is a notable increase in attendances for children with respiratory illness, and part of the increase is a move towards more appropriate same day emergency care (SDEC) services and pathways.

6 Outpatient, Day-case, Electives activity

- 6.1 **Outpatient:** As a System, Coventry and Warwickshire undertook approx. 26,000 first Outpatient attendances/month prior to Covid. Following the onset of the pandemic, the lowest point was approximately 12,000 attendances in May 2020, which was 40% of the same period in the preceding year.
- 6.2 The latest unvalidated weekly reported position in June 2021 shows the position has improved considerably with first Outpatient appointments at around **110%** of that at the same time in 2019.
- 6.3 **Day-case:** Approximately 11,000 day-case procedures took place in March 2020. In the immediate aftermath of COVID this reduced with the lowest point being in June 2020 with approx. 3,800 procedures.
- 6.4 The latest unvalidated weekly reported position in June 2021 shows the position has improved considerably with activity at **116%** of the same period in the preceding year.
- 6.5 **Inpatient Elective:** In March 2020, 1,400 elective procedures took place. This reduced to its lowest position in June 2020 of just under 400 operations.
- 6.6 The latest unvalidated weekly reported position in June 2021 the position has improved considerably with activity at **120%** of the same period in the preceding year.

7 Coventry and Warwickshire Cancer Services Restoration

- 7.1 **Two Week Wait pathways** - With regards to patients on a two week wait suspected cancer pathway, we have seen the numbers being referred and waiting return to pre-Covid levels. The latest unvalidated weekly information for June 2021 indicates activity is **170%** of the level reported in the same week in June 2019-20 pre-Covid.
- 7.2 **Sixty-two day wait pathways** – After an initial fall when Covid started, the number of patients with cancer on a 62-day pathway has increased, reflecting the increase in referrals back to normal levels. The latest monthly information for April 2021 indicates activity is **100%** of the level reported in the same month in June 2019-20 pre-Covid.
- 7.3 It is important to note that a lot of patients chose to defer treatment in the first COVID wave, thus extending the period of time before treatment. This position is also improving.

8 Restoring and supporting access to GP Services

- 8.1 The Covid Pandemic resulted in significant necessary changes to how Primary Care is delivered in Coventry.
- 8.2 As part of the NHS COVID-19 Phase 1 response, and in line with many areas across the country, a number of General Practice services were either fully or partially stopped in order to prioritise resources appropriately to respond to the national Level 4 Incident. The way in which other General Practice services were delivered needed to be radically changed in order to protect the health and wellbeing of both patients and staff.
- 8.3 The primary care operating model was rapidly adapted, in line with national guidance, to safely deliver primary care services to patients in Coventry and Warwickshire.

- 8.4 All practices in Coventry and Warwickshire undertook a wholesale move to a 'total triage' model with initial telephone triage of all patient contacts. Essential services are delivered in a tiered approach with a 'digital first' approach being implemented by practices for essential 'cold' consultations, this approach includes the use of telephone, video and online consultations.
- 8.5 All practices are open across Coventry. For those patients who need to be seen face to face, and are not potential COVID-19 positive or confirmed positive, face to face appointments are available at all practices in Coventry, following the initial telephone triage.
- 8.6 GP appointments back at or exceeding pre-Covid levels. Increased numbers of patients are having appointments on the day or the day after, with 63% occurring on the day or the day after, which is well above the national position of 55%.
- 8.7 Appointments are primarily during the working week (Monday to Friday). 50% of these appointments are face-to-face and 61% of the appointments are with GPs rather than other clinical staff, compared to a national position of 52%.
- 8.8 General Practice is continuing to deliver the vaccination programme in addition to seeing patients and restoring services
- 8.9 We are also working closely with our local practices to ensure that there remains an appropriate service for potential COVID-19 positive or confirmed positive patients who require a face to face consultation following clinical triage / consultation in an appropriate, safe Primary Care setting. These are known as "Hot Hubs" and ensure that patients are still able to seek the treatment they need or referred onward if urgent treatment is required.
- 8.10 Transport for those unable to make their own way to the Hub is also in place. We have surge and escalation plans in place to ensure appropriate capacity and capability in order to respond to the current pandemic demands.

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Name and Job Title:

Rose Uwins

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Appendices

None



Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12th July 2021

From: Liz Gaulton, Director of Public Health & Well-being

Title: Coventry Health & Well-being Strategy Refresh

1 Purpose

- 1.1 This paper updates the Board about the process for refreshing the short-term priorities of the Joint Health and Wellbeing Strategy.

2 Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse the proposed approach to refreshing the short term priorities of the Joint Health and Wellbeing Strategy

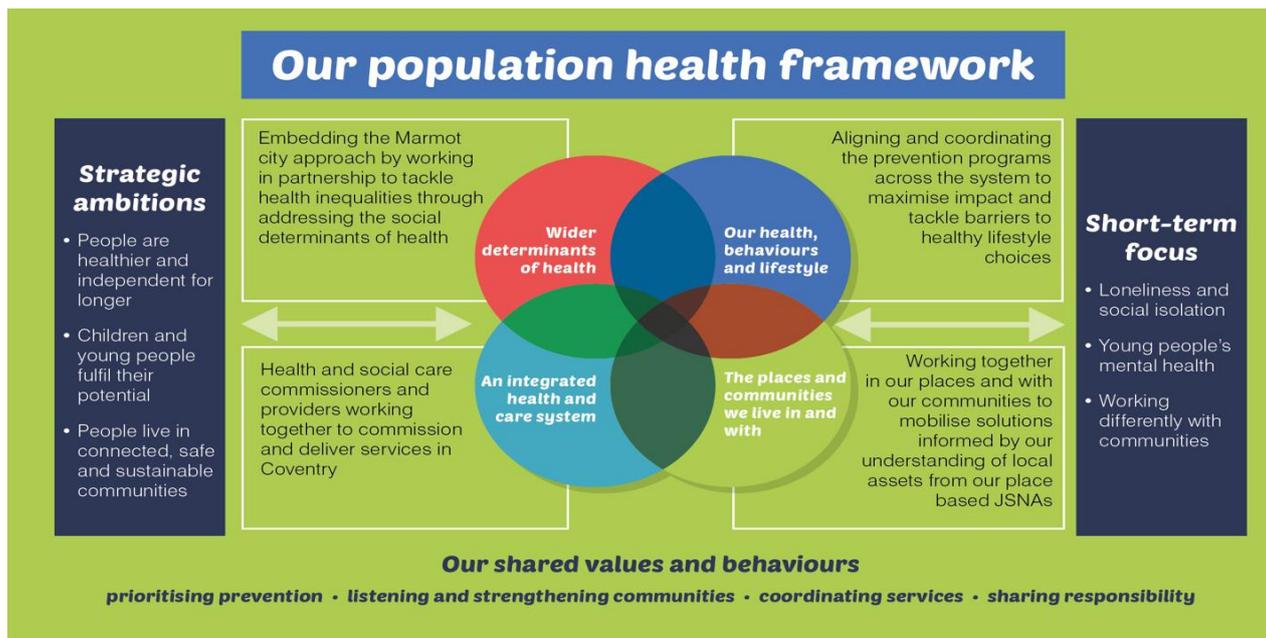
3 Information/Background

- 3.1 The Council and the Clinical Commissioning Group have a statutory duty, through the Health and Wellbeing Board, to develop a Health and Wellbeing Strategy that sets out how they will address the health and well-being needs of local residents, as identified in the Joint Strategic Needs Assessment (JSNA).
- 3.2 The aim of the Health and Wellbeing Strategy is to develop a set of shared, evidence-based priorities for commissioning local services which will improve the public's health and reduce inequalities. The outcomes of this work will help to determine what actions the Council, the NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact 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.

4 Coventry Health & Well-being Strategy 2019-23

- 4.1 The Health & Well-being Strategy sets out **three strategic ambitions** aimed at improving the health and wellbeing of our residents which together encompass our long-term vision for change in Coventry. The three strategic ambitions are:
- People are healthier and independent for longer
 - Children and young people fulfil their potential
 - People live in connected, safe and sustainable communities

- 4.2 As part of the JSNA and consultation process, we identified a number of **short term priorities**, where we wanted to make a tangible difference in the next 18 months by working together in partnership. Our current short term priorities are:
- Loneliness and social isolation
 - Young people’s mental health and well-being
 - Working differently with our communities
- 4.3 Our plan on a page sets out the H&WB Strategy below in more detail:



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

5 Refreshing our short-term priorities

Proposed Approach

- 5.1 The starting point in developing the revised Health & Well-being Strategy will be to look at the impact of the existing three priority areas. In order to do this, we will use available data, including a number of assessments and the findings from the place-based JSNA, that have been completed over the last few months. We will also hold a number of stakeholder workshops to understand what the impact has 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 will also be identified.
- 5.2 The Health and Well-being Board adopted the Kings Fund framework for population health as part of the Strategy (see diagram above). This framework still remains integral to the Health and Well-being Strategy and is not intended to change this approach to delivering our priorities. The refresh of the Strategy will provide an opportunity to understand how

effectively this approach has been embedded and how well activity has been maximised in the overlaps between the pillars.

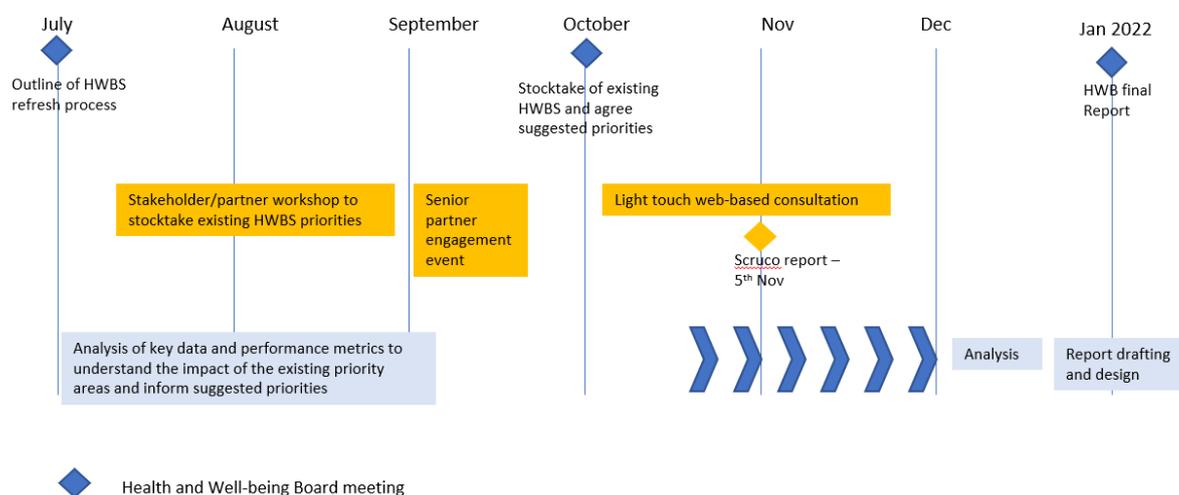
- 5.3 A workshop for Health and Wellbeing Board members and other senior partners is being planned for the Autumn to understand how the population health framework has worked so far in Coventry and to review the value of existing activity and identifying gaps and priorities.

Consultation

- 5.4 It is intended that we will use the extensive engagement activity that has been undertaken as part of the place-based JSNA and other engagement activity conducted by the Council to inform the refresh of the priorities of the Health and Well-being Strategy. We will also carry out a light touch public consultation process on the Health & Well-being Strategy priorities. It is also intended to consult with the Council’s Overview and Scrutiny Committee.

Timescales

- 5.5 The outline process and timeline for this work is shown in the diagram below.



6 Options Considered and Recommended Proposal

Coventry Health and Wellbeing Board is recommended to:

- Endorse the proposed approach to refreshing the short term priorities of the Joint Health and Wellbeing Strategy

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To: Coventry Health and Wellbeing Board

Date: 12th July 2021

From: Liz Gaulton, Director of Public Health and Wellbeing

Title: Domestic Abuse Act 2021

1 Purpose

To inform the Health and Wellbeing Board of the statutory requirements of the Domestic Abuse Act 2021 including the requirement to establish a new statutory board to be known as the "Coventry Domestic Abuse Local Partnership Board".

2 Recommendations

Health and Wellbeing Board is asked to note the requirements of the Domestic Abuse Act 2021, the creation of a Domestic Abuse Local Partnership Board and the planned next steps.

3 Background Information

3.1 Domestic Abuse Act 2021

The creation of the Domestic Abuse Act was first announced in 2017 and includes a wide range of provisions and responsibilities to protect victims and children. It received Royal Assent on 29th April 2021. The Act will:

- Create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.
- Establish in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers.

Local Authority duties:

- Place 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 (see section 3.2 for more detail)

Protection of victims in court:

- Prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales.
- Create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts.
- Clarify the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims.

Police and criminal justice

- Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
- Extend the controlling or coercive behaviour offence to cover post-separation abuse.
- Extend the offence of disclosing private sexual photographs and films with intent to cause distress (known as the “revenge porn” offence) to cover threats to disclose such material.
- Create a new offence of non-fatal strangulation or suffocation of another person.
- Clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.
- Extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences.
- Enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody.

Other provisions

- Provide for a statutory domestic abuse perpetrator strategy.
- Place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing.
- Prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid.
- Provide for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes.

3.2 Requirement for a Domestic Abuse Local Partnership Board (DALPB)

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

- 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.

An interim Board was established in May 2021. The Board is a statutory board of the Local Authority and will be chaired by Cllr P Akhtar (Deputy Cabinet Member for Policing and Equalities). The Act sets out the minimum membership for the Board which includes: local authority, police, health, domestic abuse voluntary organisations and organisations that represent the voices of victims and children.

3.3 Next steps

National level:

- It is expected that most of the provisions in the Act will come into force during 2021/22 through commencement regulations, once the necessary preparatory work has been completed, for example, the making of court rules or the issue of guidance.
- The new Domestic Abuse Protection Notice and Domestic Abuse Protection Order will be piloted before being implemented throughout England and Wales.
- There is currently a consultation on the statutory guidance for support within safe accommodations running to the end of July 2021.

Local level:

- A needs assessment is 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 covers the period 2018-2023. Two addendums to the current strategy will 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

3.4 Funding

The government has provided Coventry City Council with a £50,000 Capacity Building grant to prepare for the Domestic Abuse Bill requirements. This will be used for the needs assessment and strategy, and training to ensure services are fully aware of their duties under the Act.

The government has also provided Coventry City Council with 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 has been provided beyond 2021/22 and the Ministry of Housing, Communities and Local Government state that any further funding would be confirmed as part of the Governments Comprehensive Spending Review.

4 Options Considered and Recommended Proposal

A number of arrangements were considered for the Domestic Abuse Local Partnership Board. Legal advice was that as a statutory board of the local authority the Domestic Abuse Local Partnership Board needs to report to Cabinet with links to other Boards. The Act sets out statutory membership, options to ensure the Board includes an effective voice of victims and children in the most appropriate way will be considered.

The options for carrying out the needs’ assessment and strategy for accommodation-based support were considered within the context of the current needs’ assessment and strategy which are due for refresh in 2023. Because of the short timescales for implementing the requirements of the Act, a specific needs assessment for accommodation-based support and an addendum to the strategy were agreed to be the most cost-effective and timely options.

There is no national commitment of funding beyond 2021/22. The needs assessment, strategy addendum and evaluation of delivery of services this year will help to inform longer term needs.

Health and Wellbeing Board is asked to note the requirements of the Domestic Abuse Act 2021, the creation of a Domestic Abuse Local Partnership Board and the planned next steps

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 12 July 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 17 June 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 17 June 2021.

3 Joint Place Forum & Health & Care Partnership Board meeting, 17 June

- 3.1 An online joint meeting of the Coventry and Warwickshire Place Forum and the Health and Care Partnership Board was held on 17 June 2021. The meeting was joined by over 60 partners from across the health and wellbeing system. This was the fourth meeting held jointly and virtually during the pandemic period and continued to focus on addressing health inequalities and exploring opportunities for collaborative action in response to the pandemic.

3.2 The meeting included:

- Details of the revised [Local Outbreak Management Plans](#), which were published in March 2021, and reflection on the system response to managing the pandemic, and immediate and future priorities
- Tackling health inequalities and improving health and wellbeing outcomes for communities, with a particular focus on:
 - The relaunch of the Wellbeing for Life programme and progress of partners against Thrive at Work commitments
 - How the Coventry UK City of Culture 2021 programme is supporting health and wellbeing and tackling inequalities in cultural participation

- The role of the Anchor Alliance and CWLEP in helping to tackle inequalities through the economic recovery and the Health Inequalities Call to Action.
 - Updates from the Health and Care Partnership about the restoration of NHS services across Coventry and Warwickshire; and the transition to a statutory Integrated Care System from April 2022 following formal approval of Coventry and Warwickshire's application to become an ICS in March 2021.
- 3.3 There were opportunities for discussion about how members could support these agendas within their communities and organisations, including a panel discussion about the UK City of Culture 2021 programme and the Health Inequalities Call to Action.
- 3.4 Key themes emerging from discussion 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.
- 3.5 The agenda, presentations and outcomes of the meeting 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:
- 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.

4.2 The next Place Forum meeting is scheduled for 17 November 2021 and it is planned that this will again be a joint meeting with the C&W Health and Care Partnership Board, as the ICS moves towards statutory ICS requirements from April 2022.

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To: Coventry Health and Wellbeing Board

Date: 12th July 2021

From: Pete Fahy, Director of Adult Services

Title: Better Care Fund Requirements 20/21

1 Purpose

- 1.1 The conditions of the 20/21 Better Care Fund (BCF) programme require CCG's and Local Authorities to confirm compliance with the four national conditions to Health & Wellbeing Board (HWBB). This report asks HWBB to note that the 4 conditions have been met.

2 Recommendations

- 2.1 HWBB are asked to note that the 4 national conditions described below have been met.

3 Information/Background

- 3.1 The Better Care Fund (BCF) programme is designed to support local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
- 3.2 Due to the pandemic, a decision was taken nationally that 20/21 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.
- 3.3 An end of year reconciliation per HWBB 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).
Plans were agreed with the CCG and two variations to the main s75 agreement have been in operation during 20/21. The first relates to updating the existing programme to reflect 20/21 resources and the second specifically dealt with the new Hospital Discharge fund introduced nationally during the pandemic. Table 1 below shows the resources in the plan and how these exceed the minimum expectations.
 - **National Condition 2** – The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
As part of the pooling there is an expectation that a certain level of CCG funding is used to support social care. The minimum required was £9.4m with the plan exceeding this at £10.1m.

- **National Condition 3** – Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
As part of the pooling there is an expectation that a certain level of CCG funding is used to commission out of hospital spend. The minimum required was £7.3m with the plan exceeding this at £15.8m.

- **National Condition 4** – The CCG and LA have confirmed compliance with these conditions to the HWBB.
This report seeks to confirm compliance with these conditions to HWBB.

3.4 In line with Condition 4 above, Health and Wellbeing Board are asked to note that the conditions have been met.

3.5 Table 1 below shows the resources (including 19/20 for comparison) included in the BCF programme for 20/21.

Table 1 BCF Resources	20/21 Minimum Allocation	20/21 Additional Allocation	20/21 Total Allocation	19/20 Allocation (for comparison)
	£m	£m	£m	£m
Coventry City Council	19.505	27.061	46.566	44.990
Coventry & Rugby CCG	25.938	43.992	69.930	62.186
Hospital Discharge Fund *	0.000	14.143	14.143	0.000
Total	45.443	85.196	130.639	107.176

*The hospital discharge fund was an additional COVID related funding scheme where the additional costs of hospital discharge was claimed from Government via the CCG which was added via a further variation into the main BCF programme

4 Options Considered and Recommended Proposal

4.1 This report fulfils the requirements of the BCF programme for 20/21 and has no specific options to consider.

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