

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 11.00 am
on Monday, 4 October 2021

Present:

Board Members: Councillor J Blundell
Councillor K Caan (Chair)
Councillor M Mutton
Councillor P Seaman

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
Anna Hargrave, Coventry and Warwickshire CCGs
Peter Henrick, West Midlands Police
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Mark Price, West Midlands Fire Service

Other representative: Matt Gilks, Coventry and Warwickshire CCGs

Employees: B Atkins, Childrens Services
L Knight, Law and Governance
R Limb, Childrens Services
R Nawaz, Public Health

Apologies: Councillor G Duggins
Professor Lisa Bayliss-Pratt, Coventry University
Melanie Coombes, Coventry and Warwickshire Partnership Trust
Philip Johns, Coventry and Warwickshire CCGs
Professor Caroline Meyer, Warwick University
Mark Price, West Midlands Fire Service
Gail Quinton, Deputy Chief Executive
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Public Business

14. Declarations of Interest

There were no declarations of interest.

15. Minutes of Previous Meeting

The minutes of the meeting held on 12th July, 2021 were agreed as a true record. There were no matters arising.

16. Membership Changes

The Chair, Councillor Caan welcomed Chief Superintendent Peter Henrick, the new Commander for the Coventry Neighbourhood Policing Unit. He placed on record his thanks to Chief Superintendent Mike O'Hara, who had moved to a new role, for his valuable support and contribution to the work of the Board. Councillor Caan indicated that he looked forward to continuing the successful, working partnership with West Midlands Police.

Councillor Caan also reported that this was Liz Gaulton's, Director of Public Health and Wellbeing and Gail Quinton's, Deputy Chief Executive, last formal meeting of the Board, although there were both due to attend the next Place Forum in November. He placed on record his thanks for all their tremendous hard work and support to the city over the past few years, with particular thanks for all their work supporting the Board.

17. **Chair's Update**

The Chair, Councillor Caan, highlighted that the Covid-19 pandemic continued to have a disruptive impact and continued to present partners with many challenges both in the services that were provided and in peoples' daily lives. The value of the partnership and collaborative working had never been more important especially with the Autumn/Winter months approaching.

He reported that Coventry had hosted its third annual Health and Wellbeing awards ceremony at the Treehouse inside the Assembly Festival Gardens which celebrated the hard work that goes on across Coventry throughout the public health system to improve health and wellbeing, and to reduce health inequalities. Recognition was given to the individuals that go above and beyond to make the city a better place. This year there was a new category, the Covid Heroes Award to recognise the work of teams, staff and volunteers from public health-commissioned services to support residents. These awards were part of celebrating the public health "family" ethos in the spirit of the 'One Coventry' goal.

A new Transport Charter designed to improve and aid the experience of people with disabilities using public transport in the city was launched on 25th September. This new Transport Charter aimed to promote the public transport system as fully inclusive for people of all abilities.

Councillor Caan thanked those who attended the Health and Wellbeing Development session on 30th September which had been a really useful and insightful session.

18. **Covid-19 Winter Preparedness - NHS Capacity**

The Board received a presentation from Anna Hargrave, Coventry and Warwickshire CCGs, concerning the current position relating to Covid at the NHS with particular reference to the coming winter.

The presentation referred to the £10 million investment for the Accelerator Programme to reduce waiting times for planned operations. The programme aimed to deliver 120% of the costed activity compared to the same time in 2019/20 (pre-Covid). Latest figures were 100.3% for July and 95.4% for August. This performance was below the original trajectory primarily due to a change in coding

at the request of NHSE which impacted baseline and also because of urgent care pressures resulting in restricted access to elective care. The Board were informed that transformation of how things were done was occurring to be able to sustain the changes for the system. The current position of individual hospital services were highlighted.

Reference was also made to General Practice. All practices were open across Coventry and Warwickshire, offering both face to face and telephone appointments with demand being higher than ever – 120% compared to pre-Covid levels. The service was also continuing to deliver the vaccination programme.

The presentation provided an update on the current vaccination programme. To date 1,297,417 vaccines had been administered, of which 670,913 were 1st dose (93% of these people have also received a second dose). The current uptake rate across JCVI cohorts 1-12 (over 18s) was 80.75% with 16 & 17's being 56.15%. The Booster programme started week commencing 20th September with 5,560 vaccines being administered. In addition, the Healthy 12-15 year school based programme commenced on 27th September.

The Board were informed about the recovering Mental Health services with particular reference to the Covid-19 strategic drivers of demand and the groups most likely to be impacted. Mental Health services had seen as predicted a surge in demand and complexity across the service offer despite having continued to offer services throughout the pandemic. Key areas of work in the area included collaborative working and agreements across the sector; improved integration between primary care and specialist mental health services; support for Children and Young People; improved urgent and emergency health care for adults; managing increased demand for in-patient admissions; and psychological Support to NHS Staff.

Members raised concerns about patient access to GPs informing that they were being informed by residents that they were struggling to secure GP appointments leading to concerns about the long term health implications. Andy Hardy, University Hospitals Coventry and Warwickshire, clarified that patients were turning up at A and E as they were unable to get face to face GP appointments leading to a significant increase in A and E patients. Similar concerns were being raised with Healthwatch and it was highlighted that this was also a health inequalities matter. The importance of hearing the people's voice was emphasised. It was suggested that Councillors Caan, Mutton and Seaman meet with the Local Medical Committee to discuss the concerns that were being raised with Councillors. Representatives from Healthwatch would also be invited to attend.

Members also asked for additional information about plans to reduce patient backlogs at the hospital and further details were provided.

RESOLVED that:

(1) The contents of the presentation be noted.

(2) Arrangements be put in place for a meeting with representatives from the Board and the Primary Care representatives to discuss patient access to GPs.

19. Covid Defences

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided an update on Covid defences for the city, with reference to the forthcoming winter season.

The Board were informed of the importance of keeping Covid at a manageable level in the coming months in light of all the other winter pressures faced by the NHS, highlighting the importance of maintaining the vaccination programme.

The presentation referred to the current Covid trends indicating that case rates were increasing in most English regions, with some indication of plateauing in some regions. Rates across the West Midlands had been increasing faster than some other regions so the region now had the 3rd highest rate out of 9 regions.

Key metrics on Covid-19 in the city as at 3rd October included a rate 406 cases for every 100,000 residents with 1511 cases in the last week, which was an increase from the previous week. This compared to the West Midlands Region rate of 409 cases per 100,000 residents. Currently the highest rates in the city were the 11-15 year olds (1771/100k). There was a wide geographical spread across the city.

The metrics also highlighted that the hospital situation was improving with 42 in-patients who were Covid positive at UHCW, approximately 69% of these admissions were Coventry residents. The median age of the patients was 57. There had been 35 new admissions in the last week, of which 18 were unvaccinated and 15 were symptomatic on admission.

Regarding the vaccine uptake, this was lower than the national average with 73.9% of residents having had their first dose and 66% both doses. This pattern mirrored other vaccination programmes in the city.

Actions supporting the Covid defences included the implementation of the Autumn and Winter Plan; support and enablement of the NHS vaccination programme including the booster and schools programmes; highlighting Communications and engagement; the continuation of the Living with Covid message – Hand Face Space Ventilation and regular Lateral Flow Tests; self-isolation and testing requirements; and the importance and safety of vaccination. Additional information was provided on the current containment measures including the work with care homes, schools and work places.

The presentation referred to the Government's Autumn and Winter Plan 2021, a programme aimed at sustaining the gains made by the vaccination programme over the last ten months as well as preparing the country for the challenges of autumn and winter. The winter plan set out Plan A to manage the country through the coming months and also a contingency Plan B in case further measures were needed to protect the NHS and control infection rates. Plan A was made up of five main pillars while Plan B would introduce measures on a sliding scale if the NHS was overwhelmed. The presentation set out these measures. Further information

was included on Plan A including advice for individuals; advice for businesses; and details of the flu vaccination programme.

RESOLVED that the contents of the presentation be noted.

20. **Vaccinating Coventry**

Further to Minute 19 above, the Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing on the latest position of the vaccination programme in the city.

The presentation indicated that vaccination roll out was continuing for all 12 years and older were eligible. The booster programme had commenced for those 50+, for people with long term conditions, and health and care workers. The flu programme had also commenced for the same groups as the booster programme, plus pregnant women and all primary/secondary age children.

The presentation referred to the ongoing engagement with communities with lower uptake. An employer programme had been established which prioritised key employers with staff in areas/from communities of low uptake and linked to vaccination sites for dedicated walk in sessions, or on-site vaccinations. Targeted community setting based drop-ins were operating and a number of GP and pharmacy sites were now regularly offering drop-ins and booked appointments.

Further details were provided on the percentage of vaccination per age group; the doses administered in the different areas of the city; and the school vaccination programme. The presentation concluded with the positive communication messages being used to combat the anti-vaxxers.

Members asked about how the immunosuppressed residents were being offered their booster vaccination. Clarification was sought about the numbers being tested and those who were Covid positive with indications being that numbers were higher than those being recorded. The importance of reinforcing the stay safe messages was emphasised.

RESOLVED that the contents of the presentation be noted.

21. **Key Public Messages for Residents: Self Care**

RESOLVED that consideration of this item be deferred to the next Board meeting.

22. **Health and Wellbeing Test and Trace Sub Group Update**

The Chair, Councillor Caan, reported that at the last meeting of the Health and Wellbeing Test and Trace Sub Group on 6th September, 2021, it had been agreed that, for the foreseeable future, no meetings of the Health and Wellbeing Test and Trace Sub Group be held, with the proviso that arrangements for meetings be put in place should the need arise. He drew attention to the number of Forums where the same information was being reported and the requirement to be mindful of people's commitments.

Liz Gaulton, Director of Public Health and Wellbeing informed that the business of the Sub Group would be reported at future meetings of the Health and Wellbeing Board.

RESOLVED that the current position of the Health and Wellbeing Test and Trace Sub Group be noted.

23. **Integrated Children and Young People's Strategy**

The Board received an update from John Gregg, Director of Children's Services on the development of the Integrated Children and Young People's strategy.

Members were informed that there were now numerous examples of integrated working, a good example being the CAHMS Local Transformation Plan (Minute 24 below refers). Reference was made to the focus on asthma and diabetes. Having the strategy meant that more could be done in this area such as considering housing and air quality. The importance of integrated working to improve the health and wellbeing of local children was highlighted. Councillor Pat Seaman, Cabinet Member for Children and Young People, expressed support for the Strategy.

RESOLVED that the update on the Integrated Children and Young People's strategy be noted.

24. **CAMHS Local Transformation Plan: Year five refresh**

The Board considered a report and presentation of Matt Gilks, Coventry and Warwickshire CCGs and Richard Limb, CAMHS Programme Manager which sought endorsement for the year five refresh on the CAMHS Local Transformation Plan. A copy of the Transformation Plan Year 5 Refresh was set out at an appendix to the report.

The report indicated that it was a requirement from NHS England (NHSE) for Clinical Commissioning Groups to develop a CAMHS Local Transformation Plan, working with their local partners to set out a strategic vision for delivering improvements in children and young people's mental health and wellbeing over a five-year period 2015-2020. Clinical Commissioning Groups were required to refresh plans on an annual basis to demonstrate progress and outline priorities for the forthcoming year.

This was the fifth year of the CAMHS Local Transformation Plan refresh, highlighting progress against the priorities for 2019/20 and further progress planned for 2020/21. This year's refresh, which was due to be published in March 2021, had been delayed due to Covid-19 pandemic. Refreshed plans were reviewed by NHS England. There was a requirement for the plans to be developed collaboratively with key partners.

Since the last LTP refresh in October 2019, focus had been on the response to Covid-19 pandemic. The system had to make significant changes in order to adapt the emotional wellbeing and mental health offer ensuring local children and young people's needs were met. The report outlined the key progress against 2019/20 priorities

The presentation set out the principles of CYP Local Transformation Plans along with the highlights of 2020-21 which were as follows:

- Early help and prevention: Expansion of Mental Health Support Teams, delivery of Wellbeing for Education Return
- Eating Disorder pathway/ services: Funding secured to expand the Eating Disorder team up to the age of 19 and work to support those with ARFID.
- Children and young people experiencing mental health crisis: Think Family team, CIC escalation meetings, People Too Review, Social Care working in Crisis Team, 24/7 Crisis Line.
- Digital interventions: Attend Anywhere, 24/7 Crisis Line, Kooth, Healios and Dear Life.
- Children and young people voices: People Too, 18 –25 co-production and peer mentoring programme.
- Transitions 18–25: Establishment of Transitions Working Group, commissioning of Peer Support programme.

The presentation also highlighted the following challenges of 2020-21:

- Children in Crisis: System capacity to meet demand and complexity of need
- Access rates, timeliness and effectiveness: Of emotional wellbeing and mental health support available to children and young people 0 to 25
- Eating Disorder pathway / services: System capacity to meet demand and emergence of ARFID
- Vulnerable children and young people: Impacts of Covid exacerbating or creating additional vulnerabilities
- Children and young people voices: Engagement restricted due to Covid limitations
- Ability to measure outcomes: System wide data collection and analysis.

The Board were informed of the ambitions for CAHMs for the current year relating to integration; access rates; early intervention and prevention; eating disorders; collaboration; vulnerabilities; coproduction; data integration; and recovery.

The presentation also set out the Delivery Plan Priorities for 2021–22 which were:

- Children in Crisis: development and progression of the Multiagency Working Group and its delivery plan – including workforce and implementation of multiagency dashboard.
- Eating Disorders: Achievement of constitutional targets, expansion up to the age of 19 & AFRID.
- Transitions 18 – 25: Commission Peer Support programme.
- Early Intervention/ prevention: review of Kooth, expansion of MHSTs.
- Access rates: Achievement of constitutional targets.
- Communication: Joint communication plans for LTP priorities.
- Coproduction: Review methods of engagement & embed coproduction.
- Vulnerabilities - CLA and YJS, neuro and learning disabilities, Unaccompanied Asylum Seeker children and CSE.
- Suicide Prevention: Joint Suicide Prevention Group and implementation of Self Harm plan.

- Autism: Support the delivery of the All Age Autism Strategy.

The presentation concluded with details about the governance arrangements for the implantation of Plan refresh.

The Board discussed the success of KOOTH, an anonymous digital counselling and support service for children and young people to access emotional wellbeing and early intervention mental health support. It was noted that funding was not yet secured for the continuation of the project.

Support was expressed for the importance being placed of the transition phase between the child and adult mental health services.

Members asked about the collection of data and analysis, and for more opportunities for feedback from service users, parents and carers to be included in future reports.

RESOLVED that the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year five be endorsed.

25. **Coventry as a Marmot City - Update**

The Chair, Councillor Caan, introduced the report of Dr Sarah Raistrick, Coventry and Warwickshire CCGs which provided an update on the work of the Marmot Partnership Group in tackling health inequalities.

The report indicated that Coventry had been a Marmot City since 2013. Since this time, organisations across the city had committed to work together to reduce differences in health outcomes between the most affluent and most deprived areas of the city.

The work to embed tackling health inequalities in the Council had resulted in policies in all areas taking account of inequalities and setting out ways in which they would be addressed. It had influenced a number of areas of work, such as the Thrive at Work programme which helped employers to ensure the health and wellbeing of their workforce, a programme which had now been rolled out across the WMCA. It had also influenced the programme of the City of Culture, encouraging the placement of Creative teams in deprived areas of the city and in organisations which dealt with people at risk of inequalities, such as the Migrant & Refugee Centre. The principles of tackling health inequalities were embedded throughout the voluntary sector and had been included as an underlying value in the Anchor Alliance. The consideration of health inequalities had been embedded in all major decisions and policies across the Council.

The Board noted that Coventry had received nationwide recognition for its achievements as a Marmot City and had been approached by many other local authorities from across the country, and in some cases, from other countries, to learn from the city's experience. Coventry had maintained effective relationships with the Institute of Health Equity and Sir Michael Marmot, who continued to hold Coventry up as a positive example for its continued work.

At the Board's meeting on 25th January 2021 the intention to launch a system-wide Call to Action to encourage all businesses and organisations across Coventry to take action to help address health inequalities was outlined. This was as a result of the expectation of worsening of health inequalities following the Covid-19 pandemic. Since then, the Call to Action had been expanded to cover Warwickshire as well as Coventry, with an aligned approach rather than directly integrating the programmes.

An initial event was held in partnership with the Chamber of Commerce, headlined by Sir Michael Marmot and Sir Chris Ham, to promote the Call to Action to private sector businesses and encourage them to take one or two actions. The options for actions were set out in the report. Although the feedback from the event was positive, there had not been resultant actions from businesses. As a consequence, there had been a move to increase awareness raising to help the private sector to understand more about addressing health inequalities and why it should matter to them. Articles were to be disseminated through the business-facing intermediaries, including the Growth Hub and Chamber of Commerce. Work was ongoing with these organisations to help spread the word about the Call to Action. A website has been set up and resources were being developed to help businesses with some of the actions, such as template documents and signposting to good practice.

Discussions were also ongoing with the voluntary sector with a view to creating a network for VCSE organisations to join and work with the Marmot Partnership in specific ways. The aim of the network was to provide intelligence, share information and inform actions that could be delivered in partnership to tackle health inequalities, whilst informing key issues that could be discussed at the Marmot meetings and explored further.

Members of the Board were asked to consider how their organisations could actively contribute to the Call for Action.

The report informed that, in recognition of on-going inequalities in Coventry which were likely to worsen as a result of Covid-19, tackling health inequalities would be embedded as a key priority within the One Coventry Partnership. This would enable strategic oversight of the Marmot work to ensure that it remained focused and added value through the One Coventry Partnership Board. The Marmot Group would continue to report into the Health and Wellbeing Board, acknowledging the importance of addressing health inequalities as set out in the Health and Wellbeing Strategy. It was also the intention to create the role of Marmot champions. Marmot work was also to be embedded in the One Coventry Council Plan. Additional information was provided on other next steps.

A concern was raised about members of the public not being aware of the Marmot work and it was suggested that Sir Michael Marmot be invited back to Coventry to help raise awareness of the City's status as a Marmot City and all that this entailed.

RESOLVED that:

1) The work of the Marmot Partnership in tackling inequalities across the city be supported.

2) Members actively support the Call to Action through making a commitment to take on one or two of the suggested actions.

26. Refresh of the Health and Wellbeing Strategy

The Board considered a report and presentation of Liz Gaulton, Director of Public Health and Wellbeing which provided a stock-take of progress against the 2019-23 Joint Health and Wellbeing Strategy and outlined the plan for the development of the new Joint Health and Wellbeing Strategy, including the Consultation Plan.

The report indicated that the current Health and Wellbeing Strategy was approved in 2019, following consultation and engagement with key stakeholders and members of the public. As part of the development of the Strategy, it was agreed that the short-term priorities would be reviewed and refreshed 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 that the priorities contained within it remained relevant.

The Strategy set out three strategic ambitions aimed at improving the health and wellbeing of residents which together encompassed the long-term vision for change in Coventry as follows:

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

As part of the JSNA and consultation process, a number of short term priorities, were also identified to make a tangible difference in the next 18 months by working together in partnership as follows:

- Loneliness and social isolation
- Young people's mental health and well-being
- Working differently with our communities.

A stocktake of key outcomes and learning from the current Strategy had been undertaken, the details of which were set out in an Appendix to the report. The report summarised progress and key outcomes with the three short term priorities. In relation to loneliness and social isolation, partners had set up a number of initiatives over the last 18 months to tackle this issue. Health and care partners had worked together during this time to make significant changes in order to adapt the emotional well-being and mental health offer to ensure children and young people's needs were met during the Covid-19 pandemic including improved access to support and increasing the digital offer available.

Partners had also worked closely with communities to minimise the impact of Covid-19 and co-ordinate the response to the pandemic, with the aim of protecting and supporting vulnerable residents.

There were a number of lessons learnt from these three priorities:

- Profile and commitment - Board partners had raised their profile and galvanised commitment to work in partnership specifically to address

children and young people's mental health and well-being, work differently with communities and reduce social isolation and loneliness.

- Population Health model - the King's Fund population health model had been helpful in mobilising partners around each of the four pillars and highlighted the roles that different organisations could play in delivering the strategy priorities.
- Stronger partnership working - Across the three priorities, clear benefits had been realised through new collaborations both with organisations that may not historically have recognised their role in contributing to health and wellbeing outcomes, but also directly with communities themselves, with communities playing an equal and trusted part in the city's response to the pandemic.
- Demonstrating impact – due to the pandemic, work on developing a performance framework to monitor outcomes and impact had been delayed.

The report highlighted that the refresh of the Strategy priorities would be informed by evidence from a range of sources, including needs assessments that had been conducted as well as survey data, workshops with stakeholders, the senior partner workshop and the learning from the current Strategy priorities. A workshop of senior leaders from across the system had taken place on 30th September, facilitated by the Kings Fund. It was now the intention to carry out a light touch public consultation process on the Health and Well-being Strategy priorities. Details of the consultation plan were set out at a second appendix. Following this consultation, the draft strategy would be submitted to the next Board meeting on 24th January, 2022, with the final strategy due for publication in the spring.

The presentation detailed the outcomes from the workshop held at the end of September. Key messages were:

The priorities were broadly right, but some things needed intensifying including how far into some of these issues needed addressing:

- focus on employment and homelessness as a prevention opportunity: recognising the impact of poverty on the well-being of residents and on next generation (children) esp following changes e.g end of furlough, universal credit and end of 'no evictions'
- Mental health for adults as well as children
- Strengthen working with communities and VCS: important to build on the work undertaken during the last 18 months and continue to unlock the power of local assets by improving the connectivity between the Board and communities and the Board and place based working
- Need to ensure work in the overlap between priorities e.g. communities and isolation may have a new slant with different communities coming to Coventry i.e. Afghan refugees

The presentation highlighted all the key messages from the session relating to culture and behaviours with Members recognising the strength of partnership

working and good progress that the Board had made. Other key messages relating to alignment, leadership and partnership were detailed and centred around how Members could forge forwards together, aligned and in the best possible way for and with communities; how to best lead in a way that ensured the best for residents; and how to unlock the vast assets across Coventry, and articulate this in a way that brought others (communities and staff) on side as equal partners helping to jointly lead this agenda in a meaningful way.

The key next steps were as follows:

(i) Culture and behaviours

- Develop existing Health and Wellbeing webpages
- Develop a performance management framework to measure/understand progress and impact
- Contributions to Forward planner

(ii) Alignment, leadership and partnership

- Workshop on community paradigm
- Connectivity to the Integrated Care Strategy – joint discussion with Warwickshire on how the Boards strengthen this.

RESOLVED that, having considered the outcomes and learning from the stock take to inform the Strategy refresh:

(1) The outcomes of the Health and Wellbeing Strategy workshop held on 30th September, 2021 be noted.

(2) The proposed approach to the Health and Wellbeing Strategy refresh, including the Consultation Plan and timeline, be endorsed.

27. Director of Public Health Annual Report

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which presented the Director of Public Health's Annual Report 2020-2021, 'Connecting through Covid-19 – Making a difference by working together in unprecedented times'. A copy of the report was set out at an appendix to the report.

The report focused on the value of relationships and connecting with people and communities. It offered a reflection on the city's approach to engagement and working with communities through the pandemic and demonstrated how this had shaped the Covid-19 response, recovery and ongoing defence. The report brought together data that showed the impact of Covid-19 on the City and provided an overview of the Council's strategy on communications and engagement. It demonstrated how services and the response was guided by community-led activity. The report's findings were informed by statistical figures, performance reports and evaluations from the Council and partners.

The report set out the following five recommendations for improvement and future practice, with learning the lessons from experiences gained during the pandemic benefitting the way work would be undertaken in the future:

i) Harness the work of the Community Messengers approach established during our Covid-19 response, as an ongoing method of working with communities and a central component of engagement for public health and wider programmes.

ii) Build on the engagement structures created and strengthened during the pandemic such as the Places of Worship and Community Centre Network, and grass-roots community organisations who were funded to support COVID-19 response efforts. Further understand the reach of these community organisations and networks to enable the targeting of work in areas with limited availability of community resource.

iii) Strengthen the existing relationships with GPs, other health professionals and those working with populations at higher risk of a range of poorer health outcomes due to inequality, deprivation, ethnicity and underlying health conditions – building upon the work started through the Vaccinating Coventry Programme.

iv) Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners. Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners.

v) Establish strong Covid-19 recovery workstreams with 'One Coventry' partners and communities to embed a robust and coherent recovery for the City, with the aim of building a better future for all.

The report also set out the recommendations from the Director of Public Health's 2019-2020 report and provided a progress update on the actions undertaken to date.

Members were informed that any comments on the Annual Report were to be e-mailed to the Director of Public Health and Wellbeing.

RESOLVED that:

(1) The report's findings be noted.

(2) The recommendations from the 2020-2021 Director of Public Health's Annual report be endorsed.

(3) The progress on recommendations from the 2019-2020 Director of Public Health's Annual report be noted.

28. Integrated Care System/ Integrated Care Partnership Development Update

Anna Hargrave, Coventry and Warwickshire CCGs, provided a brief update on the move to an Integrated Care System and the development of the Integrated Care Partnership.

The Board was informed that much work was ongoing to support the move forward to an Integrated Care System including the development of the Integrated Care Partnership involving the NHS, Council and partners. A shadow Integrated Care System NHS Board was being established to oversee NHS England and CCG functions and plan for NHS resources. Recruitment was underway for the Chair and Chief Executive of the Integrated Care System.

At the next Board meeting, there would be the opportunity to report in detail about the functions of the Integrated Care System

RESOLVED that the update on the Integrated Care System be noted.

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

There were no additional items of public business.

(Meeting closed at 12.20 pm)