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### Coventry Health and Well-being Board

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**Time and Date**

10.00 am on Wednesday, 6th March, 2024

**Place**

Committee Room 3 - Council House

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**Public Business**

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting**
  - (a) To agree the minutes of the meeting held on 13th December 2023 (Pages 3 - 10)
  - (b) Matters Arising
4. **Chair's Update**
5. **ICB Update**

Verbal report of P Johns, Coventry and Warwickshire Integrated Care Board.
6. **Better Care Fund - Q3 Return** (Pages 11 - 20)

Report of the Director of Adult Services and Housing
7. **Improving Health and Wellbeing Provision for People Experiencing Homelessness in Coventry** (Pages 21 - 26)

Report of the Director of Adult Services and Housing
8. **Addressing the Impact of cold and damp homes - Affordable Warmth Programmes** (Pages 27 - 30)

Report of the Director of Public Health and Wellbeing
9. **Major Conditions Strategy and the Wider Determinants of Health** (Pages 31 - 32)

Report of the Director of Public Health and Wellbeing

10. **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

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

Tuesday, 27 February 2024

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor Tel: 024 7697 8701 /caroline.taylor@coventry.gov.uk

Membership: Councillors L Bigham, J Blundell, K Caan (Chair), M Coombes, P Drover, A Duggal, G Duggins, P Fahy, A Hardy, G Hayre (By Invitation), P Johns, D Jones, D Kendall, R Light, S Linnell, C Meyer, K Nelson and D Oum (Deputy Chair)

**Public Access**

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**Caroline Taylor**

**Tel: 024 7697 8701 /caroline.taylor@coventry.gov.uk**

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am**  
**on Wednesday, 13 December 2023**

Present:

Members: Councillor K Caan (Chair)

Councillor L Bigham  
Councillor J Blundell  
Councillor G Duggins  
P Drover, West Midlands Police  
A Duggal, Director of Public Health and Wellbeing  
S Linnell, Healthwatch Coventry  
J Richards, University Hospital Coventry and Warwickshire  
Kirston Nelson, Chief Partnership Officer/Director of  
Education and Skills  
Danielle Oum, Coventry and Warwickshire Integrated Care  
Board

Employees (by Service Area):

Children's Services R Limb, J Moffat (on behalf of N Macdonald), A Reynolds

Law and Governance C Taylor

Public Health V Edeki, B McCann

Others present: Councillor G Hayre  
A Brady, ICB (on behalf of P Johns)  
M Gilks, ICB  
A Khanom, SEND Parent Forum  
K Ray, ICB

Apologies: Councillor P Seaman  
A Hardy, UHCW  
P Johns, ICB  
R Light, Healthwatch Coventry  
N Macdonald

## **Public Business**

### **25. Welcome**

The Chair, Councillor K Caan, welcomed everyone to the meeting, advising the theme of the meeting was children, young people and mental health.

The Chair welcomed Chief Superintendent Paul Drover, LPA Commander to his first meeting, joining in place of Peter Henrick and also welcomed A Khanom from the SEND Parent Forum.

26. **Declarations of Interest**

There were no declarations of interest.

27. **Minutes of Previous Meeting**

The Minutes of the meeting held on 27<sup>th</sup> September, 2023 were agreed and signed as a true record.

There were no matters arising.

28. **Chair's Update**

The Chair, Councillor Caan, welcomed everyone to the meeting, informing the Board that the Christmas season was in full swing with the annual Christmas light switch on which had made a welcome return and hundreds of families had come together to enjoy an evening of culture and entertainment and how the lights had been used in celebration of Diwali and Armistice Day.

The Board were reminded of how Christmas can be a challenging time for many families across the city who continued to be impacted by the cost of living crisis. The Household Support Fund continued to be used to support households with the greatest need. The council were working with Coventry Food Network offering subsidised food support.

The Chair brought to the Board's attention, the increase in measles cases across the country including the West Midlands and stressed the importance of ensuring both MMR vaccinations were taken up. World Aids Day had taken place on 1<sup>st</sup> December; with the city hosting a number of engagement events.

Finally, the Chair advised the Board of the Covid vaccination programme mobile unit, in which CWPT nurses were providing Covid-19 and flu vaccinations to the community using a mobile vaccination van. Walk-in appointments were available to those eligible and both vaccinations were free.

29. **Appointment of Health and Wellbeing Board Deputy Chair**

The Board received a report of the Director of Public Health and Wellbeing, regarding the appointment of a Deputy Chair for the Coventry Health and Wellbeing Board.

In June 2023, the Chair of the H&WBB, invited Members for nominations for the appointment of a new Deputy Chair which was currently vacant. One nomination was received from Danielle Oum, a current Member of the Board and also the Chair of the Coventry & Warwickshire Integrated Care Board.

**RESOLVED that the Board approves the nomination of Danielle Oum to serve as Deputy Chair on the Coventry Health and Wellbeing Board.**

30. **SEND Update**

The Board received a report and presentation of the Chair of the SEND Board, the JSNA data summary October 2023 and the JSNA data supplement October 2023, regarding the implementation of the new Local Area SEND (Special Educational Needs and Disabilities) and Alternative Provision (AP) inspection framework.

The new framework had a strong focus on education and health and social care. It was important that all partners continued to work together, to ensure that the local area was inspection ready. It was expected that all local areas would be inspected within a 5 year cycle. Governance oversight was provided through the SEND and AP Partnership Board.

Coventry was previously inspected in October 2019 under a different framework and received a positive outcome.

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

- How schools would cope with the influx of extra children with additional needs.
- Why families with children with additional needs were moving to and settling in Coventry.
- Was there enough qualified support for young people and how was this monitored.

**RESOLVED that the Board:**

- 1. Notes the progress made so far with the new Local Area SEND and AP Inspection Framework.**
- 2. Agrees to the Health and Wellbeing Board having governance oversight of the SEND and AP Partnership Board.**
- 3. Confirms with the SEND and AP Partnership Board, the proposed governance including reporting frequency.**

**31. ICB Update / Children's Mental Health**

The Board received a verbal update from Dr A Brady, Chief Medical Officer, ICB regarding the progress of the ICS Strategy, the focus being to prioritise children and young people. A system strategic group had been formed which included partners and providers of NHS services and working groups had been created to ascertain where value could be added by working together. Commissioning in mental health was underway along with a shift towards prevention.

The Board received a report of the Director of Commissioning, Coventry & Warwickshire ICB along with the 2023/24 CAMHs Local Transformation Plan Refresh which outlined the progress made to date and the priorities in which the LTP would focus on for 2023/24, broken down into national and local priorities:

1. National priority – meet the constitutional target set by NHS England
2. National priority – to develop a children and young people's emotional wellbeing/mental health support offer up to the age of 25.

3. Local priority – implement a structured framework, such as i-Thrive into the system.
4. Local priority – improve the waiting times in accessing services.
5. Local priority – develop system wide dashboard to further understand local needs and demands.
6. Local priority – focus on early intervention and prevention.
7. Local priority – develop the system offer for children and young people in crisis.

A delivery plan was being developed which would be used to plan out the work required to work towards / achieve the priorities set out in the plan.

**RESOLVED that the Board:**

**Note the content of the report and endorse the 2023/2024 CAMHS Local Transformation Plan.**

### 32. **Family Hubs & Start for Life Programme**

The Board received a report and presentation of the Director of Children's Services regarding Family Hubs and the Start for Life Programme.

Coventry City Council operated 8 Family Hubs to a deliver place-based integrated offer to families across the city, including the offer from the buildings, through an outreach model to communities and a developing digital offer.

Coventry City Council was selected in October 2023 to join the national Family Hub and Start for Life Programme with a financial investment to strengthen its offer to babies, children and families building on the achievements to date. The application was successful and trailblazer status was also awarded on 9.2.2023. Regular reports on this grant and the Family Hub and Start for Life programme were received by the Cabinet Member with responsibility for Children Services, and to the funders.

This programme awarded £4.27 million of grant funding across the 3 years 2022/23 to 2024/25 to deliver the programme objectives.

Progress to date included:

- A Family Hub transformation programme team has been established as part of the delivery of the Early Help Strategy and a comprehensive delivery plan was in place.
- The Family Hub and Start for Life Programme Board oversees the work of each funded workstream, with workstream leads representing the partnership agencies and teams delivering on this programme. The Public Health Consultant responsible for inequalities and Children currently attended and supported this board.
- Regular updates and reports were submitted to the Family Hub and Start for Life unit and quarterly data returns submitted on the reach of the programme.

- An outcome framework and logic model were in place, setting out the ambitions for the programme for Coventry and this was the basis of the internal evaluation of its impact.
- Coventry was required to take part in a national evaluation and a series of consultation and surveys were due to take place from January 2024 focusing on family experiences and satisfaction, and the workforce. There would also be a 2-day case study fieldwork visit early March 2024 to cover 2 hubs including observations of family activities, staff focus group interviews and family interviews.
- Updates to the Children’s Senior leadership team and the Cabinet Member were provided on a regular basis.
- Headline progress was reported to the Early Help Strategic Partnership which was a subgroup of the Coventry Safeguarding Children Partnership and was responsible for the oversight of the Early Help Strategy. Updates had also been provided to a range of partnership forums such as the LMNS, and the Children and Young People System group (Coventry and Warwickshire).
- Due to the level of funding, investment of this programme and the scrutiny that it attracted, it was recommended to review and amend the governance arrangements to ensure all parties that signed the funding application were sighted on progress and could provide support to its ongoing success.
- The programme board currently oversaw operational aspects of the programme however, it had been recognised that a more strategic oversight should be in place to oversee progress and support the sustainability of the offer moving forward.
- Following discussion with senior leaders within the partnership, it was suggested that the governance for the programme could sit with the Health and Wellbeing Board as a partnership board that had the interest of all children in Coventry at its heart.

The proposed timeline for implementation of the new governance structures was the next financial year (2023 – 2024) which would then govern this programme until the end of the funded period which was the end of March 2025.

The Board asked questions, made comments and sought assurances on a number of issues, including performance management and key performance indicators and the need for them to be reported on.

**RESOLVED that the Board:**

- 1. Note the progress to date of the Family Hub and Start for Life Programme.**

- 2. Advises that governance proposals would be shared with the Board for review and discussed at the March 2024 Health and Wellbeing Board meeting.**

### **33. Perinatal Mental Health - Needs Assessment and Outputs**

The Board received a report and presentation of the Mental Health Transformation Manager – Joint Commissioning Team, NHS Coventry & Warwickshire Integrated Care Board regarding perinatal mental health – needs assessment and outputs.

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. PMH affects up to 27% of new and expectant mothers and covers a wide range of conditions.

Historically, there has been a lack of integrated physical and mental health care in this area however, timely access to good quality PMH care can provide a range of long term gains for the woman, baby/child and wider society.

Findings and actions arising from the Perinatal Mental Health Needs Assessment included linking up with the Looked After Children's Service, understanding workforce development plans for midwives and maternity support workers, engaging with GP colleagues to determine uptake of mothers offered post-natal assessment, use data effectively to plan services, work with NHS providers to identify how the service was responding to the needs of the population and work with specialist perinatal mental health providers to ensure coding for PMH develops a level of detail so that services could be targeted.

In order to develop better understanding of how the recommendations fit in with the Family Hub programme, the Perinatal Mental Health workstream, how services could be improved in line with Maternity Ambitions, the Long Term Plan and LMNS ambitions, the Perinatal Mental Health Subgroup would undertake the following:

- Share findings amongst partners and clinicians.
- Agree a programme of work which will be co-produced with partners and maternity voices.
- Develop further the qualitative data.
- Develop new services to fill the gaps in provision.

The Board asked questions, made comments and sought assurances on a number of issues, including the impact on for carers who were pregnant or mothers of young children and what support was available to them.

**RESOLVED that the Board:**

- 1. Note the findings of the report and the recommendations that have been made.**
- 2. Agrees to support the Family Hub programme of work which includes Perinatal Mental Health as a fast track programme.**
- 3. Reviews the progress made against the recommendations, as set out in the board governance.**



### 34. **Parenting Strategy Refresh**

The Board received a Briefing Note and presentation of the Director of Public Health and Wellbeing regarding the progress made in refreshing and developing the Coventry Parenting Strategy 2024 – 2027.

In 2018, the Coventry Parenting Strategy (2018-2023) led by Public Health was launched. A Coventry Parenting Strategy Steering Group was established to co-ordinate the approach to parenting support, sharing resources, knowledge and experience, to review current provision and highlight recommendations for future parenting support. The strategy implementation led to further investment in parenting programmes for teenagers, increased online parenting provision, resources being created to co-ordinate antenatal parent education across the city and resources for parents around transition to secondary school. Parenting provision for dads increased and parenting webinars were delivered to upskill staff and inform partners of the latest parenting support offer.

Progress on refreshing the Coventry Parenting Strategy 2024-2007 included:

- Reviewing the national context
- Reviewing local data and intelligence – understanding the needs of Coventry children and young people
- Stakeholder engagement – holding a workshop to map current universal and targeted parenting provision, the findings of which showed there was a variety of evidence-based parenting programmes and informal parenting support currently available in the city including Family Nurse Partnership and iBumps, MAMTA and parenting programmes as part of the SEND local offer.

National funding had been received as part of the Start for Life Programme to enhance services delivered through transformed Family Hubs and provide support to children and families to improve outcomes. Public Health was working closely with Children's Services on the delivery plan associated with the Start for Life programme parenting workstream and a parenting operational group had been set up to discuss the delivery plan in detail.

Key priorities of the strategy included:

- Improving information and advice
- Improving accessibility
- Workforce development
- Reducing health inequalities
- Strengthening targeted parenting support

The next steps included developing a detailed delivery plan for each priority through the multi-agency Coventry Parenting Strategy Steering group. To determine the success of the actions arising from the Strategy, the expected outcomes were:

Short term outcomes – parents and professionals knowing where and how to access the parenting support they need. Increased choice, volume and range of parenting support offered.

Medium term outcomes – positive feedback relating to services and improved parental confidence and improved take-up and completion of parenting programmes. Parents reporting improved confidence in parenting and ensuring the workforces was skilled, knowledgeable and competent to deliver parenting support.

Long term outcomes – increased rates of school readiness and a reduction in children entering the care system, reduced youth offending, improved child obesity rates and a reduced need for referrals into mental health services for children and young people. Additionally, an increase in collaborative working across the health and social care system.

In terms of governance, the Coventry Parenting Strategy 2024-27 progress would report into the Health and Wellbeing Board.

**RESOLVED that the Board endorses the Coventry Parenting Strategy, noting progress made in the refresh and supporting the priorities.**

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

There were no other items of public business.

(Meeting closed at 12.00 pm)



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**To: Coventry Health and Wellbeing Board**

**Date: 6<sup>th</sup> March 2024**

**From: Peter Fahy – Director of Adult Services and Housing**

**Title: Better Care Fund Q3 Reporting 2023/24**

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### **1 Purpose**

To seek retrospective approval for the Coventry Better Care Fund Q3 reporting template 2023/24.

### **2 Recommendations**

The Board are asked to note the content of this report and to retrospectively approve the attached Better Care Fund Q3 reporting template 2023/24.

### **3 Information/Background**

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

In year BCF reporting was halted in 2020/21 in recognition of the pressures from the COVID pandemic. Since the end of the pandemic the national planning requirement timeframes had not yet caught up sufficiently to restart the quarterly reporting requirements.

BCF planning requirements covering the two years 23/24 and 24/25 were published in April 23 stating that in year reporting would recommence, and confirmation was received on 14<sup>th</sup> September 2023 that reporting would recommence. Coventry's BCF plan had been approved by Health and Wellbeing Board at the meeting of 26<sup>th</sup> July 2023 and confirmation of plan approval by NHS England was received on 20<sup>th</sup> September 2023.

The Q3 template was submitted on 9<sup>th</sup> February 2024 in line with the deadline. A requirement of the reporting is that it is approved by HWBB either in advance of submission or retrospectively dependent upon meeting dates. The future expectation is this level of reporting will continue on a quarterly basis and reports will be brought to HWBB as required for approval.

#### **4 Options Considered and Recommended Proposal**

The Board are recommended to retrospectively approve the Q3 reporting template.

**Report Author(s):**

**Name and Job Title:**

Ewan Dewar, Head of Finance

**Telephone and E-mail Contact:**

024 7697 2309

[ewan.dewar@coventry.gov.uk](mailto:ewan.dewar@coventry.gov.uk)

Enquiries should be directed to the above person.

## Appendix 1 BCF Q3 Reporting Template



### Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

#### 2. Cover

Version 2.0

**Please Note:**

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Coventry	
<b>Completed by:</b>	Ewan Dewar	
<b>E-mail:</b>	<a href="mailto:ewan.dewar@coventry.gov.uk">ewan.dewar@coventry.gov.uk</a>	
<b>Contact number:</b>	02476 972309	
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No	
<b>If no, please indicate when the report is expected to be signed off:</b>	Wed 06/03/2024	<< Please enter using the format, DDMMYYYY

#### Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

#### Complete

	Complete:
1. Cover	Yes
2. National Conditions	Yes
3. Metrics	Yes
4. Spend and activity	Yes

[<< Link to the Guidance sheet](#)

# Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

## 3. National Conditions

Page 3

Selected Health and Wellbeing Board:

Coventry

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	29/02/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

**Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template**

**4. Metrics**

Selected Health and Wellbeing Board:

Coventry

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	191.8	148.8	207.6	146.2	248.0	218.3	Not on track to meet target	Data: Unable to clarify / quantify whether local coding practices for SDEC / 0 LOS services skew Coventry performance - waiting on national move to ECDS Type 5 to provide a	UHCW and CWPT continue to work with Newton Europe on the Coventry Place Improving Lives Programme including trialing new admission avoidance and SPOA capabilities.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	97.4%	97.4%	97.4%	97.4%	96.6%	96.8%	Not on track to meet target	Nothing significant to report.	UHCW and CWPT continue to work with Newton Europe on the Coventry Place Improving Lives Programme including discharge pathways and support to optimise LOS.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,865.0	448.2	554.1	Not on track to meet target	Nothing significant to report.	CWPT have deployed the additional NHSE Falls funding provided over winter 22/23 including equipment to help with UCR capacity and capability.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				672	2022-23 ASCOF outcome: 727.6		On track to meet target	Nothing significant to report.	Nothing significant to report.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				84.1%	2022-23 ASCOF outcome: 81.1%		Data not available to assess progress	Current ASCOF measure is annual	Nothing significant to report

## Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

### 6. Spend and activity

Selected Health and Wellbeing Board:

Coventry

#### Checklist

Yes

Yes

Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure)	Unit of Measure	Have there been any implementation issues?
1	Care Act Implementation	Carers Services	Respite services	Minimum NHS Contribution	£299,523	£172,357	125	168	Beneficiaries	No
1	Care Act Implementation	Carers Services	Carer advice and support related to Care Act	Minimum NHS Contribution	£50,731	£38,048	146	109	Beneficiaries	No
10	Protecting Social Care	Residential Placements	Care home	Minimum NHS Contribution	£8,637,088	£6,477,816	220	165	Number of beds/placements	No
10	Protecting Social Care	Home Care or Domiciliary Care	Other	Additional NHS Contribution	£206,729	£157,028	3,900	2962	Hours of care (Unless short-term in which case it is packages)	No
11	Reablement/Discharge to Assess	Home Care or Domiciliary Care	Other	Additional NHS Contribution	£429,323	£326,107	7,956	6043	Hours of care (Unless short-term in which case it is packages)	No
11	Reablement/Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£191,999	£143,999	53	40	Number of placements	No
11	Reablement/Discharge to Assess	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£937,006	£702,755	838	629	Packages	No
11	Reablement/Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Additional NHS Contribution	£1,268,741	£701,657	192	106	Number of placements	No
13	Voluntary Sector Review	Carers Services	Carer advice and support related to Care Act	Additional NHS Contribution	£83,365	£62,524	242	181	Beneficiaries	No
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£165,644	£132,140	331	264	Number of beneficiaries	No



Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure)	Unit of Measure	Have there been any implementation issues?
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£1,294,808	£968,980	3,752	2808	Number of beneficiaries	No
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£1,328,874	£996,656	819	614	Number of beneficiaries	No
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional NHS Contribution	£258,809	£206,461	517	412	Number of beneficiaries	No
9	Out of Hospital & Nursing Care	Residential Placements	Nursing home	Additional NHS Contribution	£13,188,992	£11,021,732	4,496	3757	Number of beds/placements	No
9	Out of Hospital & Nursing Care	Residential Placements	Care home	Additional NHS Contribution	£5,195,018	£6,021,910	3,202	3712	Number of beds/placements	No
6	LD Care Homes	Residential Placements	Learning disability	Additional NHS Contribution	£991,017	£656,753	5	3	Number of beds/placements	No
9	Out of Hospital & Nursing Care	Residential Placements	Care home	Additional LA Contribution	£14,400,169	£12,719,777	367	324	Number of beds/placements	No
11	Reablement/Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	iBCF	£836,713	£627,535	232	174	Number of placements	No
11	Reablement/Discharge to Assess	Home-based intermediate care services	Reablement at home (accepting step up and step	iBCF	£454,000	£307,747	406	275	Packages	No
11	Reablement/Discharge to Assess	Home-based intermediate care services	Reablement at home (accepting step up and step	Additional LA Contribution	£554,089	£415,567	495	371	Packages	No
11	Reablement/Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Additional LA Contribution	£264,116	£198,087	73	55	Number of placements	No
11	Reablement/Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Additional LA Contribution	£317,852	£264,629	88	73	Number of placements	No

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure)	Unit of Measure	Have there been any implementation issues?
1	Reablement/Discharge to Assess	Home Care or Domiciliary Care	Other	Additional LA Contribution	£199,926	£157,967	3,744	2958	Hours of care (Unless short-term in which case it is packages)	No
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£403,985	£332,637	807	664	Number of beneficiaries	No
2	Community Support Services	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£653,314	£538,052	1,306	1075	Number of beneficiaries	No
2	Community Support Services	Carers Services	Other	Additional LA Contribution	£85,746	£45,594	1,474	885	Beneficiaries	No
2	Community Support Services	Carers Services	Other	Additional LA Contribution	£138,767	£83,365	1,474	885	Beneficiaries	No
2	Community Support Services	Carers Services	Carer advice and support related to Care Act	Additional LA Contribution	£711,513	£626,354	2,058	1811	Beneficiaries	No
3	Dementia	Residential Placements	Care home	Additional LA Contribution	£5,330,414	£3,997,811	136	102	Number of beds/placements	No
3	Dementia	Residential Placements	Care home	Additional LA Contribution	£1,642,237	£1,367,248	42	35	Number of beds/placements	No
4	Disabled Facility Grants	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£3,073,045	£2,516,369	476	457	Number of adaptations funded/people	No
4	Disabled Facility Grants	DFG Related Schemes	Discretionary use of DFG	DFG	£353,000	£106,321	46	14	Number of adaptations funded/people	No
4	Disabled Facility Grants	DFG Related Schemes	Adaptations, including statutory DFG	Additional LA Contribution	£0	£0	-	0	Number of adaptations funded/people	No
15	Winter Pressures	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	iBCF	£500,000	£375,000	75	56	Number of placements	No

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure)	Unit of Measure	Have there been any implementation issues?
15	Winter Pressures	Home-based intermediate care services	Reablement at home (accepting step up and step	iBCF	£373,484	£311,553	88	73	Packages	No
1	Care Act Implementation	Carers Services	Other	Additional LA Contribution	£357,205	£267,904	1,029	772	Beneficiaries	No
6	LD Care Homes	Residential Placements	Learning disability	Additional LA Contribution	£1,516,068	£974,493	8	5	Number of beds/placements	No
10	Protecting Social Care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£10,454,534	£7,840,901	524,037	393028	Hours of care (Unless short-term in which case it is packages)	No
10	LD Care Homes	Residential Placements	Learning disability	iBCF	£233,535	£175,151	1	1	Number of beds/placements	No
10	Protecting Social Care	Residential Placements	Care home	iBCF	£455,000	£341,250	12	9	Number of beds/placements	No
19	Discharge Fund	Home-based intermediate care services	Reablement at home (accepting step up and step	Local Authority Discharge Funding	£1,050,001	£442,608	939	396	Packages	No
19	Discharge Fund	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Local Authority Discharge Funding	£875,000	£562,169	242	178	Number of placements	No
19	Discharge Fund	Home-based intermediate care services	Reablement at home (accepting step up and step	Local Authority Discharge Funding	£32,000	£24,121	9	7	Packages	No

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Coventry City Council

## Briefing Note

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**To: Coventry Health and Wellbeing Board**

**Date: 6<sup>th</sup> March 2024**

**From: Sophie Hall** - Housing and Homelessness Commissioning and Partnerships Lead

**Title: Improving health and wellbeing provision for people experiencing homelessness in Coventry**

### 1 Purpose

- 1.1 The core 20 PLUS 5 groups identified for Coventry and Warwickshire are newly arrived and transient communities, including people who are homeless. They were identified because of the significant inequalities they experience in healthcare including access to services, their experience of services and the outcomes they receive.
- 1.2 The NICE guidance (integrated health and social care for people experiencing homelessness NICE guideline [NG214] Published: 16 March 2022) recognises that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.
- 1.3 The purpose of this report is to highlight the work that is currently taking place in relation to homelessness and health. Additionally, it is to request that the Health & Wellbeing Board members support the ambition to achieve greater alignment in the provision of health care, 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 Recommendations

The Board are asked to:

- **Support the ambition to achieve greater alignment in the provision of health care, 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.**

- **Use the Strategy renewal as an opportunity to consider as a system how we might better improve health outcomes for people who are homeless. In progressing this it is proposed to use the <https://www.nice.org.uk/guidance/NG214> guidance that explores how LAs are providing integrated health and social care services for people experiencing homelessness and ensure care, support and interventions are coordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services is the recommended starting point for this work.**

### 3 Information/Background

#### National context

- 3.1 The Homelessness Reduction Act 2017 places a duty on local authorities to relieve homelessness for all eligible homeless applicants, and to prevent homelessness for all eligible applicants threatened with homelessness.
- 3.2 The Conservative Party's manifesto at the 2019 election included a commitment to end "the blight of rough sleeping by the end of the next Parliament". The Ending Rough Sleeping for Good strategy was published in September 2022 by the Department for Levelling Up, Housing and Communities, (DLUHC) setting out a vision to prevent rough sleeping wherever possible.
- 3.3 New government data estimates 2,893 people were sleeping rough on a single night in England in June 2023. That most recent count was a decrease on the official snapshot which estimated 3,069 people were sleeping rough on a single night in autumn 2022. However, the June 2023 count still represents a rise of 446 people since March 2023, and an increase of 445 people since the same time in 2022.
- 3.4 The majority of people sleeping rough in England are male, aged over 26 years old and from the UK. Meanwhile the Office for National Statistics found men who are living on the street outnumber women at a ratio of six to one. In some areas of the country, and particularly in London, there is a significant number of people sleeping rough who do not have recourse to public funds (NRPF).
- 3.5 Women are often missing from rough sleeping counts because they tend to be less visible than male rough sleepers due to the risk of violence on the streets. That means women are more likely to seek shelter in cafes, transport hubs or other places rather than bedding down outside.
- 3.6 As for wider homelessness in England, English councils supported 298,430 households to prevent or relieve homelessness between April 2022 and March 2023. That's 6.8% higher than the previous year and 3% above pre-Covid levels in 2019-20.

- 3.7 The number of households living in temporary accommodation in England is at an all-time high. As of June 2023, 105,750 households were living in temporary accommodation, including 65,000 households with children.
- 3.8 A survey by Shelter of people in temporary accommodation found that 63% reported that living in temporary accommodation had a negative impact on their mental health 51% reported it had a negative impact on their physical health; 39% reported that it made it harder to access healthcare.

### Coventry context

- 3.9 During 2022/23 – approximately 5798 households approached the council for housing advice. Approximately 833 of these were at risk of homelessness (prevention) and approximately 1955 of these were homeless at the point of contacting us (relief). A total of 2495 households were accommodated in temporary accommodation in Coventry during 2022/23, this was a 24% increase from the previous year. 1135 of these households accommodated in TA included children. As at the 21 February 2024 there was a total of 1140 households in TA provided by the City Council which included 787 families and 353 single people.
- 3.10 The most common reasons for homelessness were either that parents or other relatives were no longer able or willing to provide accommodation, end of a Private Rented Sector (PRS) tenancy or the breakdown of a relationship.
- 3.11 Over the last 12 months we have seen a sharp increase in the numbers of people we find rough sleeping in the city. The table below illustrates recent patterns in rough sleeping, over Q2 & Q3; July to December 2023.

	Single Night Figure (snapshot on one night and not indicative of a typical night)	Total individuals found that month	New people (not known to rough sleep in last 5 years)	People who moved into long term accommodation (usually 6 months+)
Dec 23	9	48	6	12
Nov 23	10	61	16	10
Oct 23	11	73	15	11
Sept 23	22	89	15	14
Aug 23	12	88	35	18
July 23	14	85	16	18

- 3.12 Between July 2023 and January 2024, 23 individuals who were found rough sleeping had been discharged from hospital. The top reasons for those who rough

sleep attending hospital are: infections (Sepsis, Cellulites, Strep) DVTs and abscesses/ wounds.

- 3.13 In the last 3 years there have been 21 Deaths in Temporary accommodation that were due to ill health. (2021- 5, 2022- 3, 2023- 13).

### **Homelessness and health**

- 3.14 According to the Local Government Association (LGA) homelessness is a measure of our collective success, or otherwise, in reducing inequalities – (Local Government Association (2017) and Ill health can be both a cause and a consequence of homelessness – Public Health England (2019). In order to help people sustain stable accommodation, it has been suggested that more action is required to enable better integration of health and social care, and to help people access the healthcare services they require – NICE NG214 (2022). Unsatisfactory experiences following previous contacts with health services can lead to avoidance of further contact with NHS services and therefore people being less likely to receive healthcare despite high needs – NHS England (2023).
- 3.15 Core20PLUS5 is a national NHS England approach to support the reduction of healthcare inequalities at both national and local level. The core 20 PLUS5 groups identified for Coventry and Warwickshire are newly arrived and transient communities, including people who are homeless. They were identified because of the significant inequalities they experience including in healthcare access, experience and outcomes.
- 3.16 People who are homeless, rough sleeping or living in insecure housing typically experience multiple risk factors for poor health (such as poverty, violence, and complex trauma). They experience stigma and discrimination and are not consistently accounted for in records such as healthcare databases – variation in name spellings being one such reason, as does frequent changes or absences of an address. These experiences and factors frequently lead to barriers in access to healthcare and result in extremely poor health outcomes. Without appropriate access to primary and community care, and early / preventative interventions, people in inclusion health groups are likely to turn to acute services:
- 3.17 For instance, A&E attendance is 6-8 times higher for people experiencing homelessness and 28 times higher for people who experience both homelessness (rough sleeping) and alcohol dependency.
- 3.18 Despite inclusion health groups being disproportionately smaller in number than the general population, volume of attendance and consistently poor health outcomes lead to the cost of providing health and social care services (where required) being disproportionately higher. People experiencing homelessness often face some of the most significant health inequalities of all; with average life expectancy around 30 years lower than that of the general population.



- 3.19 Homeless people are more likely to die young, with an average age of death of 47 years old for men and even lower for homeless women at 43, compared to 77 for the general population, 74 for men and 80 for women.

### **Healthcare provision and interventions in Coventry for those who are homeless**

- 3.20 Registration with a general practice is essential since general practitioner (GP) referrals are needed for most specialist treatment. The Anchor Centre is commissioned to provide a specialist service for people experiencing homelessness and the Meridian Centre for people with no recourse to public funds. However, many people experiencing homelessness are registered at other practices. The Anchor Centre accepts patients who have been rough sleeping, living in hostels, sofa surfing, or in temporary accommodation; around a third of the 610 patients have previously slept rough.
- 3.21 The city has a rough sleeping service that works proactively with people rough sleeping or at risk of rough sleeping, often supporting individuals with complex health needs to access medical interventions. Our commissioned homelessness support services have specific KPI measures around accessing health care and GP registration.
- 3.22 CWPT employ a homeless pathway Mental Health social worker who works closely with the rough sleeping team as well as supporting those living in temporary and supported accommodation to access support and MH interventions.
- 3.23 A palliative care team for those who are homeless has recently been established to support people at end of life. The vulnerable persons and complex needs forum provides a case management “team around the person” approach to supporting people at risk of homelessness due to MCN and health challenges.
- 3.24 Homelessness services have strong working relationships with both Adults health services and social care and with public health colleagues in terms of infectious diseases and health protection and until recently hosted an infectious disease outreach worker on behalf of the health protection function.
- 3.25 There has historically been a specific challenge around hospital discharge, as people were at times being discharged at night without statutory services being informed that they need accommodation. Homeless patients also have substantially higher rates of self-discharge from hospital, often linked to substance misuse. The creation of a homelessness pathway lead role at UHCW in December 2023 has already had a positive impact in terms of appropriate discharges and discharges for those who are homeless are being better coordinated and facilitated.
- 3.26 Homelessness services work closely with sexual health services (ISH) including support for testing and treatment when needed.

3.27 CGL have been delivering a targeted 3 year rough sleeping drug and alcohol service funded via Public Health England which includes an outreach nurse and occupational therapist.

#### **4 Options Considered and Recommended Proposal**

4.1 As illustrated, there is a significant amount of good working taking place in terms of homelessness and health in Coventry.,

4.2 The interventions we have in place have evolved as opposed to being part of a planned programme of work, where key outcomes and outputs have been identified. This has meant that at times the approach is disjointed and reactionary and makes future planning and prioritising in terms of service provision, consultation and intervention difficult.

4.3 It is a statutory requirement on the local authority to have a Homelessness and Rough Sleeper strategy. The current strategy expires in 2024 and work is soon to commence to renew this strategy. It is proposed that this strategy renewal is used as an opportunity to consider as a system how we might better improve health outcomes for people who are homeless. In progressing this will propose to use the <https://www.nice.org.uk/guidance/NG214> guidance that explores how LAs are providing integrated health and social care services for people experiencing homelessness and ensure care, support and interventions are coordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services is the recommended starting point for this work.

#### **Report Author(s):**

**Name and Job Title: Sophie Hall, Housing and Homelessness Commissioning and Partnerships lead**

**Directorate: Adult Services & Housing**

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Coventry City Council

## Briefing Note

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**To: Coventry Health and Wellbeing Board**

**Date: 6<sup>th</sup> March 2024**

**From: Allison Duggal – Director of Public Health and Wellbeing, CCC**

**Title: Addressing the impact of cold and damp homes - Affordable warmth programmes**

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### **1 Purpose**

- 1.1 To brief the Coventry Health and Wellbeing Board on the approach being taken in Coventry to understand and address the impacts of living in the cold home.

### **2 Information/Background**

- 2.1 In England, a household is classed as being in fuel poverty if the household's energy efficiency rating (EPC) is B and D or below and their disposable income (after housing and fuel costs) is below the poverty line.
- 2.2 According to the latest UK Government statistics released in 2023 (2021 data) it is estimated that 28,525 (20.8%) households are living in fuel poverty in Coventry. Coventry has the third highest level of fuel poverty in the West Midlands behind Birmingham (23.2%) and Wolverhampton (21.8%) respectively.
- 2.3 UK Government fuel poverty statistics are time lagged, and relate to 2021-22, before the worst of the energy crisis in the winter of 2022-23.
- 2.4 There is a significant variance in levels of fuel poverty across the city. Some Lower Super Output Areas (LSOA) in Coventry have 57% of households living in fuel poverty compared to others with as low as 3.9%. 5 LSOA's in Coventry have proportions above 50%. This is substantially higher than the national average of 13.1% and the average for the West Midlands of 18.5%.
- 2.5 A cold and damp home environment can result in a wide range of health impacts, including:-
- Condensation and damp in homes can lead to mould growth. Inhaling mould spores can cause the development or worsening of a wide range of respiratory conditions. In 2020, a landmark coroner's report found that two-year old Awaab Ishak died due to prolonged exposure to mould in his home.
  - Living in a cold home can worsen and increase the risk of heart disease and cardiac events. It can also worsen musculoskeletal conditions such as arthritis.

- Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions.
  - Each year, the NHS spends an estimated £1.4 billion annually on treating illnesses associated with living in cold or damp housing. When wider societal costs are considered, such as healthcare, that figure rises to £15.4 billion.
  - Cold homes and fuel poverty contribute to Excess Winter Deaths. It is estimated that 40% of excess winter deaths are attributable to cardiovascular disease and 33% are attributable to respiratory disease which are both conditions exacerbated by cold. The National Institute for Health Equity estimates that some 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% are attributable to cold homes.
- 2.6 Coventry City Council has a longstanding commitment to delivering affordable warmth services to support vulnerable and fuel poor households.
- 2.7 The current focus is on adopting a population health management approach. The existing support schemes can be divided into two main groups:-
- 2.7.1 **Retrofit Schemes** – focused on tackling fuel poverty, supporting clean growth and reducing carbon emissions. Eligibility for these schemes is based on income and other factors such as the energy efficiency rating of a property and if a property is on or off mainline gas.
- 2.7.2 **Keeping Coventry Warm (Public Health) Schemes** – focus on reducing the health-related morbidity and mortality associated with living in cold homes and reducing the demand for health and care services caused by cold related ill health. Eligibility is based on income, vulnerability, disability and health criteria.
- 2.8 The service provider for the public health schemes is Act on Energy and the current contract is due to end on 31<sup>st</sup> March 2025. There is now an opportunity to re-design the programmes and look at how we can deliver more effectively from both a cost and quality perspective.
- 2.9 The existing funding of these schemes is through a variety of grants including Government retrofit grants, Energy Company Obligation (ECO) for medium / large energy suppliers, Public health grant, Integrated Better Care Fund (iBCF) and disability facilities grant funding. The continuation of funding is not guaranteed and in order to have a solid, long-term strategy for support, it is important to consider other funding sources.
- 2.10 A Population Health Management collaboration involving Coventry and Warwickshire ICB, UHCW and Public Health has been set up to investigate and demonstrate the health impact of cold homes. This analysis project links data from the NHS on health indicators (e.g. emergency admissions by LSOA, with fuel poverty, deprivation, EPC and housing data sets).
- 2.11 By pulling together multiple data sources we hope to better understand the local groups most affected by cold homes and the impact this has on their health and wellbeing and the demand for local health and care services. The benefits of this approach are multi-faceted. It will:-

- 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.

- 2.12 The next steps of this programme of work are 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 will be central, and energy suppliers, energy charities, voluntary sector groups, people with lived experience and commissioners will all be involved in this assessment.
- 2.13 As part of this new opportunities and funding streams will also be explored. This includes linking with the Council strategic energy partner (E.ON) and Community Energy Champions bid team and connecting with possible research opportunities facilitated by the Coventry Health Determinants Research Collaboration (HDRC).
- 2.14 This comprehensive evaluation combined with the results from the Population Health Management Collaboration project will inform the re-designing and commissioning of new schemes.
- 2.15 The benefit of adopting a multi-faceted, population health management approach in delivering affordable warmth schemes in Coventry is expected to be significant. It will play an important role in helping to reduce the health inequalities that exist across the city.

### **3 Options Considered and Recommended Proposal**

- 3.1 There are no specific recommendations or decisions for the Coventry Health Wellbeing Board. However, the board are requested to support the programme of work and endorse the approach presented in this report and presentation.

#### **Report Author(s):**

#### **Name and Job Title:**

Dr Allison Duggal, Director of Public Health & Wellbeing, Coventry City Council

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Coventry City Council

## Briefing Note

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**To: Coventry Health and Wellbeing Board**

**Date: 6<sup>th</sup> March 2024**

**From: Rachel Chapman**

**Title: Major Conditions Strategy and the Wider Determinants of Health**

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### **1 Purpose**

The purpose of this item is to inform the Coventry Health and Wellbeing Board of the national policy approach to develop a Major Conditions Strategy, and to consider how the wider determinants of health can contribute to the prevention and management of long-term conditions.

### **2 Information/Background**

- 2.1 In Aug 2023 the government published a policy paper - Major Conditions Strategy: case for change and our strategic framework.
- 2.2 One in 4 adults has 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 account for over 60% of ill health and early death in England.
- 2.3 The framework is part of the commitment to raise healthy life expectancy by 5 years and to level up health and narrow the gap in healthy life expectancy
- 2.4 The national strategic framework focuses on primary prevention through lifestyle risk factors, reducing exacerbations and complications (secondary prevention), early diagnosis, early intervention and quality treatment, and supporting people as they live with major conditions.
- 2.5 There are 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.
- 2.6 The wider determinants of health should also be a crucial component of local plans for preventing and managing multimorbidity, following the lifecourse and

contributing to reducing the impact at all stages from prevention, through reducing exacerbations and complications, to supporting people to live with major conditions.

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

### **3 Options Considered and Recommended Proposal**

**The Health and Wellbeing Board is recommended to:**

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

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**Appendices**  
**N/A**