



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 2nd April, 2025

Place

Function Room 3, The Alan Higgs Centre, Allard Way, Coventry, CV3 1JP

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 16)

(a) To agree the minutes of the meeting held on 22nd January and 26th February 2025

(b) Matters Arising

4. The Physical Activity and Sports Strategy (Pages 17 - 46)

Briefing Note of the Head of Sport, Physical Activity and Wellbeing

5. Work Programme and Outstanding Issues (Pages 47 - 56)

Report of the Scrutiny Co-ordinator

6. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

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

Tuesday, 25 March 2025

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

Membership: Councillors: S Agboola, S Gray, L Harvard, A Hopkins, M Lapsa, G Lewis, K Maton, C Miks (Chair) and B Mosterman

By Invitation: Councillors L Bigham, K Caan, G Hayre and D Toulson

Public Access

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Caroline Taylor, Governance Services
caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 22 January 2025

Present:

Members: Councillor C Miks (Chair)
 Councillor S Agboola
 Councillor S Gray
 Councillor L Harvard
 Councillor A Hopkins
 Councillor J Innes
 Councillor K Maton
 Councillor B Mosterman

Other Members: Councillor K Caan, (Cabinet Member for Public Health, Sport
 and Wellbeing)
 Councillor G Hayre, (Deputy Cabinet Member for Public
 Health, Sport and Wellbeing)

Employees (by Directorate)

Law and Governance E Jones, C Taylor

Others Present: Dr A Brady, A Cartwright, A Dhanani and T Sacks - ICB

Public Business

32. **Declarations of Interest**

There were no Declarations of Interest.

33. **To agree the minutes of the meeting held on 11th December 2024**

The minutes of the meeting held on 11th December 2024 were agreed and signed as a true record.

There were no matters arising.

34. **Update to changes to the Prescription on Demand (POD) Service**

The Board considered a Briefing Note of the Chief Medical Officer and Head of Communications and Public Affairs, NHS Coventry & Warwickshire ICB, regarding an update to the changes to the Prescription on Demand (POD) Service.

In December 2023, after consideration and engagement, the ICB recommended decommissioning of the POD service on the grounds of lack of value for money. Deteriorating performance and operational difficulties were also noted. The report highlighted the following:

- The POD closed on 28th March 2024 as planned and the prescription ordering responsibility for 67,000 patients was transferred to GP practices.
- 55 staff were made redundant however, the vast majority had found alternative employment. A full package of employee support was made available to support staff.
- The constant presence of management staff in the POD from December to March was successful in addressing staff concerns and providing reassurance.
- Between January and March, all patients that called the POD were coached by call handlers about the changes and directed towards alternative methods of prescription ordering.
- Patients identified as vulnerable and who felt they would have difficulty changing to the new system were identified by POD staff. The practices would then provide additional support.
- Use of the NHS App in Coventry and Warwickshire tripled over the first 3 months of 2024.
- £250,000 was distributed on a Memorandum of Understanding basis to affected GP practices to provide support in repatriating prescription ordering from POD and to make the necessary communication with patients.
- The ICB Medicines Optimisations team ran 7 training sessions with more than 120 practice staff covering prescription ordering, medicines wastage and use of online methods for ordering.
- An assurance exercise in March confirmed 97% of practices that responded were confident they were able to safely take over prescription ordering. 6 practices were offered additional support in making the transition.
- The number of calls to the POD phone line after closure continued to be monitored.
- No formal complaints had been received by the ICB via the contactus inbox, the complaints inbox or reports of patients being unable to order their prescriptions.
- Affected GP practices initially noted increased call volumes and workload through the first few weeks of April however, this did not become unmanageable.
- The Medicines Optimisation Team developed a repeat prescribing toolkit for primary care use to improve repeat prescribing processes, patient care and reduce medicines waste in primary care.

The Cabinet Member for Public Health, Sport and Wellbeing Councillor Caan, welcomed the positive steps and support put in place to enable the successful transition from POD to the dispensing of prescriptions at GP practices.

Members of the Scrutiny Board, having considered the verbal report asked questions and received information from officers on the following matters:

- Partnership working to engage residents to access and use the NHS App for repeat ordering
- Overall usage of the NHS app rising from 53% to 67% of the population (not Coventry specific) including booking secondary care
- The NHS App being a national App which the ICB had no involvement in it's design

- Feedback on the NHS App was provided at national level through the App store and by the national team however, local engagement would be useful
- The impact of medicines optimisation was monitored by the ICB for cost savings, quality, volume of prescriptions and green work

The Board requested:

- The number of patients using the NHS App month by month including a demographic breakdown if available.
- How to raise awareness of the NHS App including linking with the Council's Digital Inclusion Team.
- Data relating to impact of POD's closure, volume of prescriptions and cost savings to be circulated to the Board when available.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Note the contents of the report about the closure of the NHS POD Service.**

35. **Access to Dentistry**

The Board considered a report and of the Chief Integration Officer and Head of Public Affairs of the Coventry & Warwickshire ICB regarding access to dentistry.

Dental Services were provided by a range of providers and in a number of settings to meet the dental needs of the population, including:

- Primary Care Dental Services
- Community Dental Services
- Secondary Care Dental Services

The Cabinet Member for Public Health, Sport and Wellbeing expressed concerns regarding access to dentistry, in particular, early intervention in the deprived and ethnic communities in the city, why dentistry could not be provided within GP hubs, access to urgent dental care, promotion of NHS dentistry and how patients, especially those from deprived areas, knew which dentists were taking on new clients and what strategies could be employed to address these concerns.

Members of the Scrutiny Board, having considered the verbal report asked questions and received information from officers on the following matters:

- Dentists were not required to provide NHS services. They could provide private services, NHS only, or both. Should an NHS dentist wish to become private, they were only required to provide a short notice period to the ICB
- Dental fees differed greatly between NHS and private dentists
- Dentists were not required to inform the ICB if they decided to close their register to new patients.
- £2m had recently been reallocated for NHS dentistry from Warwickshire dental practices which had chosen not to deliver NHS services. This

additional recurrent funding would be allocated to the 6 main areas of deprivation in the city which would enable NHS dentists to see more patients and undertake more treatments with existing patients

- Many newly qualified dentists were moving abroad to practice.
- The ICB were working closely with Coventry University Dental School on the training and development of hygienists and dental nurses
- Complaints about NHS dentists were reviewed individually by clinical specialists and the learning taken back to the practice
- The current national NHS dentistry budget only covered 55% of the population, meaning there would always be some patients who could not access NHS dentistry.
- Patients were travelling abroad for cosmetic and non-cosmetic dentistry
- Within the deprived areas of Coventry, there was a significant amount of tooth decay
- Dental records did not follow the patient like GP records. Dentists started from scratch with x-rays of the patient each time.
- Patients could register with any NHS dentist if their register was open; the practice was not required to be near to their home
- The ICB was aware of the number of NHS dentists.
- All dentists were required to be qualified and regulated
- Public Health officers worked with health visitors, school nurses and communities eg migrant communities, to promote dental health, particularly for children
- Customer satisfaction regarding NHS dentistry was captured via the GP annual survey and via the Office of National Statistics monthly survey
- Public Health officers working with colleagues on promotion of NHS dentistry

The Board requested:

- Officer liaison with the dental public health consultant at regional level regarding access to NHS dentistry.
- The NHS 10-year plan consultation to be circulated to the Board.

The Cabinet Member for Public Health, Sport and Wellbeing stressed the importance of ensuring promotion and awareness of NHS dentistry in the most deprived areas and communities in the city through partnership working.

RESOLVED that the Health and Social Care Scrutiny Board (5):

1) Note the contents of the report.

2) Public Health to work collaboratively with the ICB on the following:

- **dental promotion**
- **promotion of dental hygiene in school settings**
- **appointment availability across the city**
- **dental availability and awareness in areas of inequality and deprivation across the city.**

36. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

RESOLVED that the Health and Social Care Scrutiny Board (5):

1) Notes the Work Programme 2024-2025.

2) Receives an update on CV Life to a future meeting.

37. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 1.00 pm)

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5)
held at 11.00 am on Wednesday, 26 February 2025

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor S Gray
Councillor L Harvard
Councillor A Hopkins
Councillor M Lapsa
Councillor G Lewis
Councillor K Maton
Councillor B Mosterman

Other Members: Councillors: L Bigham, (Cabinet Member for Adults) and
G Hayre, (Deputy Cabinet Member for Public Health, Sport
and Wellbeing)

Apologies: Councillor K Caan, (Cabinet Member for Public Health, Sport
and Wellbeing)

Employees (by Directorate)

Law and Governance E Jones, C Taylor

Public Health A Duggal (Director of Public Health and Wellbeing)

Others Present: A Cartwright, ICB

Public Business

38. Declarations of Interest

There were no Declarations of Interest.

39. Primary Care

The Board considered a Briefing Note and presentation of the Chief Integration Officer, Director of Primary Care and Head of Communications, Coventry and Warwickshire ICB, regarding an overview of the Primary Care Strategy, including an overview of general practice in Coventry and Warwickshire, an introduction to the Primary Care Strategy and an overview of the Primary Care Access Recovery Plan.

Within Coventry and Warwickshire's Primary Care Landscape, there were 119 GP contracts and 20 Primary Care networks. The way general practices were contracted and funded was complex and very different from other parts of the health and care system. General practices were small to medium sized businesses whose services were contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Most GPs in England were run by a GP partnership involving 2 or more GP's owning a stake in

the business. GP partners were jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provided.

Responsibility for commissioning primary care services including general practice sits formally with NHS England. However, Integrated Care Boards (ICBs) had taken on full delegation of these commissioning powers for General Practice. ICB's had responsibility for commissioning general practice in their local area, while keeping to national guidelines to ensure consistency.

Core GP services were contracted through a nationally agreed contract which the ICB could not make changes to. Payment for the core element of the contract was based on an annual per capita payment. In addition, a GP contract also contained a number of optional agreements for services that a practice might enter into, usually in return for additional payment. GP Out of Hours Services (6.30pm – 8am) were commissioned by the ICB separately and currently provided by Practice Plus Group Ltd.

Primary Care Networks (PCNs) were groups of practices working together to focus local patient care. Since April 2019, individual GP practices could establish or join PCNs covering populations of between 30,000 to 50,000.

Within the Primary Care Network funding, each PCN provided:

- A Clinical Director role
- Extended hours – to provide core general practice on a PCN footprint.
- Provision of Care Home Support
- Additional roles to work across the network including e.g. physiotherapists, paramedics, pharmacists, occupational therapists and social prescribers.
- Population Health Management
- Online consultants

The Primary Care Strategy included general practice, pharmacy, optometry and dentistry with a large focus on general practice. The Primary Care Group held multiple primary care engagement and clinical leadership events to listen to key messages and understand the key issues from over 300 primary care clinicians and staff.

Consultation had taken place across the system to capture the views of Primary Care in Coventry and Warwickshire, with 6 key areas impacting on primary care providers identified as follows:

- System Integration,
- The Voice of Primary Care
- Resource Allocation
- Activity and Demand
- Workforce
- IT and digital

Operating model key ambitions were urgent non-complex care, urgent complex care, non-urgent planned care and non-urgent proactive care.

The members of the Primary Care Collaborative (PCC) came together in a strategic role to represent the views of primary care and provide leadership on behalf of primary care. The Strategy set out bold ambitions for the Primary Care sector, grouped into 4 sections:

- For the public
- For our staff
- For our NHS system partners
- For the Coventry and Warwickshire system

During 2023, NHS England and the Department of Health & Social Care published a Primary Care Access Recovery Plan (PCARP) for recovering access to primary care while taking pressure off General Practice. PCARP encompassed 4 domains as follows:

- Empowering patients
- Implementing Modern GP Access
- Building capacity
- Cutting bureaucracy

The Cabinet Member for Adult Services, Councillor L Bigham welcomed the item and requested clarification on whether single-handed GP practices since the Dr Shipman case were permitted and if so, how single-handed practices coped with increased numbers.

Members of the Scrutiny Board, having considered the verbal report and presentation, asked questions and received information from officers on the following matters:

- Single GP practices were able to hold contracts (since the Dr Shipman case). Most single GP practices had additional roles in place as well as locum GPs. The same governance and oversight of safety was employed whether the practice was a single GP or multiple.
- An improvement in GP waiting times across all practices had been noted and were providing excellent services however, a small number of practices were being supported to improve their services.
- Waiting times were dependent upon clinical need and surgeries were monitored against this on a 48 hour, 1 week and 2 weekly basis.
- Primary care estates and buildings were a significant issue in Coventry and Warwickshire and high risk for the ICB, especially as the population was growing.
- Section 106 funding from developers allowed the ICB to support a build in a new housing estate however, this was not usually enough to fully deliver the service and the practice often had to provide and manage the building.
- Private GP practices were not an issue in Coventry and Warwickshire. They could be accessed online and were required to hold an NHS contract.
- GPs, pharmacists and opticians all held separate nationally agreed contracts.
- Flu and covid vaccinations could be provided by GPs or by pharmacies – both entities were paid the same per vaccine and it was patient choice where they received their vaccine.

- Prescription funding was provided via the NHS to the ICB who identified and allocated practice level budgets to the GP practices and monitored usage of the budget.
- None of the GP out of hours service was contracted back to GPs. The out of hours service was monitored by the ICB on activity and performance.
- The Primary Care Strategy was a sector strategy, aimed towards practices improving and collaborating and significant engagement with GP practices had taken place regarding how the ICB could work with them.
- As the strategy had only been approved in November 2024, metrics relating to its success would be visible in 12 months-time.
- Discussions took place at a national level regarding funding of GP practices.
- Referrals from GP to hospital or eg. audiology, are paid for by the ICB.
- Pharmacies and GP practices were both private businesses with NHS contracts. Pharmacies also had a national contract.
- The Primary Care Collaborative started with GP representation but now had representation from pharmacy, optometry and dentists. A quarterly primary care forum met where all 4 providers came together.
- Communications to relay the changes coming through in Pharmacy First was being managed by the Communications Team.
- Most GP practices referred to pharmacists however, some did not and vice versa.
- Steps towards improving ways to contact GPs via the telephone were being taken. It was hoped figures would show improvement in the next national survey.
- Data from the patient survey at practice level highlighted those patients that had not had a good experience. Poor patient experience was mainly due to being unable to contact the GP first thing in the morning. GP practices engaged with patient participation groups to improve.
- Integrated teams – GPs and wider primary care teams worked with the community services to support patients however, improvements were always welcomed.
- Governance arrangements were in place where officers from the Local Authority officers and the ICB, worked collaboratively with representatives of primary care, the voluntary and community sectors and other representatives to make progress eg. Coventry Care Collaborative, Geographic Care Collaborative Forum.
- Different ways of working would be required to streamline and make the NHS more efficient and effective however, integrated GP and wider primary care teams worked in partnership with community services to support patients and keep them out of hospital. If these teams could be more proactive it would make a difference.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Note the information provided in Appendix 1.**
- 2) Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry.**

40. **Women's Health Strategy Update**

The Board considered a Briefing Note and verbal update of the Deputy Chief Medical Officer, Coventry & Warwickshire ICB, regarding the Coventry and Warwickshire Integrated Care systems progress on the Women's Health Strategy.

Public health concerns for Coventry residents included health inequalities faced by those living in the 10% most deprived areas in Coventry which impacted on the wider determinants of health such as education, housing, and employment. Studies had found that women were among those had reporting loneliness and social isolation and those with a disability had often faced discrimination in the workplace. There were 173,300 women and girls living in Coventry (just over 50% of the population). About 45% of the local population identified as being of an ethnic group, up from 33% in 2011. Coventry had a young population with the largest group of residents being in the 25 – 39-year age group. However, the health and wellbeing of Coventry's population was below the national average being in the 46th most deprived borough in England. Life expectancy in Coventry as lower than the national average for women, and women could expect to live on average for 82 years (vs men 78, Eng 82.8). However, the number of years a woman could expect to live in good health in Coventry was to age 64 years above the national and regional average (vs Eng 62.6, Regional 63.9, Warks 83).

The National Women's Health Strategy was published in 2022 to address the inequalities women faced in accessing services of good quality and having a good experience of care. The strategy aimed to improve support for women and girls from age 15 years and over. This also included people who did not identify as women but may require women's health services.

In response to the strategy, ICBs were tasked with developing Women's Health Hubs by December 2024 to focus on eight key priority areas i.e. Menstrual health issues, menopause, cervical screening, prolapse, STI and HIV screening and treatment, preconception support, breast pain management.

Coventry and Warwickshire ICB had delivered a Women's Hub model that included the joint working of multiple existing services including, but not limited to, the Primary Care Gynaecology Service, Integrated Sexual Health services, Domestic Abuse services and public health universal services.

A Women's Health Steering group was set up with key stakeholders to deliver the Hub model and foster partnership working. There was also a Health Inequality subgroup, a Women's health community forum and a preconception task and finish group with representation from Coventry public health and community representatives. A women's health webpage was in development to improve awareness of women's health services in Coventry and Warwickshire.

The Primary Care Gynaecology Service, which covered 5 of the 8 Women's Hub priority areas, delivered 6 clinics across the system, with 2 clinics in Coventry at Longford Primary Care Centre and Forrest Medical centre. The services offered both face to face and virtual support to women in Coventry.

There were over 1200 women (as of Nov 2024) seen in the Coventry clinics with Coventry GP practices referring to the Primary Care Gynaecology service. Overall,

80% of cases seen by the service had been resolved with no onward referral to secondary care.

The top three issues women presented across all clinics was for menopause, menstrual issues and prolapse.

Secondary care gynaecology waiting times remained a challenge nationally and locally. The transformation team was working with UHCW as well as other acute trusts to improve women's access to alternative support.

A new gynaecology clinical network was launched in Dec 2024 with representation from all sectors including all Hospital trusts and primary care to address this issue.

The infant mortality rate in Coventry was higher than national and regional average. For the Coventry and Warwickshire system, still births were within 5% of national average and higher than 5% of the national average for neonatal deaths.

A preconception task and finish group had been set up to identify ways to support women before pregnancy, to improve pregnancy and maternal outcomes across Coventry and Warwickshire.

Coventry Public Health, the Local Maternity Neonatal System (LMNS) and Warwickshire Public health had run a Preconception Workshop to identify with stakeholders the key issues around preconception health. As a result, a Preconception task and finish group had been set up with key stakeholders to support raising awareness of preconception information among other actions.

The Preconception Task and Finish group was collaborating with Tommy's, the national childbirth charity, on a local awareness raising campaign with targeted support for women who were Black, Asian or from other ethnic groups, as well as those living in deprived areas.

Cancer leads at the ICB were in discussions with UHCW on a proposed model for managing breast pain in the community. Women suffering breast pain who were not suspected of cancer currently had no other option but to be placed on the cancer 2 week wait list.

Cervical screening was being delivered by primary care as well as opportunistically via the Integrated sexual health and the primary care Gynae services.

A Primary Care Women's Health Workforce and skills survey had been sent out to all practices in the system. Of the practices that responded, 30% were from Coventry. This survey was being evaluated to determine the potential training needs of primary care clinicians on women's health issues.

As a response to the Women's Health Strategy, Coventry and Warwickshire Women's Health hub model had been delivered according to the NHS England criteria by working together with multiple services and stakeholders of the Women's Health Steering Group including community representatives.

Additional funding for the Women's Health Programme had not been identified post March 2025 and the formal women's health programme would come to an

end. This posed a risk to the significant women's health work developed over the past 12 months.

To mitigate this risk, system leads had been identified to continue this work as part of Business as Usual, such as but not limited to Gynaecology, Clinical network to advise on gynaecological elements of women's health strategy, Preconception, and infant mortality to be led by the LMNS and Cancer transformation team to oversee the response to breast pain.

Post March 2025 there was a need for system partners to ensure that the foundations set over the past 12 months were built on to support the needs of Women's health.

Members of the Scrutiny Board, having considered the verbal report and presentation, asked questions and received information from officers on the following matters:

- Women's hubs were in place and sexual health services were working in partnership with them. A new web page was being hosted on the website signposting women to specific services. Work on breast pain had started as well as developing GP skills. These works would continue and outcomes would be measured.
- Primary care gynaecological services had been measured over the past 12 months and it was found that women who used these services had a better, swifter service, being treated by a mixture of clinicians, led by GPs with skills in gynaecology. This service was being evaluated and as it was a pilot, it would go out to tender and would continue to develop alongside secondary care gynaecological services.
- Primary care gynaecological services was a referral service from a patients' GP and work undertaken over the past 12 months enabled an understanding of what that could bring. There had been a good uptake in Coventry. Wait times for primary care gynaecological services were approximately 6 weeks.
- Analysis of trans and non-binary patients had not yet been undertaken. The national strategy had been designed to make it easier for anyone to access services however, additional health promotion had not been undertaken nationally or locally as yet for non-binary or transitioning people.
- A specific stream of work had not been undertaken on women's mental health.

The Board requested clarification on healthy life expectancy age for women in Coventry.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Continue to collaborate on women and girl's health issues and ensure that all services are working together to improve the support for women and girls aligned to the Women's Health Strategy.**

41. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1) Notes the Work Programme 2024-2025.**
- 2) Primary Care to be brought back to SB5 within 1 year.**
- 3) Digital Access to Health to be included on the agenda for the additional meeting in May 2025.**
- 4) Community pharmacists and trans/non-binary/intersex health to be included on the Work Programme.**

42. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 1.10 pm)



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 2 April 2025

Subject: Sport and Physical Activity Refresh

1 Purpose of the Note

- 1.1 To provide a brief overview of the Sport and Physical Activity Strategy's success and provide updates on the forthcoming strategy refresh.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to:
 - A. Recognise the impact of the Coventry Sport Strategy (Appendix 1) and Physical Activity Framework from 2014 – 2024. (Appendix 2)
 - B. Provide feedback as part of the development of the New Sport and Physical Activity Strategy that is currently being developed with a particular focus on how the strategy can be used to develop greater inclusion of adults and older people to support with healthy ageing

3 Background and Information

- 3.1 A co-produced joint Sports and Physical Activity Strategy is currently in development, which will be completed in 2025.
- 3.2 This will refresh the Coventry Sports Strategy 2014-2024 and the Physical Activity Framework 2019-2024 and bringing them together due to the many overlapping priorities and creating a greater joined up system.
- 3.3 A small working group has been convened with key partners, including CCC Public Health & Sport, CV Life, Positive Youth Foundation, Think Active and commissioned consultants Knight, Kavanagh and Page (KKP)
- 3.4 Data and insight have been collated and reviewed to identify potential priorities for the strategy. These, along with the findings of other relevant needs assessments (Indoor Sports and Aquatics Needs Assessment and Playing Pitch & Outdoor Sport Strategy) have been used to develop an initial set of themes and focus areas.
- 3.5 These principles and focus areas have been socialised with a range of partners and feedback has been gathered to inform the next phase of strategy development.
- 3.6 The available data and insight that has been collated on physical activity and sport in Coventry indicates some progress has been made since the last strategies, including:

- Inactivity levels for 55 –74-year olds have improved in Coventry, reducing from 41.5% of this age group being inactive in 15/16, to 28% of this group being inactive in 2021/22.
 - Active travel (walking) has increased in Coventry since 2015/16 for adults. The percentage of adults who have participated in active travel twice over the last 28 days increased from 31.7% in 15/16 to 35% in 21/22, higher than England at 33%.
 - Almost 95% of Coventry's population now live within one mile of a health and fitness facility (with 20+ stations).
- 3.7 It is important to reflect on the success of some of the key headlines as part of the previous set of strategies and its essential that the previous period of the strategy had a very specific focus on developing facilities and infrastructure whilst learning and developing our approach to working in local neighbourhoods to ensure residents can be as active as possible.
- 3.8 It must be recognised that Coventry has made significant investment into sport and physical activity facilities, with over £100 million invested into a new 25 metre swimming pool at Centre AT7, a state of the art destination facility at The Wave waterpark, the University of Warwick's Sport and Wellness Hub and The 50 m pool at the Alan Higgs Centre.
- 3.9 There has also been significant investment into the parks and green spaces to enable physical activity in local communities, this includes installing fitness equipment in parks and walking paths that help local people to access these facilities.
- 3.10 A key highlight in the past strategy was that the City was awarded the status of European City of Sport in 2019, which helped to celebrate the success of all the efforts that the city has made and prioritised.
- 3.11 Coventry has also been strategic in its approach to major sporting events that have connected to our local community. Events such as the Birmingham 2022 Commonwealth Games, the International Children's Games 2022, Rugby League World Cup 2021, Billie Jean King Cup 2023 and most recently the Kabaddi World Cup 2025.
- 3.12 A range of funding has been granted to support sport and physical activity schemes locally to deliver against previous strategies, including from Sport England, private businesses, Developers to deliver against the Playing Pitch and Outdoor Sports Strategy / Indoor Sports Facilities Strategy and the West Midlands Combined Authority.
- 3.13 The data and insight since the last strategy was developed has seen some interesting changes and some progress in certain areas.
- 3.14 According to Sport England's Active Lives Survey, Coventry adults are more active when compared to 2015/16, a substantial improvement in activity levels locally was seen in 2019/20.
- 3.15 When looking at specific population groups, two of the biggest changes in activity levels in Coventry since 2015/16 are:
- Inactivity levels between men and women are now similar in Coventry, which differs to 2016/7 and the national picture of men being more active than women.

- There has been an increase in the number of people in the most deprived population group who are inactive. The number of inactive people in this group increased by over one third since 2016/17, which is substantially more of an increase than for England overall.
- 3.16 Local insight has focused our community place-based programmes which target priority groups and those with the highest needs to reduce inactivity levels and improve physical and mental health outcomes of residents.
- 3.17 Coventry City Council has secured a total investment of £900,000 through Sport England's Priority Place (SEPP) programme. This includes three communities which have ongoing high levels of deprivation and poor health, including Foleshill, Canley and Willenhall. These commissioned projects work within the heart of the communities to tackle inequalities, build capacity and embed the local voice, with a community first approach.
- 3.18 Coventry was also successful in securing £624,624 for the Commonwealth Active Communities (CAC) funding that was part of Sport England's wider investment into the Birmingham 2022 Commonwealth Games. This investment has two focus areas, the first is the Go Parks programme which has engaged children and young people in physical activity in parks and greenspaces. The second strand of work is aimed at older residents in a range of care and independent living settings, alongside a citywide community programme targeting the over 50's.
- 3.19 Case studies demonstrate the significant impact seen within Coventry communities and target demographics through place-based community programmes:
- In the Go Foleshill programme, partners worked collaboratively to breakdown cultural barriers to physical activity through a [female lifeguard training programme](#), resulting in the upskilling of local people, leading to employment.
 - This has resulted in five women upskilled as part of the programme, which is seeing impact on people's wellbeing.
 - In the Coventry Moves programme, St Jude's Care Home reported reduced trips and falls because of increased mobility in residents who participated in weekly seated exercise classes.
 - This has enabled 16,993 engagements in the Coventry moves programme's wellbeing activity.
 - ◀ In the CAC Go Parks programme, partners reported improved community and cultural cohesion and reduced anti-social behaviour within parks and green spaces across the city because of the sport and physical activity provision. Further insight into the positive impact on children and young people can be seen in the Go Parks case studies - [Go Parks Culture and Sport 2023](#) and [Go Parks Physical Activity 2023](#).

4 Health Inequalities Impact

- 4.1 An Equality Impact Assessment will be carried out to inform approach and development of the strategy to ensure the actions and outcomes are fair and do not present barriers to participation or disadvantage any protected groups from participation, and where possible is a positive addition to reducing and improving on health inequalities.

4.2 The strategy research identifies particular groups where activity levels are low. It will highlight the need to apply a proportionate universalism approach to reduce social health inequalities, which involves resourcing and delivering universal services at a scale and intensity proportionate to the degree of need. The concept suggests that health interventions and policies should be universal, but with intensity and scale adjusted based on social need and disadvantage.

Name of Author: Jonathan Hunt

Job Title - Head of Sport, Physical Activity and Wellbeing

Organisation - Coventry City Council

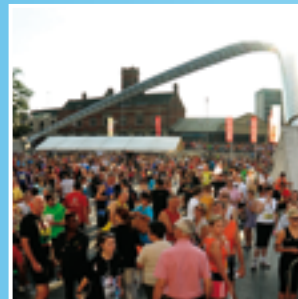
Contact details - jonathan.hunt@coventry.gov.uk

Inspiring a sporting city...



Coventry Sports Strategy

2014 – 2024





“We will all know when Coventry looks and feels like a successful sporting city...”

The city was a proud host venue for the London 2012 Olympic Games and we will continue to build upon the success and momentum that it created within all of our communities. Successful sport in our city will start in the playground with active, healthy children and move through all levels and ages to include talented individuals and teams, identified and nurtured locally, achieving success at the highest national and international levels.

Coventry as a successful sports city will have many thousands of people whose lives are being enhanced by their involvement in sport and physical activity. We will have schools that value this, thereby allowing young people to discover and develop their talent and interest. Our clubs will be inclusive, welcoming and ambitious, sitting at the heart of their communities and being led by a team of volunteers who feel valued and truly proud of their contribution and the results of their efforts.

Coventry will be an active city for all ages and in all communities, and sport and physical activity will be embedded in all aspects of city life, playing a central role in making Coventry a wonderful place to live, work and visit”



David Moorcroft OBE
Former 5,000m
World Record Holder
Coventry



Introduction

Work to develop the Coventry Sports Strategy 2014 - 2024 started with a detailed review of current sporting provision in the city. The findings of this review were then considered, taking into account various local, regional and national strategies.

In 2012, local people were asked to take part in the Coventry Sports and Leisure Survey. The survey attracted 1,532 responses and provided valuable insight into which sports are enjoyed by people in Coventry, where they take part and their satisfaction with local facilities.

Assessments of the city’s indoor sports facilities and outdoor playing pitches were also carried out. These assessments provided a detailed picture of current indoor and outdoor sports provision in Coventry, showing the number, location, quality and use of the city’s indoor facilities and pitches.

Discussions with key stakeholders and partners further informed and shaped the Strategy, until eight Vision Aims and 37 supporting Strategic Objectives emerged. The Vision Aims will remain constant, whilst the Strategic Objectives should continue to evolve in response to changes in the local, regional and national context. A Coventry Sports Network will manage and monitor the implementation of the Strategy and will work with sporting partners, clubs and organisations to develop and deliver specific action plans.

Coventry is looking to build upon the significant investment that it has made in sport over the last 10 years. This Strategy will ensure that the city continues to grow and improve its sporting structures and the opportunities and experiences they offer, ensuring that the benefits of sport are seen across all aspects of city life.

[Share your views, please see back cover >>>](#)

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Key Findings

A detailed review of current sporting provision in Coventry has been carried out and the findings considered, taking into account various local, regional and national strategies. The Coventry Sports and Leisure Survey has also provided valuable insight into which sports are enjoyed by people, where they take part and their satisfaction with local facilities.

Detailed assessments of Coventry's indoor sports facilities and outdoor playing pitches have also provided a picture of the number, location, quality and current use of the city's facilities and pitches. The Key Findings that have emerged from these studies are summarised below (full versions of the reports can be viewed at www.covsport.org.uk).

Indoor Facilities Assessment Report

- The quality of indoor facilities varies greatly - from those that are of 'very poor' quality to those that are 'very good' quality
- Many of the city's indoor facilities are located within schools, which offer varying levels of community use
- Coventry Sports and Leisure Centre and Foleshill Sports and Leisure Centre are both no longer 'fit for purpose'
- Funding currently being used to support these ageing public sports facilities could be used to invest in new, modern facilities
- Swimming pool provision across the city will need to be considered in light of the proposed closure of Coventry Sports and Leisure Centre

Playing Pitch Assessment Report

- The city wide use of playing pitches should be coordinated and managed more effectively
- Future investment in pitches will be required to meet the expected growth in Coventry's population
- The development of larger clubs should be encouraged so that more play can be effectively managed on fewer sites
- Pitches at education sites should be managed in ways that make them easier for the community to access
- Some community club house / changing facilities need improving to encourage more juniors and females to take part
- Some clubs have concerns over the long-term future of their sports facilities and pitches

Coventry Sports and Leisure Survey and Associated Research

- In Coventry, the proportion of women regularly taking part in sport is less than half that of men
- The proportion of disabled people taking part in sport in the city is less than both national and regional averages
- The sports that people most take part in are keep fit / gym; football; swimming; athletics; and cycling
- Swimming and keep fit / gym are the sports that attract the most people from all backgrounds
- Swimming is the activity most likely to encourage new participation
- The Xcel Leisure Centre and Alan Higgs Centre are the public sports centres that draw the highest levels of satisfaction
- Coventry Sports and Leisure Centre and Foleshill Sports and Leisure Centre are the public sports centres that draw the lowest levels of satisfaction

Investing in Public Sports and Leisure

Over the last ten years, more than £28 million has been invested in improving sports and leisure facilities in the city, including the opening of the Alan Higgs Centre, the Moat House Leisure and Neighbourhood Centre and the Xcel Leisure Centre. Improvements in parks and open spaces, including the tennis courts at the War Memorial Park and in

pitch and changing provision at both the War Memorial Park and Holbrooks Park, represent a further £1.2 million worth of investment.

The Coventry Sports and Leisure Survey showed that local people want modern, clean and accessible sports facilities. In order to deliver this expectation, it is

clear that a new and innovative funding model is needed. The new swimming pool and community facilities at Centre AT7 provide a good example of how money previously used to subsidise an ageing facility such as Foleshill Sports and Leisure Centre can be better used to build new and more sustainable facilities such as those being developed at Centre AT7.

This funding model means that no additional money will be required to build the £8 million of extended facilities at Centre AT7 that are due to open in the summer of 2014.



A New Destination..

The Coventry Sports Strategy clearly identifies that, like Foleshill Sports and Leisure Centre, the existing facilities at Coventry Sports and Leisure Centre are no longer 'fit for purpose'.

There is a clear need to improve public sports and leisure provision in the city centre.

This Strategy therefore proposes the building of a new 'destination' city centre facility that local people will enjoy and be proud of and that will attract visitors from across the region.



This new sports and leisure centre will include a recreational swimming pool, a large and exciting leisure water park and a range of health, fitness and activity areas.

This new facility will be funded in the same way that the extension to Centre AT7 is being funded – by making better use of the money currently being used to subsidise the running of Coventry

Sports and Leisure Centre, which would be closed upon the opening of the new facility.

It is also recognised that the closure of Coventry Sports and Leisure Centre might require some of the existing facilities within the Centre to be relocated into other areas of the city and this would be considered wherever it is possible and affordable.

Mission and Vision Aims

To develop a more active, inclusive and vibrant Coventry through positive experiences in sport.'



1



To inspire more people in the city to take up and regularly take part in sport

Picture courtesy of Coventry Telegraph

2



To provide a wide range of high quality and exciting sporting opportunities and experiences

3



To inspire more people to volunteer, coach and be facilitators of sport

4



To identify and support talented athletes to reach their sporting potential

5



To provide a range of modern, accessible, and high quality sports facilities

6



To attract high profile sporting events to the city and to celebrate sporting achievement

7



To grow and promote sport in the city through effective partnerships

8



For sport to make Coventry a better place to live, work and visit

Vision Aim 1

Vision Aim 2



To inspire more people within the city to take up and regularly take part in sport

Coventry faces a real challenge to inspire more people to take up and regularly take part in sport. In Coventry, there is a higher than average number of people that never take part in sport and this is particularly true for females, disabled people and people with a long term limiting illness. Currently, 16 – 25

year olds are those most actively involved in sport. Coventry has a particularly young population (partly as a result of having two universities). The levels of sporting activity amongst this group influence, more than usual, the wider measures for people taking part in sport across the city as a whole.



Sport England welcomes the new Coventry Sports Strategy.

It will drive growth in participation across the city amongst all sections of the population and contribute to wider social, economic and health outcomes.



Mike Diaper
Executive Director
Community Sport
Sport England

Strategic Objectives

- 1 To increase the number of children and young people that regularly participate in sport.
- 2 To increase regular adult participation in sport to a level higher than national and regional averages.
- 3 To increase regular participation in sport by disabled people to a level higher than national and regional averages.
- 4 To increase regular participation in sport by females to a level higher than national and regional averages.
- 5 To increase regular participation in sport by those on lower incomes to a level higher than national and regional averages.
- 6 To increase participation in Coventry's key sports to levels higher than national and regional averages for each of these sports.

To provide a wide range of high quality and exciting sporting opportunities and experiences



People are more likely to regularly take part in and enjoy sport if they have good first time experiences of sport and then receive quality tuition and coaching in their preferred or chosen sport. In Coventry, the number of people receiving high quality sports coaching and tuition is lower than both the national and regional averages and is seen to be declining. Females are less likely than males to become involved in structured or competitive sport in the city. The number of Clubmark accredited sports clubs in

Coventry is also declining, at a time when national strategies support a clear need for clubs to play a more active role in working with schools and community partners to improve the quality of local sports provision. Through the launch of the Coventry Sports Strategy, the city has a unique opportunity to introduce a new Sports Charter, highlighting how local sports clubs and organisations will work together to offer high quality sporting opportunities and experiences across all communities and neighbourhoods.



Coundon Court Football club have proudly achieved the FA Charter Standard Community Club status.

The process of becoming accredited has positively influenced both club and the way we that we deliver community sport.



Richard Seedhouse
Chairman
Coundon Court Football Club

Strategic Objectives

- 1 To increase the number of people receiving structured sports coaching or tuition to a level higher than national and regional averages.
- 2 To have 120 National Governing Body accredited sports clubs, associations and organisations committed to the Coventry Sports Charter.
- 3 To form delivery partnerships between a range of community sports clubs and forty-five schools throughout the city.
- 4 To have ten sports implementing local strategic Sports Implementation Plans within the city.



To inspire more people to volunteer, coach and be facilitators of sport

“ As a London 2012 Coventry Ambassador, I was so delighted at being chosen to volunteer and be part of an Olympic Games that I have continued to volunteer at other sporting events.

I would always encourage others to volunteer in sport - it is an amazing experience!



Sheila Grainger
Team Leader
Coventry Ambassador

Volunteers, coaches and officials (e.g. referees) are the life blood of sport and without them, taking part, improving and competing in sport would not be possible for many people. The proportion of adults in Coventry now volunteering in sport is lower than the national and regional averages. Volunteers are vital for leagues to run smoothly and clubs to survive and thrive in their local communities. There is a need to increase the levels of investment

and support offered to those adults who are prepared and able to give their time to be volunteers, coaches and facilitators of sport, along with a need for improved structures to coordinate their efforts. There is also a need for initiatives and structures that will inspire and support the next generation of young people to become the future volunteers, coaches and facilitators of sport.

Strategic Objectives

- 1 To establish a funding and investment programme to encourage and develop new and existing volunteers, coaches and facilitators of sport.
- 2 To increase the number of adults volunteering in sport for at least one hour per week to a level higher than national and regional averages.
- 3 To deliver initiatives that support and develop children and young people as volunteers, coaches and facilitators of sport.
- 4 To create and be actively operating a sports volunteering network within the city.
- 5 To create a comprehensive club, volunteer and coach education programme that includes pathways to employment.

To identify and support talented athletes to reach their sporting potential

Coventry has a very proud sporting heritage, as recently demonstrated by Coventry athletes representing Team GB at the London 2012 Olympic and Paralympic Games. To build on these levels of success, schools, sports clubs, coaches and partner organisations must work together to identify and support emerging talented athletes in the city. Using expertise held within Coventry's sports clubs, the universities and partner organisations, the city must bring together and coordinate the services needed by talented athletes, to

enable them to fully progress in their field and to achieve their sporting potential. A particular focus must be given to widening and developing talent pathways within disability sport, where (with some notable exceptions) support for talented athletes within the local club network is often more difficult to access. Coventry's central location means the city is also ideally placed to attract the development of key regional sports hubs to act as a focus for talent development and for the achievement of excellence.



“ I have been fortunate to be supported throughout my athletics career so far.

I am really excited that a Coventry Institute of Sport will be developed through the Coventry Sports Strategy to support other local talented sports people.



Rowena Cole
800 / 1,500m Athlete
Coventry Godiva Harriers & Great Britain

Strategic Objectives

- 1 To establish and embed a Coventry Institute of Sport that provides early specialist support services for the benefit of talented athletes.
- 2 To establish local talent identification programmes which are fully integrated into all strategic Sport Implementation Plans.
- 3 To establish talent identification and development programmes across ten sports that support disabled people to reach their sporting potential.
- 4 To work in partnership with National Governing Bodies of sport to establish four Midlands-based development hubs in Coventry.

Vision Aim 5



To provide a range of modern, accessible and high quality sports facilities in the city

“ Building on the success of the last ten years, the continued development of public sports facilities in the city is essential.

We need to ensure that people from all over the city can access, afford and enjoy sporting activities in a modern and high quality environment.



Paul Breed
Chief Executive
Coventry Sports Foundation

Coventry has made significant investment in its public sports and leisure facilities over the last ten years, but the city still has some facilities that require improvement or replacement. Foleshill Sports and Leisure Centre and Coventry Sports and Leisure Centre are no longer fit for purpose. Foleshill Sports and Leisure Centre is due to close in August 2014 upon the opening of new facilities at Centre AT7, but there is still a

clear need to invest in public sports and leisure facilities in the city centre. There is an opportunity to use the money currently used to support the running of Coventry Sports and Leisure Centre to build a new and more modern city centre facility. Investment in outdoor sports facilities must be focused towards education sites that are accessible to local communities and towards larger club and community ‘hub’ playing pitch sites.

Strategic Objectives

- 1 To develop city centre sports and leisure facilities that are accessible, high quality, sustainable and of significance to the Midlands.
- 2 To invest in the development of sports and leisure facilities where justified by demand, strategic programming needs and financial sustainability.
- 3 To provide accessible and high quality outdoor sports, leisure and ancillary facilities across the city.
- 4 To support sports clubs, venues and schools to secure a total of £4m of investment into their community sports facilities.
- 5 To partner with National Governing Bodies and funding agencies to support the development of facilities for Coventry’s key sports.

Vision Aim 6

To attract high profile sporting events to the city and to celebrate sporting achievement



“ The city has a proud heritage of hosting major sporting events. Coventry University is delighted to have been involved in so many of these events including London 2012.

Coventry has a proud history of attracting and hosting high profile and successful sporting events, including Olympic Football, the Women’s FA Cup Final, the British Transplant Games, the UK Corporate Games, the International Children’s Games and Davis Cup Tennis.

Coventry has a proud history of attracting and hosting high profile and successful sporting events, including Olympic Football, the Women’s FA Cup Final, the British Transplant Games, the UK Corporate Games, the International Children’s Games and Davis Cup Tennis.

Coventry’s ambition is to be recognised as a dynamic city, as a visitor destination and as a centre for events. Linked to these ambitions, the city is striving to deliver a range of high quality sporting events, a number of which will be closely connected to the city through local sports club and

coaching initiatives. The challenge for sport in Coventry is to work strategically with National Governing Bodies of Sport and a wide range of local events, sports and tourism partners to grow local and regional sporting events and to develop a strong city offer when bidding to attract major sports events.

Strategic Objectives

- 1 To create a strategic events and tourism partnership that will bid for and host fifteen major sporting events in the city.
- 2 To develop a regular events programme within the city for each of Coventry’s key sports.
- 3 To develop and support high-profile events which celebrate local sporting achievement, volunteering and coaching.

The Coventry Sports Strategy will help to attract other national and international sporting events to be held in the city.



Vince Mayne
Deputy Director of Student Services
Coventry University



To grow and promote sport in the city through effective partnerships

“ We are keenly aware that initiatives to increase physical activity must interlink with those which promote active recreation and sports participation.

The Coventry Sports Strategy will be invaluable and we recognise the important role that sport can play in supporting public health improvements.”



Professor Jane Moore
 Director of Public Health
 Coventry City Council

Effective partnerships are essential to growing and promoting sporting opportunities in Coventry. It is important from the outset that partners from business, education, public services and sport are drawn together by the spirit, mission and aims of this Strategy. The development and agreement of action plans to deliver the Strategy will be dependent on collaboration between partners. The formation of a new Coventry Sports Network (CSN) will be crucial in shaping and developing these relationships. This umbrella

organisation will be the driving force for the delivery of the Strategy, and the ongoing commitment of partners to the Network will be central to the Strategy's success. The CSN will need to be fully informed about the progress being made and the performance of all partners in delivering the Strategy. The CSN will also play a central role in advocating for sport in Coventry, by presenting a coherent, coordinated and efficient structure for delivering sport across the city to national and regional partners and investors.

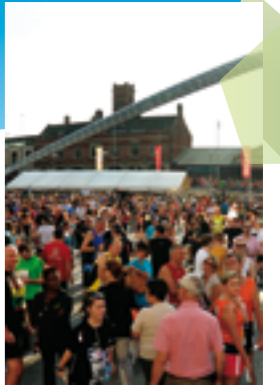
Strategic Objectives

- 1 To establish a strategic Coventry Sports Network that comprises key decision makers from the organisations that influence sport across the city.
- 2 To secure £10m of investment in sport through a strategic Coventry Sports Network.
- 3 To ensure that all sports providers in the city have access to a network of support through a strategic Coventry Sports Network.
- 4 To ensure that Coventry is represented within all relevant partnerships that clearly contribute to the achievement of the city's sporting objectives.

For sport to make Coventry a better place to live, work and visit

Taking part in sport has clear health benefits, but also provides opportunities to improve social inclusion and cohesion within and between communities. Sport has a major part to play in raising Coventry's profile nationally and internationally, by attracting major events to the city, and is also at the heart of the city's

cultural, tourism and heritage offers – all of which increase visitor numbers and bring economic benefit to the city. Finally, sport is a driver for regeneration - both in reshaping and redefining the physical landscape of the city; and in helping to provide training and employment opportunities for local people.



“ Sport is important in tackling Coventry's health inequalities by promoting a more social and physical lifestyle.

Attracting high profile sporting events to our city also forms part of our ambition to kickstart the economy and create a place where people are proud to live and work.”



Councillor Ed Ruane
 Cabinet Member
 Coventry City Council

Strategic Objectives

- 1 To actively demonstrate the positive impact that regular sports participation has in addressing public health inequalities in the city.
- 2 To harness the power of sport to promote and encourage social inclusion and community cohesion within the city.
- 3 To connect sport to the city's cultural, heritage, events and tourism offers.
- 4 To increase visitor numbers and secure economic benefit from hosting high-profile sporting events.
- 5 To ensure that all proposed regeneration schemes within the city consider the potential for incorporating sustainable sporting provision.
- 6 To increase training and employment within the city as a consequence of investment in sport.

Measuring Progress

A lot can change over ten years and although the Strategy will guide sport in the city, it should not constrain development where further change is needed to ensure that Coventry is a city where sport has an important part to play in everyday life. Over the lifetime of the Strategy, the Coventry Sports Network will regularly assess progress and align action plans to any changes in local, regional or national policies. To monitor and measure progress in delivering the Strategy, a wide range of data sources will be used.

The sources of data that have currently been included within the Strategy to monitor the delivery of the Strategic Objectives include the following:

- Sport England (including the Active People Survey)
- National Governing Bodies of Sport (Whole Sport Plan data)
- Coventry Sports Network
- Coventry Primary School PE & School Sport Funding
- Annual School Sports Surveys
- Public Sports and Leisure Operators – Coventry Sports Foundation / Coventry Sports Trust
- Coventry University
- University of Warwick
- Coventry Sports User Surveys
- Coventry Household Surveys

Share Your Views

We want to know what you think in response to the Coventry Sports Strategy.

Please share your views by completing the online questionnaire* at:

www.covsport.org.uk

**Questionnaires must be completed by
Monday 24th March 2014**

If you need any further information or would like this document in another format, please contact:

Jonathan Hunt

Development Manager,
Sports and Arts Team - Coventry City Council

Email: jonathan.hunt@coventry.gov.uk

Call: 024 7683 2637

**This survey is being carried out by Coventry City Council, in line with the Data Protection Act 1998. The data controller is Coventry City Council. The information collected in this survey will be used by Coventry City Council for the purposes of the Coventry Sports Strategy 2014 - 2024. We will share the results of the survey with Coventry Sports Network for the purposes of the Coventry Sports Strategy 2014-2024. All information produced will be anonymised. Information will be stored on servers in the United States of America and SurveyMonkey gives an undertaking never to disclose the survey questions or your response to others without permission.*



Coventry Sports Strategy

2014 – 2024

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Coventry on the Move framework

2019 - 2024





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INTRODUCTION

Councillor Kamran Caan

Cabinet Member Public Health and Sport and
Chair of Coventry Health and Wellbeing Board



It is anticipated that the framework will be 'owned' by everyone that has an interest in physical activity in the city.

We must all do what we can to involve, encourage and enable all our communities to take action to improve their chances of living a fit and active life. The Council, West Midlands Combined Authority and our partners are working together to involve and communicate the opportunities and the benefits of being more active to all our residents. The aim is to improve health and wellbeing, reduce health inequalities and increase access to physical activity, leisure and interactive cultural activities.

The current economic climate means that future investment in physical activity, public leisure, and culture will only be achieved through strong partnership working – within and outside of the city. Such partnerships need to be founded on a collaborative, coherent and joined up vision going forward which is set out in the framework.

The development of this framework has involved a number of partners, agencies and individuals. It is anticipated that the framework will be 'owned' by everyone that has an

interest in physical activity in our city as well as our regional and national partners. It is important that through this framework and our collective approach to physical activity we can uplift people in our society and communities.

We launch the framework at a time when the spotlight is on Coventry. We are European City of Sport 2019, City of Culture 2021 and working with Warwickshire to deliver a Year of Wellbeing across the city in 2019.

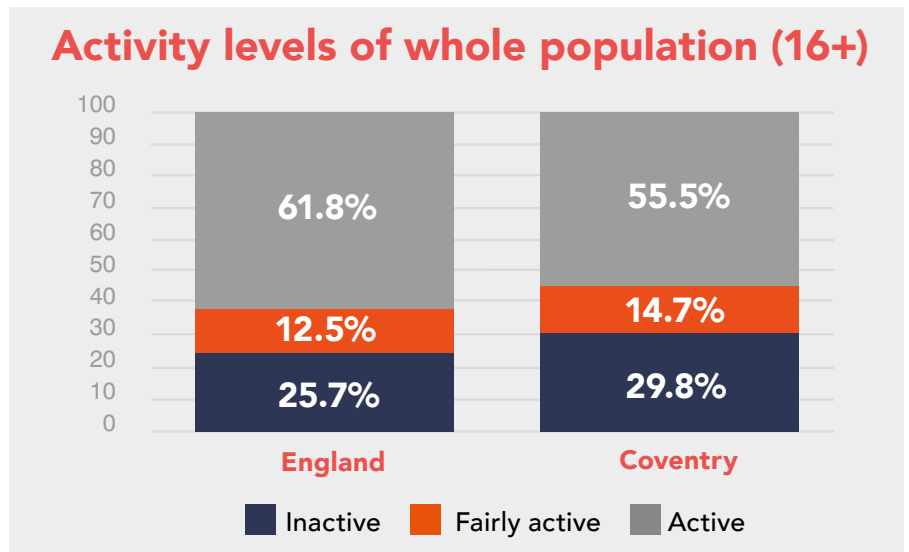


BACKGROUND

We want to make sure that Coventry is a far more active city by 2024 with everyone moving more and levels of inactivity reduced. Currently only just over half of the city's adult population undertake regular physical activity with significantly lower rates than the England comparators for women, those with long-term limiting illness or disability and groups in semi-professional and technical occupations. We need to take collective action to improve this.

This framework – developed by stakeholders and supported by Coventry City Council and West Midlands Combined Authority - aims to involve residents in a collective campaign to increase movement and physical activity and to support stakeholders in recognising their role in enabling and promoting change. To do this, we must ignite a social movement that makes physical activity and getting actively involved in local communities a part of daily life in Coventry.

There is no single solution to getting more people taking part in physical activity – particularly for those who have an inactive lifestyle or face challenges around disability or ill health. We need to have a framework that encourages stakeholders and communities to work as a whole system and create a city on the move where physical activity and health improvement are placed at the forefront of all relevant strategies, policies



and practice. To succeed, the framework needs to resonate with all partners and be reflected within health, physical and cultural activities and the planning and design of public realm.

We need to have a framework that encourages stakeholders and communities.

Based on existing local and regional plans, Coventry has considerable infrastructure and plans¹ already in place to support the 2024 vision;

- 'Whole-of-school' programmes - Coventry Sports Network, a multi-agency partnership hosted by the City Council, and Coventry Headteachers have been working to develop local priorities around education, school sport, PE, participation and wellbeing. This is supported by the County Sports Partnership,

Coventry, Solihull and Warwickshire Sport, who provide resources and advice to schools.

- Transport policies and systems that prioritise walking, cycling and public transport; in Coventry there are a number of plans in place that set out how active travel, cycling and walking opportunities are being developed and these are linked to plans across the region via the West Midlands Combined Authority (WMCA).
- Urban design regulations and infrastructure that provide for equitable and safe access for recreational and transport-related walking and cycling across the life course – again plans are managed by the Council and are also aligned to the WMCA's Spatial Investment and Delivery Plan Wellbeing Principles.

- Physical activity and prevention of non-communicable diseases linked to lifestyles and health behaviours integrated into health care systems; programmes around out of hospital care, social prescribing and community navigation
- Public education and behaviour change, including mass media to raise awareness and change social norms on physical activity
- Community-wide programmes that mobilise and integrate community engagement and resources. Coventry already has a

significant head start here in terms of the opportunities that the Year of Wellbeing and European City of Sport 2019 provide as well as plans for the City of Culture 2021

- Sports systems and programmes that promote inclusivity - 'sport for all' promoting inclusivity and addressing inequalities and encouraging participation across the life span are developed within the Coventry Sports Strategy 2014- 2024¹

Through strong partnership working at local, regional and national levels, the opportunities for local organisations, communities and local people to engage and mobilise to become healthier and achieve higher levels of participation in regular physical activity can be developed. To help local people become more active, this framework outlines the information and ability to be active, and highlights the plans for the facilities and spaces to enable this to happen.

The framework has been developed with partners and has four main priorities, each with a number of objectives.



1 PRIORITY ONE: ENHANCE OUR PLACES AND SPACES FOR ALL

OBJECTIVES

- Promote, provide and develop Coventry's leisure, cultural and sporting facilities and increase outdoor access to equipment and leisure and cultural opportunities
- Support communities to lead on the use of their spaces and to be active in ways that work for them
- Increase and enable local people's movement via active travel planning, air quality improvement sites, walking and cycling, green space, city parks, the canal and rivers

WHY?

The best way to achieve the substantial health-enhancing potential of physical activity on a population level is if people can incorporate physical activity into their daily livesⁱⁱ. For example by replacing time spent commuting by car with physically active forms of travel such as walking and cycling, physical activity becomes embedded in participants' daily routines. Moderate-intensity, high-frequency activity like physically active commuting can improve health related fitness. Active Travel may also reduce stress levels for those swapping from their car to their bicycle to commute. Moderate aerobic physical activity, like walking to work, can have an anti-depressant effect.

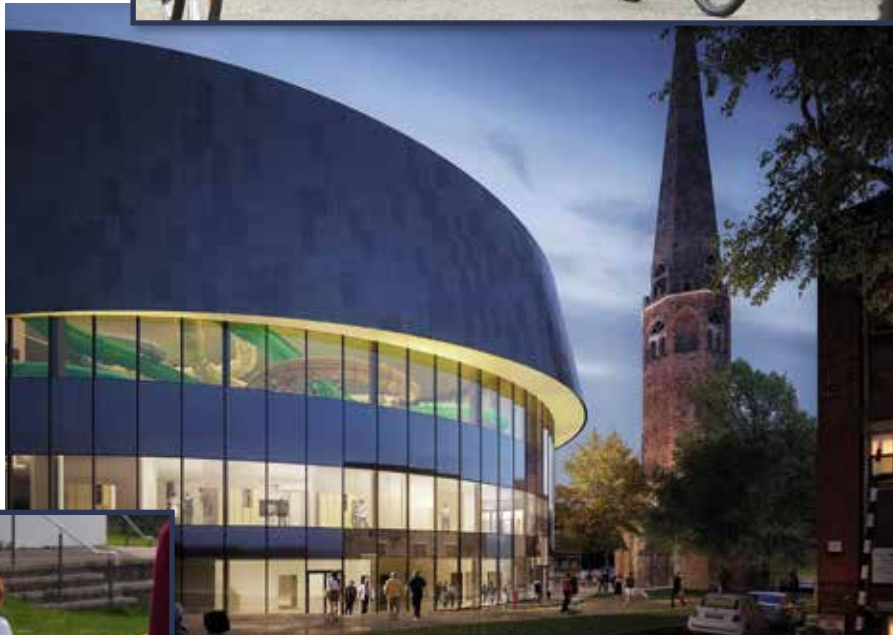
Those with close access to green space also live longer than those without it, even adjusting for social class, employment and smokingⁱⁱⁱ. The impact is most significant amongst groups who are affected by deprivation. The health of older people increases where there is more space for walking near home, with parks and tree-lined streets nearby. Children become more active when they live closer to parks, playgrounds, and recreation areas.



HOW?

By designing in environments and public realm improvements that encourage physical activity, implementing our active transport policies, clean air initiatives and encouraging green space utilisation. We have a number of strategies, plans, awards and schemes already in place or in the development stage that will support this priority, these include:

- Coventry Sport Strategy 2014 – 2024
- The Cultural Strategy
- European City of Sport 2019
- City of Culture 2021
- Year of Wellbeing 2019
- Connecting Coventry
- Education Sport, Participation and Wellbeing Strategy
- West Midlands on the Move
- Walking and Cycling Improvement Schemes
- Review of the use of the canal and canal basin area
- Destination Management Plan for business and leisure tourism



WHAT DOES SUCCESS LOOK LIKE?

There will be improvements in visitor numbers at leisure and tourism sites. The amount of greenspace used for leisure activities and the number of people choosing active travel – walking and cycling - will increase.

2 PRIORITY TWO: IMPROVE HOW WE COMMUNICATE



OBJECTIVES:

- Work together to promote existing good practice with new and innovative opportunities for movement
- Develop the role of digital media and use this to create new opportunities
- Establish a clear brand and consistent messaging using a range of appropriate methods to engage with the diverse audiences in the city

WHY?

Media campaigns can lead to change, especially when they are linked to specific community programmes. Changing technology means campaigns can be directed like

never before and informing, encouraging and empowering individuals using a variety of tools and the latest technologies are proving effective. Measuring individual behavioural change is difficult, but national evaluation, for example the Change4Life movement, has shown that over 2.7 million people signed up, and purchase data showed an 8.6% reduction in purchasing of carbonated sugary drinks during the 2014 Smart Swaps campaign.

Positive emerging practice also highlights the use of short informational, instructional, and motivational messages about physical activity at key community sites. Point-of-decision prompts; single-component interventions designed to remind and motivate people to move more such as using stairs in buildings instead of the lift or escalator to get to another floor is also supported by sufficient evidence and has been successful when population-specific signage has been used in various settings.

HOW?

Each of the programmes outlined in priority one has a communications plan highlighting how we will share information about the programmes and how people can get involved. We are also working on Digital Coventry which will make sure we have the infrastructure we need to share and collect information digitally.

We will work with our partners and communities to share information in the way people want to access it – and we have seen significant impact where we build trust in our communities in order to make transformational change.

WHAT DOES SUCCESS LOOK LIKE?

People know about local and citywide opportunities to be active, our community programmes have communication plans which are monitored and evaluated and the results used to develop further opportunities for getting active.



3 PRIORITY THREE: MOVEMENT FOR LIFE

OBJECTIVES:

- To improve activity rates across the whole population – taking a life course approach
- To ensure that opportunities for movement are available in our most deprived wards and that they reflect the interests of all our communities and cultures
- To ensure that we target the populations where inequalities in physical activity are prevalent e.g. inactive females (particularly young females) and inactive people with a long term limiting illness or disability

WHY?

We know that an active life is essential for good health at every age. National guidelines for physical activity range from three hours per day for under-fives, an hour a day between the ages of 5-18 years, and 150 minutes per week for adults and older adults.

The ukactive National Summit 2017 also introduced the concept of physical activity as the golden thread capable of solving many of our major national challenges from

an ageing population to disconnected communities; a social solution that has the power to bring people together regardless of background, age, gender, ethnicity or religion. The growth of group exercise in the UK shows that people are increasingly turning to physical activity as a means to provide the much needed social connections and feelings of togetherness important in reducing loneliness.

Taking a life course approach, physical development experiences and activities are crucial in the early years and are cited as one of the three prime areas of learning and development in the Early Years Statutory Framework (EYFS). Physical activity in childhood is important in developing motor skills. Movements related to large muscles such as legs and arms are vital for children's growth and independence and also helps with their cognitive development.

As we move into adulthood being physically active reduces the risk of preventable diseases such as cancer and diabetes and conditions such as obesity and depression. Being active also increases our chances of staying independent in later life. Falls are the number one reason older people are taken to the emergency department in a hospital, however doing simple activities regularly to improve strength and balance can significantly reduce the risk.



HOW?

We have developed a partnership approach to promoting physical activity and reducing obesity across the region and there are working groups being developed around stages in the life course.

There are also a number of local initiatives being developed, including:

- The Year of Wellbeing daily mile campaign, including work with primary schools to target children
- As a priority place for Sport England we will pilot ways of getting people active in an innovative environment where the community tests, learns and explores new ways of working with us
- Discount schemes for leisure facilities for Coventry people
- Learning from a pilot approach used in the Go Swim initiative that is led by what the participants needs are
- Online tools and tips such as the Best You and Choose How You Move campaign
- Working with GPs to develop targeted initiatives
- The WMCA Include Me campaign for disabled people
- Piloting a campaign around active travel and workforce training



WHAT DOES SUCCESS LOOK LIKE?

A sustained increase in the number of people of all ages engaging in physical activity and an improvement in the Coventry inequality gap, i.e. the difference between inactivity rates for women compared to men, those

with long-term limiting illness or disability and those without, and groups in semi-professional and technical occupations as oppose to manual and higher managerial groups where rates of activity are higher.

4 PRIORITY FOUR: DEVELOP LEADERSHIP AND SKILLS AT ALL LEVELS

OBJECTIVES:

- The Council and its partners will lead by example by developing the City's partnerships and priorities to incorporate movement within and around the city to increase levels of physical activity
- To develop the skills, capability and confidence of a workforce that reflects our diverse city
- Communities are supported and empowered to create opportunities for movement in their own neighbourhoods

WHY?

We will adopt a systems leadership approach^{iv}. This approach lead across boundaries – departmental, organisational or sector. Coventry faces some large, complex, and difficult issues. No one person or organisation can find or organise the solution to increasing physical activity on their own, and everyone is grappling with how to make resources meet demand. The way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible from senior leaders, via workforce engagement and development and from within communities themselves.

HOW?

The Health and Wellbeing Board will lead the oversight of the framework as a Partnership Board. Governance around developing the city's infrastructure as a place and destination is currently being led by Coventry City Council. Implementation of the framework will include further exploration of where these agendas will align and report.

Work is already being done by the voluntary and community sector to mobilise communities. Initiatives such as the Wave Rave and Slow Roll are good examples of how informal opportunities brought people together through activity. Skills and awareness development are part of the programmes within Year of Wellbeing and Sport 2019 and Sport England and West Midlands Combined Authority have specific workforce development plans underpinned by the County Sports Partnership (CSW in Coventry).

A programme of engaging communities via local clubs, community and cultural organisations and families will be initiated through European City of Sport 2019 and innovation funding is available to help generate local creative projects across the city.

WHAT DOES SUCCESS LOOK LIKE?

Physical activity is reflected as a key priority in the Council and its partner's plans.

Recruitment to the physical activity sector increased. Professionals feel competent to advise, signpost and refer individuals they work with into leisure, arts, physical activity and sports programme.

There are leaders in communities promoting local and citywide opportunities. Workplaces have opportunities for physical activity.





FIND OUT MORE - USEFUL WEBSITES

<http://www.coventry.gov.uk/healthandwellbeing>

<https://www.coventryrugbyccg.nhs.uk/Be-Healthy/Your-Health>

<https://www.bettercarecovwarks.org.uk/year-of-wellbeing-2019/>

http://www.coventry.gov.uk/info/276/coventry_-_european_city_of_sport_2019/3174/coventry_-_european_city_of_sport_2019

<https://coventry2021.co.uk/>

<http://covsport.org.uk/>

<https://cid.coventry.gov.uk/kb5/coventry/directory/home.page>

<https://www.wmca.org.uk/what-we-do/public-service-reform/west-midlands-on-the-move/>

REFERENCES

¹ <http://peschoolsportcsw.org.uk/home>

¹ http://www.coventry.gov.uk/download/downloads/id/19589/lp5_local_plan_publication_draft_2016_-_appendix_7_proposed_revisions_to_draft_idp.pdf

¹ http://www.coventry.gov.uk/info/111/planning_policy/2310/local_plan

¹ <https://governance.wmca.org.uk/documents/s1870/Consultation%20draft%20SIDP%20for%20HLDB.pdf>

¹ www.bettercarecovwarks.org.uk/year-of-wellbeing-2019/ http://www.coventry.gov.uk/info/276/coventry_-_european_city_of_sport_2019/3174/coventry_-_european_city_of_sport_2019

¹ <https://coventry2021.co.uk/>

¹ <http://covsport.org.uk/about-us/downloads/css-summary-brochure>

ⁱⁱ <https://www.sustrans.org.uk/sites/default/files/images/files/Summary%20of%20active%20travel%20projects%282%29.pdf>

ⁱⁱⁱ Maas J, Verheij RA, de Vries S, Spreeuwenberg P, Schellevis FG and Groenewegen PP (2009) Morbidity is related to a green living environment. *Journal of Epidemiology and Community Health* 63: 967–97 37

Davidson K and Lawson C (2006) Do attributes of the physical environment influence children's level of physical activity? *International Journal of Behavioural Nutrition and Physical Activity* 3 (19): 1-17.

^{iv} <https://www.leadershipcentre.org.uk/systemsleadership/insight/item/systems-leadership-for-beginners-what-it-is-how-it-works-and-why-it-helps/>

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Agenda Item 5

Health and Social Care Scrutiny Board Work Programme 2024/25

Last updated 14th March 2025

17th July 24
Community Mental Health Transformation Adult Social Care Market Position Statement Refresh
4th September 24
Adult Social Care Performance – ASC Self-Assessment Adult Social Care Performance - ASC Local Account (Cabinet)
9th October 24
All Age Autism Strategy 2021-2026 Implementation Update Suicide Prevention Strategy
13th November 24
Health Sector Skills Development Carers Support Services – Recommissioning
11th December 24 – at UHCW
UHCW – A&E waiting times Virtual Beds
22nd January 25
Changes to the POD Service Access to Dentistry
26th February 25
Primary Care Womens Health Strategy
2nd April 25 – Alan Higgs Centre
The Physical Activity and Sport Strategy
Additional Meeting - 7th May 25
Training of Care Staff with patients with Dementia Digital Access to Health
TBC
ICB efficiency savings – 25/26 Integrated Health and Care Delivery Plan Improving Lives (July 2025) Healthwatch Annual Report (April 26) Safeguarding Adults Annual Report Disabled Facilities Grant PALS Increasing life expectancy in Coventry – Referred to Scruco Rugby St Cross Virtual Beds Update end of 25/26 Mental Health Primary Care Community Pharmacists Trans/Non-binary/Intersex Health Ambulance Service / Fire Service / WMP HDRC Grapevine

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 th July 24	Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19. To bring in the summer.	Coventry and Warwickshire Partnership Trust – (Beth Osbourne), Eleanor Cappell Cllr Bigham Pete Fahy/ Sally Caren/Aideen Staunton/
	Adult Social Care Market Position Statement Refresh	Production of a Market Position Statement (MPS) for Adult Social Care is a legal requirement under the Care act (2014). The document signals to the market, the type and volume of services that the Council wishes to see in the market with associated quality standards. Secure comment from SB5 prior to going forward to Cabinet Member for approval later in July	Jon Reading Cllr Bigham
4 th September 24	Adult Social Care Performance – ASC Self-Assessment	As part of CQC Local Authority Assurance Arrangements Local Authorities are completing a ‘Self Assessment’. This is detailed report identifying how we are delivering Adult Social Care services in Coventry. Our Annual Report mirrors the content of this assessment highlighting some of the work we are doing through examples and spotlights on the support we provide.	Pete Fahy / Cllr Bigham

Health and Social Care Scrutiny Board Work Programme 2024/25

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Adult Social Care Performance - ASC Local Account (Cabinet)	Report due with Cabinet on the 1 st October and Council on 15 th October. Every year Coventry City Council produces a report which describes what Adult Social Care service is doing to help improve the lives of vulnerable people and how well as a service it is performing along with areas where we are seeking to develop further.	Pete Fahy / Cllr Bigham
9th October 24	All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinised by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on its delivery. Led by the Integrated Commissioning Team	Pete Fahy Jeanette Essex Jon Reading Michelle Creswell
	Suicide Prevention Strategy	A progress on implementation	Jane Fowles Catherine Aldridge Allison Duggal
13th November 24	Health Sector Skills Development	Identified by Members to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry. People Board. To invite members of SB2.	Integrated Care System – Rose Uwins / Felicity Davies ICB / Wiebke White
	Carers Support Services – Recommissioning	The agenda item would cover the intentions to recommission all Carers Support Services in 2025, which covers: <ul style="list-style-type: none"> • Carers Wellbeing Services • Delegated Carers Assessments 	Cllr Bigham, Pete Fahy Gabrielle Borro, Jon Reading

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		<ul style="list-style-type: none"> • Carers Regulated Services (including Contingency planning services, short breaks and preventative support for carers) • Carers Group Based Support The report would summarise Adult Social Care’s commissioning intentions for Carers Services moving forward.	
11th December 24 – at UHCW	UHCW – A&E waiting times	Discuss what progress has been made to reduce A&E waiting times. To include Clinical Assessment Units / Minor Injuries Unit, and data on emergency readmissions. (Before winter – statistics of what went wrong etc) Include report on Healthwatch ‘Visits to hospital urgent and emergency care’ To include an update on Community recruitment. CQC Inspection carried out in October	UHCW – Andy Hardy Allison Duggal Cllr Caan
	Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful.	UHCW CWPT ICB Pete Fahy
22nd January 25	Changes to the POD Service	A progress on implementation following the item on 17 th January 2024 Clarity and patient safety issues regarding 6 monthly repeat prescriptions. Pack of Assets to be sent to be circulated (including how to use the NHS App and if ID is required to register)	ICB - Rose Uwins Angela Brady
	Access to Dentistry	To consider access to dentistry services. (Tie in with GP/Primary care)	Rose Uwins - ICB

Health and Social Care Scrutiny Board Work Programme 2024/25

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
26th February 25	Primary Care	Primary Care Strategy - To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E	Rose Uwins - ICB
	Womens Health Strategy	In development/partnership with ICB (Women Health Hubs)	Allison Duggal / Sharon Binyon ICB / Melanie Adekale ICB
2nd April 25 – Alan Higgs Centre	The Physical Activity and Sport Strategy	Input from members in its development. CV Life @ health centres	Pete Fahy / Allison Duggal Catherine Aldridge - Public Health
Additional Meeting - 7th May 25	Training of Care Staff with patients with Dementia	Sufficiency of training of care staff with dementia patients	Cllr Bigham Pete Fahy Jon Reading
	Digital Access to Health	Partners supporting switch to digital	Rose Uwins / A Duggal / Caan
TBC			
	ICB efficiency savings – 25/26	An item requested at the meeting on 17 th January to look in more detail at the proposed actions to make significant efficiency savings at the ICB	Rose Uwins
	Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities.	ICB Rose Uwins

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Improving Lives (July 2025)	A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach To include clarification around how ASC is allocated based from need. (Referred from SCRUCO Transformation Programme Item)	Pete Fahy UHCW
	Healthwatch Annual Report (April 26)	To consider the work of Healthwatch and how scrutiny can use their findings	Ruth Light
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	Disabled Facilities Grant	Delivery and waiting times	Cllr Bigham Pete Fahy / Sally Caren / Aideen Staunton
	PALS		UHCW
	Increasing life expectancy in Coventry – Referred to Scrucoc	Identified at the SCRUCO meeting on the 25 September 2024 Monitoring to be carried out on why life expectancy in males has decreased, which correlates as a national trend. Future plans to investigate how Marmot City status can improve outcomes in life expectancy in the City and explore its effectiveness to date. Already on SCRUCO WP – wider determinants of health.	Allison Duggal/ Cllr Caan
	Rugby St Cross		Justine Richards – Jamie Deas Cllr Caan

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/Pete Fahy / Cllr Bigham
	Mental Health	Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams.	CWPT
	Primary Care	Update in 12 months time - To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E	R Uwins / Alison Cartwright / Cllr Caan
	Community Pharmacists	To include Pharmacy First	
	Trans/Non-binary/Intersex Health		A Duggal Cllr Caan
	Ambulance Service / Fire Service / WMP	Partnership working - Improved partnership working between the ambulance, fire and police services. To include WMFS to provide further information on safe and well, or strong checks that's provided within the City	Kirsty Tuffin and Vivek Khashu, Rachel Danter ICB
	HDRC		
	Grapevine		

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- CQC – Care Quality Commission

- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service
- WMFS – West Midlands Fire Service

Work Programme Decision Flow Chart

