

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am
on Wednesday, 6 March 2024

Present:

Members: Councillor K Caan (Chair)

Councillor L Bigham
Councillor P Seaman
Councillor D Welsh (Cabinet Member for Housing and Communities)
P Drover, West Midlands Police
A Duggal, Director of Public Health and Wellbeing
P Fahy, Director of Adult Services and Housing
P Gibson, West Midlands Fire Service
N Macdonald, Interim Director of Children's Services
P Johns, Integrated Care Board
Professor C Meyer, Warwick University
J Richards, University Hospital, Coventry and Warwickshire

Employees (by Directorate):

Adult Services J Crawshaw, S Hall

Children's Services C Heeley

Law and Governance C Taylor

Public Health
R Chapman, V Edeki, V de Souza, K Thomas

Others present: E Bates, Central England Law Centre

Apologies: Councillor J Blundell
Councillor G Duggins
R Light, Healthwatch Coventry
S Linnell, Healthwatch Coventry
K Nelson, Chief Partnership Officer/Director of Education and Skills
D Oum, ICB

Public Business

36. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed everyone to the meeting, advising the theme was the wider determinants of health.

In particular, the Chair welcomed the Cabinet Member for Housing and Communities, Councillor D Welsh and Emma Bates from the Central England Law Centre.

37. **Declarations of Interest**

There were no declarations of interest.

39. **Chair's Update**

The Chair advised culture had been celebrated over the past few months and February was LGBTQ+ month and history month, with this years' theme celebrating trailblazers in medicine. The Council had led the way in participating in Race Equality Week as colleagues had been challenged to LISTEN, ACT and CHANGE, as part of a longer term commitment to tackle racial inequality.

The Board were informed that Coventry had continued to respond to the measles outbreak with launch of the enhanced MMR pop-up programme in schools, covering 21 primary schools and all secondary schools. The Chair extended thanks to the Public Health and Education teams for their hard work on minimising the spread of measles.

The Board noted that Coventry was committed to addressing health inequalities and Coventry's Health Determinants Research Collaborative (HDRC) team were now all in post and had set up a Voluntary Sector Reference Group. Together, they would plan a key role in embedding a research culture throughout the city with a particular focus on the wider determinants.

40. **ICB Update**

The Board received a verbal update and presentation by the Chief Executive Officer of the Coventry and Warwickshire ICB regarding an update on the work of the Integrated Care System (ICS), highlighting the following points:

- The development of an ICS and a 5 year Integrated Health and Care Delivery Plan (IHCDP) to meet the challenges facing health and care.
- Development of the Strategy and Plan by working with local Health and Wellbeing Boards and wider stakeholders, ongoing work with stakeholders to develop an ICS and further engagement with stakeholders, communities and partners to shape and inform the development of the IHCDP.
- Building on the ICS vision to identify priorities:
 - Improving outcomes in population health and health care
 - Tackling inequalities
 - Enhancing productivity and value for money
 - Helping the NHS support broader social and economic development
- Building on the nine key areas of focus
- The key achievements in prioritising prevention and the wider determinants of health:
 - Long term plan prevention project lead

- Enhanced nicotine replacement therapy services
 - Focused support for newly arrived communities
- Next steps for the plan:
 - Sharing the wider list of achievements and areas of focus for next year with the Health and Wellbeing Board
 - Publishing the update on the ICS website to inform the public of the focus for next year across health and care.

RESOLVED that the Health and Wellbeing Board note the update regarding the update on the work of the Integrated Care System.

41. Better Care Fund - Q3 Return

The Board received a report of the Director of Adult Services and Housing seeking retrospective approval for the Coventry Better Care Fund Q3 reporting template 2023/24.

The Better Care fund (BCF) started in 2015 with the aim of bringing together the NHS, social care and housing services so that older people, and those with complex needs, could manage their own health and wellbeing and live independently for as long as possible.

In year BCF reporting was halted in 2020/21 due to the pressures of Covid and national planning requirement timeframes had not yet caught up sufficiently to restart the quarterly reporting requirements.

BCF planning requirements covering the two years 2023/24 and 2024/25 were published in April 2023, stating that in year reporting would recommence. Coventry's BCF plan had been approved by the Health and Wellbeing Board at its meeting on 26th July 2023 and confirmation of plan approval by NHS England was received on 20th September 2023.

The Q3 template was submitted on 9th February 2024 in line with the deadline. A requirement of the reporting was that it was approved by the Health and Wellbeing Board either in advance of submission or retrospectively dependent upon meeting dates. Reporting would continue on a quarterly basis and reports brought to the Board as required for approval.

RESOLVED that the Health and Wellbeing Board retrospectively approve the Coventry Better Care Fund Q3 Reporting Template.

42. Improving Health and Wellbeing Provision for People Experiencing Homelessness in Coventry

The Board received a Briefing Note of the Director of Adults and Housing along with a verbal update and presentation of the Head of Housing and Homelessness and the Housing and Homelessness Commissioning and Partnerships Lead, highlighting the work that is taking place in Coventry regarding homelessness and health.

During 2022/23, 5798 households in Coventry approached the council for housing advice. Of these, 833 were at risk of homelessness and 1955 of these were homeless at the point of contact. A total of 2495 households were accommodated in temporary accommodation in the city during 2022/23, an increase of 24% from the previous year. 1135 of these households accommodated in temporary accommodation included children. As at 21st February 2024, there were 1140 households in temporary accommodation provided by the council including 787 families and 353 single people.

Over the past 12 months there had been a sharp increase in the numbers of people rough sleeping in the city. Between July 2023 and January 2024, 23 individuals found rough sleeping had been discharged from hospital. The main reasons for those sleeping rough attending hospital were infections, deep vein thrombosis and abscesses/wounds.

In the past 3 years there had been 21 deaths in temporary accommodation due to ill health.

In Coventry, the Anchor Centre was commissioned to provide a specialist service for people experiencing homelessness and the Meridian Centre for people with no recourse to public funds. The Anchor Centre accepted patients who had been rough sleeping, living in hostels, sofa surfing, or in temporary accommodation.

The city had a rough sleeping service working proactively with people rough sleeping or at risk of rough sleeping, often supporting individuals with complex health needs to access medical interventions. The commissioned homelessness support services had specific KPI measures around accessing health care and GP registration.

CWPT employed a homeless pathway Mental Health social worker, who worked closely with the rough sleeping team as well as supporting those living in temporary and supported accommodation to access support and mental health interventions. A palliative care team for the homeless had also recently been established to support people at end of life.

Until recently, hospital discharges had proved a problem as people were being discharged at night without statutory services being informed that they required accommodation. Homeless patients also had a much higher rate of self-discharge from hospital, often linked to substance misuse. The creation of a homelessness pathway lead role at UHCW in December 2023 had already had a positive impact.

Interventions in place in the city had evolved rather than being part of a planned programme of work, where key outcomes and outputs had been identified. This meant at times, the approach was disjointed and reactionary and made future planning and prioritising in terms of service provision, consultation and intervention difficult.

It was a statutory requirement on the local authority to have a Homelessness and Rough Sleeper Strategy. The current strategy expired in 2024 and work would shortly commence to renew the strategy, which would be used as an opportunity to consider how health outcomes for people who are experiencing homelessness could be improved.

It was proposed to use the <https://www.nice.org.uk/guidance/NG214> guidance. A self-assessment to establish a clear baseline of provision and services was the recommended starting point for the work.

The Cabinet Member for Councillor Welsh, Cabinet Member for Housing and Communities, welcomed the work being undertaken with rough sleepers and the homeless Coventry but the figures showed there was still a long way to go and there were barriers to accessing support.

The Board asked questions, made comments and sought assurances on a number of issues, including:

- Homeless people and rough sleepers were being supported to enable them to access substance misuse services and Change Grow Live, the commissioned drug and alcohol service, work very closely with them.
- Council's rough sleeper services were based in Lamb Street where a joined-up approach was offered. Services were also taken to the rough sleepers.
- The creation of a homelessness pathway lead role at UHCW had been positive and part of the role was to work with the individuals to avoid self-discharge but also that if self-discharge did take place, what interventions and support services were available. The impact of this work would be measured over the coming 12 months.
- UHCW helping to support the prevention of health issues by taking community nursing facilities out to the homeless and rough sleeping population.
- The length of time people in transient situations can receive a decision from the Home Office regarding accessing housing or benefits was on average, 13 months.
- HDRC funding and working in partnership to strengthen collaboration and bid for funding.
- Across the West Midlands, drug related deaths were being investigated and collaboration with agencies was taking place to act more quickly and proactively.

Members welcomed the interventions and partnership working.

Members requested Health Determinants Research Collaborations/research be brought back to a future meeting of the Health and Wellbeing Board.

RESOLVED that the Health and Wellbeing Board:

- 1. Supports the ambition to achieve greater alignment in the provision of healthcare, support and interventions when considering health inequalities and homelessness in the future with a key opportunity for doing so being through the Homelessness and Rough Sleeper strategy which is being refreshed in 2024.**
- 2. Uses the Strategy renewal as an opportunity to consider as a system how health outcomes for people who are homeless might be improved. In progressing this, it was proposed to use the <https://www.nice.org.uk/guidance/NG214> guidance that explored how local authorities were providing integrated health and social care**

services for people experiencing homelessness and ensure care, support and interventions were co-ordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services was the recommended starting point for this work.

43. Addressing the Impact of cold and damp homes - Affordable Warmth Programmes

The Board received a Briefing Note and Presentation of the Director of Public Health and Wellbeing regarding the approach being taken in Coventry to understand and address the impacts of living in the cold home.

In England, a household was in fuel poverty if the household's energy efficiency rating (EPC) was B and D or below and their disposable income (after housing and fuel costs) was below the poverty line. It was estimated that 28,525 (20.8%) of households in Coventry were living in fuel poverty.

There was a variance in levels of fuel poverty across the city. Some Lower Super Output Areas (LSOA) had 57% of households living in fuel poverty compared to others with as low as 2.9%. 5 LSOA's had proportions above 50%. This was substantially higher than that national average of 13.1% and the average for the West Midlands of 18.5%.

A cold and damp home could result in a wide range of health impacts including:

- Mould growth and inhalation of mould sports causing respiratory conditions.
- The risk of heart disease, cardiac events and arthritis could be worsened or increased.
- The impact on mental health, depression and anxiety.
- Each year the NHS spends £1.4 billion on treating illnesses associated with living in cold, damp homes. When wider societal costs were considered ie. Healthcare, the figure rises to £15.4 billion.
- Cold homes and fuel poverty contribute to Excess Winter Deaths. It was estimated 40% of winter deaths were attributable to cardiovascular disease and 33% were attributable to respiratory disease. The National Institute for Health Equity estimated 10% of excess winter deaths were directly attributable to fuel poverty and 21.5% were attributable to cold homes.

Coventry City Council had a longstanding commitment to delivering affordable warmth services to support vulnerable and fuel poor households. The current focus was on adopting a population health management approach and the existing support schemes could be divided into 2 main groups:

- Retrofit Schemes
- Keeping Coventry Warm (Public Health) Schemes

The service provider for the public health schemes was Act on Energy and the current contract was due to end on 31 March 2025. There was an opportunity to re-design the programmes and look at how delivery could be more effective.

The existing funding of the schemes was through grants however, the continuation of this funding was not guaranteed, and other funding sources were required to be considered.

A Population Health Management collaboration involving Coventry and Warwickshire ICB, UHCW and Public Health had been set up to investigate and demonstrate the health impact of cold homes. This analysis project linked data from the NHS on health indicators. By pulling together multiple data sources, it was hoped to better understand the local groups most affected by cold homes and the impact this had on their health and wellbeing and the demand for local health and care services. The benefits of this would:

- facilitate the tailoring and design of support services to meet the needs of the groups most affected.
- ensure promotion of schemes and support services is targeted to those most affected.
- strengthen the case for funding by highlighting the value of support services and projecting future benefits based on data and evidence.

The next steps of this programme would be to carry out an appraisal of the existing provision of schemes locally benchmarking with other areas as well as identifying gaps and barriers to uptake. Co-production would be central, and energy suppliers, energy charities, voluntary sector groups, people with lived experience and commissioners would all be involved in this assessment.

New opportunities and funding streams would also be explored including linking with the Council's strategic energy partner and Community Energy Champions bid team and connecting with possible research opportunities facilitated by the Coventry Health Determinants Research Collaboration (HDRC).

The benefit of adopting a multi-faceted, population health management approach in delivering affordable warmth schemes in Coventry was expected to be significant and play an important role in helping to reduce the health inequalities that existed across the city.

The Cabinet Member for Housing and Communities, Councillor Welsh referred to the pressures in housing need, interaction with Council's enforcement team and directorates and the knowledge of the Household Support Fund and its co-ordination.

The Board asked questions, made comments and sought assurances on a number of issues, including:

- Primary care were the key partners with future opportunities via the care collaboratives as it developed.
- Residents may be reluctant to take up the improvement schemes due to high levels of stress and depression.
- Act on Energy linked with the Council's customer service centre to take referrals if additional support was required.
- Advice was available to residents on cold and damp homes through a joined-up approach via the One Coventry Plan.

- Some of the more affordable solutions eg. external cladding, triple glazing, did not always work.

Members requested information to be made available to residents highlighting where advice could be sought regarding cold and damp homes.

RESOLVED that the Health and Wellbeing Board agreed to support the approach being taken in Coventry to understand and address the impacts of living in the cold home.

44. **Major Conditions Strategy and the Wider Determinants of Health**

The Board received a Briefing Note and Presentation of the Consultant in Public Health, regarding the national policy approach to develop a Major Conditions Strategy and to consider how the wider determinants of health could contribute to the prevention and management of long term conditions.

In August 2023, the Government published a policy paper - Major Conditions Strategy: case for change and our strategic framework.

One in 4 adults had at least 2 health conditions (multimorbidity). The national strategic framework focuses on 6 groups of conditions: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD) which together accounted for over 60% of ill health and early death in England.

The framework was part of the commitment to raise healthy life expectancy by 5 years and to level up health and narrow the gap in health life expectancy.

The national strategic framework focused on primary prevention through lifestyle risk factors, reducing exacerbations and complications, early diagnosis, early intervention and quality treatment and supporting people as they lived with major conditions.

There were many actions identified for the NHS to take to reduce the impact of major conditions on people's health and wellbeing and to reduce inequalities.

The wider determinants of health should be a crucial component of local plans for preventing and managing multimorbidity, following the life course and contributing to reducing the impact at all stages from prevention, through reducing exacerbations and complications, to supporting people to live with major conditions.

This was an opportunity to work in partnership to contribute to the delivery of priorities within the One Coventry Plan and Warwickshire Integrated Health and Care Delivery Plan, The Coventry Health and Wellbeing Strategy and the Marmot Principles.

The Board asked questions, made comments and sought assurances on a number of issues, including:

- Green spaces and the power of parks could help to support communities mental and physical wellbeing however, lack of funding and increased housing need meant green spaces were dwindling.
- Investment in prevention was balanced against the immediate needs.
- The strategy was based on clinical care and the NHS however, there was an opportunity to put prevention at the beginning of every pathway.
- Work on investment in prevention could be brought to a future meeting.
- There was pressure around carers including young carers and failure to ensure they were well and could navigate health care systems.

RESOLVED that the Health and Wellbeing Board agreed to:

- 1. The development of a Coventry approach to preventing, managing and reducing the impact of multi-morbidity.**
- 2. The consideration of the wider determinants of health in the context of reducing the impact of multi-morbidity that are:**
 - **Person/household centred**
 - **Place-based**
- 3. Linking health service developments with wider determinants to improve health eg. Community Diagnostic Centres.**

45. Any other items of public business

There were no other items of public business.

(Meeting closed at 11.50 am)