



Coventry Health and Well-being Board

Time and Date

10.00 am on Wednesday, 4th December, 2024

Place

Coventry Dementia Partnership Hub, Everdon Road, Holbrooks, Coventry, CV6 4FB

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting**
 - (a) To agree the minutes of the meeting held on 2 October 2024 (Pages 5 - 16)
 - (b) Matters Arising
4. **Chair's Update**

Verbal update of the Chair.
5. **Director of Public Health Update/Wellbeing Update**

Verbal report of the Director of Public Health and Wellbeing.
6. **Independent Annual Public Health Report 2024 - Migrant Health and Wellbeing in Coventry** (Pages 17 - 20)

Briefing Note of the Director of Public Health and Wellbeing.
7. **Coventry Care Collaborative**

Verbal Report of the Chief Integration Officer, Coventry & Warwickshire ICB.
8. **Improving Lives** (Pages 21 - 22)

Report of the Director of Adult Services and Housing, Coventry City Council and the Director of Strategy and Transformation, UHCW

9. **Community Integrator** (Pages 23 - 26)
Report of the Director of Adult Services and Housing, Coventry City Council and the Chief Officer Strategy and Transformation, UHCW
10. **Population Health Management** (Pages 27 - 28)
Briefing Note of the Consultant PH (Insight)
11. **Coventry Place Research** (Pages 29 - 34)
Briefing Note of the Head of Coventry HDRC
12. **10 Year Plan Listening Exercise**
Verbal report of the Chief Executive of the Coventry and Warwickshire ICB.
13. **Health and Wellbeing Board Members Headline Updates and Future Work Programme Items** (Pages 35 - 36)
Verbal report of the Chair – Health and Wellbeing Board Members Headline Updates
Report of the Population Health Policy Officer – Work Programme.
14. **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, 26 November 2024

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

Membership: Councillor L Bigham, Councillor K Caan (Chair), M Coombes, P Drover, A Duggal, Councillor G Duggins, P Fahy, A Hardy, D Howat, P Johns, Councillor M Lapsa, R Light, S Linnell, C Meyer, D Oum, Councillor P Seaman, S Sen and M Stanton

By Invitation: Councillor G Hayre

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Caroline Taylor

Email: caroline.taylor@coventry.gov.uk

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am
on Wednesday, 2 October 2024

Present:

Members: Councillor K Caan (Chair)

S Caren (Substitute for P Fahy), Adult Social Care
A Duggal, Director of Public Health and Wellbeing
Councillor G Duggins
Councillor M Lapsa
D Howart, Coventry University
J Richards (Substitute for A Hardy), University Hospitals
Coventry and Warwickshire
R Light, Healthwatch Coventry
S Linnell, Healthwatch Coventry
Danielle Oum, Coventry and Warwickshire Integrated Care
Board
S Sen, Director of Children and Education

Employees (by Directorate):

Finance & Regeneration A Dickson, K Mawby, S Weir

Law and Governance C Colson-Haggins, N Perkins, C Taylor

Public Health C Aldridge, V Castree, D Dawson, N Mellor, A Philips

Apologies: Councillor L Bigham, M Coombes, P Drover, P Fahy, A Hardy, P Johns, C Meyer and Councillor P Seaman

Public Business

1. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed everyone to the meeting, thanking the Job Shop for hosting and advising the theme of the meeting was employment, skills and healthy workplaces.

The Chair welcomed Sukriti Sen, Director of Children's Services, Doug Howart, Dean of Students at Coventry University and Councillor M Lapsa to their first Coventry Health and Wellbeing Board Meeting. Representatives of the Voluntary and Community Social Enterprises, Christine McNaught, CEO of Foleshill Women's Training and Selina Reid, CEO of St Francis Employability Support were also welcomed to the meeting.

2. Declarations of Interest

There were no declarations of interest.

3. **Minutes of Previous Meeting**

Minutes of the meeting held on 6th March 2024 were agreed and signed as a true record.

There were no matters arising.

4. **Chair's Update**

The Chair, Councillor Caan, welcomed everyone to the first Coventry Health and Wellbeing Board meeting of the new Municipal year, providing an update on Sportsfest, which was very well attended in August.

The Board were reminded of the new Coventry and Warwickshire Sexual Health Hub, recently opened in West Orchards, providing a range of services and also Stoptober; a system wide Coventry and Warwickshire campaign including a new website www.smokefreecw.co.uk, all funded through smokefree funding.

The Chair brought to the Board's attention, the launch of the GoCV+ free baby scan printed photograph in collaboration between Start for Life, Public Health and UHCW, which would help with bonding and inequalities; the Vaccine Superheroes campaign, which invited primary schools, including special needs schools to take part in the campaign designed to inspire and empower school communities to champion childhood vaccination through engaging and educational activities and its ultimate aim was to increase the number of children and young people in Coventry protected against vaccine-preventable diseases.

5. **Director of Public Health Update/Wellbeing Update**

The Board received a verbal update of the Director of Public Health and Wellbeing advising this update was to replace the report previously received from the NHS during the pandemic and pandemic recovery period and suggesting feedback from Members would be gratefully received.

The Director advised the Board on public health and wellbeing events over the past few months, welcoming the new, city centre based sexual health service, advising an outreach model was currently being explored to help those who may have more need, and highlighting Stoptober.

RESOLVED that the Health and Wellbeing Board note the verbal update from the Director of Public Health and Wellbeing.

6. **Employment and Skills Landscape**

The Board received a verbal update and presentation of the Head of Skills, Employment and Adult Education which provided the context and landscape of Employment and Skills in the city including information on the Job Shop.

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

- The Job Shop had strong links with voluntary and community groups and officers undertook collaborative work with the VCSE community to deliver services.
- The Job Shop had a good relationship with key partner, the NHS. The internship with UHCW had worked well and been successful in securing long term work. Work had been undertaken with Anchor Alliance Institutions where there were opportunities to work more effectively together.

Data on the numbers coming to the Job Shop to volunteer would be provided to Councillor Lapsa.

RESOLVED that the Board note the verbal update from the Head of Skills, Employment and Adult Education.

7. **Business committed to a fairer Coventry**

The Board received a briefing note and a presentation of the Programme Manager, Inequalities and the Strategic Lead, Economic Development Service regarding strengthening Businesses Committed to a Fairer Coventry.

Reducing inequalities and improving health was a core priority for Coventry and was embedded within the Health and Wellbeing Strategy, Marmot City work, One Coventry Plan, and Health Determinants Research Collaboration (HDRC).

Coventry and Warwickshire's ICB's Health Inequalities Strategy had 'people on long term sickness benefit' as Coventry's Place 'Plus' group; part of Core 20 plus 5.

The health and wellbeing of Coventry's workforce was embedded in the work undertaken by the Economic Development Service, working in partnership with Public Health. When supporting local businesses, the team raised awareness of measures that businesses could take to reduce health inequalities, whilst also improving the performance of their business. Additionally, social value was an important aspect of support that was brought to the attention of local employers.

A 'Call to Action' campaign was launched with Coventry businesses in 2021 however, due to the impact of Brexit, Covid and emerging costs of living crisis, there was limited traction.

Businesses Committed to a Fairer Coventry (BCTAFC) had developed since 2022 from the initial campaign and in response to the national growing movement of business and health equality. BCTAFC was a web based 'toolkit' with information to support Coventry's small and medium sized businesses to grow and develop with improving the equity as the ethos underpinning it. It was accessible for businesses via searching webpages or through contact with Council's Business Advisors Team and other stakeholders.

Public Health had developed the toolkit in close partnership with the Business Support team, part of the Economic Development Service.

The web pages and toolkit were now live and in first draft which had been shared with all stakeholders for comments on 10th June 2024. The webpages would start to be socialised by stakeholder members as a pilot and to see how businesses interact with the toolkit and how the business feedback could be further developed over the next 6 months.

It was planned that a full launch would be undertaken in January 2025.

The Board requested details of the next steps, which they would provide feedback on.

RESOLVED that the Board agreed to strengthen Businesses committed to a Fairer Coventry to support the wider system work taking place.

8. **Workwell Programme**

The Board received a briefing note and presentation of the Chief People Officer, Coventry & Warwickshire ICB which updated members on employment-related activity that contributed to delivery of the fourth aim of the Integrated Care System (ICS), supporting broader social and economic development and the WorkWell Programme, Employability Academy and ICS Work and Health Strategy.

Coventry and Warwickshire were one of 15 WorkWell Vanguard areas in England, testing a new health and work support service helping people with health conditions remain in or return to work. The ICB had been awarded up to £1.75m to deliver the pilot which would connect the recently unemployed or at risk of unemployment due to mental health to local support services to help them overcome barriers to employment.

The Employability Academy aimed to create meaningful and accessible education, employment and training opportunities supporting diversity and inclusivity across Coventry and Warwickshire.

Members of the Board requested:

- Presentation slides to be circulated.
- Data to be circulated regarding those who have accessed and sustained employment including social mobility information.

RESOLVED that the Board:

- 1) **Note the delivery of the WorkWell Programme and progress made to date with the Employability Academy.**
- 2) **Support the ambition and aims of these initiatives and promote/continue to promote them.**
- 3) **Suggest any further partners who may benefit from linking in with the Employability Academy.**

- 4) **Use the development of an integrated ICS-wide Work and Health Strategy as an opportunity to consider how to better integrate work and health to improve outcomes for our communities.**

9. **Healthy Workplaces**

The Board received a briefing note and presentation of the Programme Manager – Lifestyles, updating Members on the work and focus of Coventry and Warwickshire Wellbeing For Life Programme and the Workplace Wellbeing Forum stream, and identifying opportunities for more organisations to be involved in the Workplace Wellbeing Forum.

The Wellbeing For Life programme was a result of the Year of Wellbeing Programme in 2019. This programme centred around awareness raising of 5 ways to wellbeing, improving physical activity levels in school children and supporting local businesses to create a healthy workforce.

The Workplace Wellbeing Forum was free to local businesses and had a focus on health. Various events over the past 3 years had focused on different aspects of physical health, mental health and financial and social health. It had created a forum for businesses to share best practice, learn from others, discuss challenges within their workforce and how to implement new practices and policies.

Key workstreams had been linked into this forum such as Suicide Prevention, Climate Change, financial support, menopause training and a range of physical health conditions which impacted productivity and risk of sickness absence.

Members of the Board, having considered the briefing note and presentation, asked questions and received information from officers on the Wellbeing for Life Suicide Prevention forum which linked into a network of over 150 organisations including voluntary and community organisations.

Members requested that officers provide visual links showing how to signpost to wellbeing services.

RESOLVED that the Board:

- 1) **Raise awareness of Coventry and Warwickshire Workplace Wellbeing Forums.**
- 2) **Encourage local businesses to support/host events with a health focus.**

10. **Social Value Network Progress Update**

The Board received a briefing note and presentation of the Chief Executive of NHS Coventry and Warwickshire Integrated Health Board and the Population Health Transformation Officer, Coventry and Warwickshire Integrated Care System updating members on the work to develop a Social Value Charter for Coventry and Warwickshire Integrated Care System (ICS).

The fourth aim of the ICS is helping the NHS to support broader social and economic development. In 2023, a scoping exercise indicated there was a lot of activity in the system relating to the delivery of the fourth aim but that much of it was fragmented.

In order to strengthen delivery of the ICS fourth aim, the ICB was working with a national social value network to develop a co-produced framework for social value activity within the ICS, focused on how as a system, partners could work together to improve economic, social and environmental wellbeing of the area.

The work would provide a system-wide approach, involving all ICS partners and the wider community.

The ICB and ICS were currently working on some programmes linked to social value, however, this work was being developed as an overarching framework which would provide clarity and consistency and enable a shared evidence-base of social value delivery to be collected. It would also provide external validation through the Social Value Quality Mark (SVQM) health award.

A working group had been established for each of the themes of the SVQM health award which were: health and wellbeing; education and skills, employment and volunteering, social and community, economic, environmental, and leadership.

The working group had discussed priority areas to be reflected in a shared definition of social value for the system, along with ideas about existing work and ambitions that could be included within an ICS social value charter.

The draft definition and charter had been shared in July with the Integrated Care Partnership, who were supportive of the Charter, emphasising it should add value and deliver meaningful action with a focus on the role of the partners as anchor institutions.

The initial draft Social Value Charter is as follows:

“Coventry and Warwickshire ICS is committed to embedding social value across all that we do. To that end, we have carried out an engagement process with colleagues, partners and customers, to determine what our social value principles will be. These principles will help us to deliver on our overarching social value ambition, which we define as:

- To reduce health inequalities in our local population and to support people to have more independent lives – closely aligned to the Marmot Principles (social)*
- To encourage local employment and support local economic growth (economic)*
- To reduce our carbon footprint and increase the sustainability of our services (environmental).*

In order to meet these ambitions, C&W ICS will:

- Commit to being net carbon zero for scopes 1 and 2 emissions by 2040, or aligned to specific organisational commitments*
- Commit to paying a real living wage and support access to good quality work*
- Employ and purchase locally, where reasonably possible*

- *Commit to reducing digital isolation*
- *Work with partners to make the best use of the public estate, for the benefit of local communities*
- *Strengthen the relationships with VCFSE organisations to further support local community growth*
- *Ensure we place social value in all our programmes and policies, so it is truly embedded across the ICS and acts as a framework for alignment.”*

It was intended that the Charter would be co-produced with partners and local people and communities, informed by an understanding of what social value means for local people. A plan for engagement and co-production of the Charter was being developed. Links were underway with the working group leading on the Prevention Concordat for Better Mental Health and, within the ICB, work was planned to identify organisational pledges and Key Value indicators to develop a roadmap for delivery of the pledges. This would enable the ICB to apply for the Social Value Quality Mark for Health Bronze Award. The final draft definition and Charter would be taken to the ICP for endorsement and recommendation for adoption by individual NHS partner organisations.

Members of the Board, having considered the briefing note and presentation, asked questions and received information from officers the One Coventry Values aligning with the work undertaken, based on Marmot and the work with the JSNA.

RESOLVED that the Board:

- 1) Note the work in progress to develop a Social Value Charter for Coventry and Warwickshire ICS and proposed process for developing and agreeing the Charter.**
- 2) Give feedback on the draft social value definition and Charter.**
- 3) Share examples of existing partner activity that delivers social value for local communities that should be reflected in the Charter and suggest opportunities for alignment.**

11. Joint Strategic Needs Assessment and Health and Wellbeing Strategy

The Board received a briefing note and presentation of the Consultant in Public Health (Insight) setting out the progress made towards the refresh of the Joint Strategic Needs Assessment.

The Joint Strategic Needs Assessment (JSNA) was a means by which local leaders across health and care worked together to understand and agree the needs of all people in Coventry. It was owned by the Coventry Health and Wellbeing Board (HWBB) and helped the Board to set its priorities and strategy. The production of a JSNA along with a Joint Health and Wellbeing Strategy was a statutory requirement placed upon the HWBB under the Health and Social Care Act 2012.

Following the publication of the Citywide profile, the Health and Wellbeing Board agreed to take a place-based approach to the remaining JSNA's, based around 6 priority areas:

- Tile Hill
- Canley
- Foleshill and Longford
- Binley and Willenhall
- Bell Green and WEHM (Wood End, Henley Green and Manor Farm)
- Hillfields

This reflected the national policy direction towards population-based health and care systems.

The JSNA was being used as a vehicle for engaging and involving local partners and stakeholders to give more in-depth understanding of the assets and needs of geographical areas within the city and support programmes and strategies founded on community resilience and service delivery at locality level. The process involved the collection of 'hard' evidence from data sources, as well as collating consultation information with local stakeholders to understand the key issues facing local communities.

Since the last JSNA update at the Health and Wellbeing Board in September 2023, the following progress had been made:

- Six place-based profiles and summary profiles had been completed incorporating a range of data and analysis of outputs from engagement work.
- Recommendations for further action and gaps which require more support.
- Coventry Citywide Intelligence Hub was currently undergoing redevelopment to ensure information was user friendly and up to date.

Next steps were as follows:

- Further ensure the visibility and usefulness of the JSNAs to internal and external partners to develop and implement a plan to improve accessibility and impact of JSNA information.
- Continue to enable and facilitate the strategic use of the JSNA by the Council and its partners as a mechanism to ensure qualitative insight from communities informing decision making as part of a Population Health Management approach.
- Review the approach to the JSNA, working with partners in the Coventry Care Collaborative to ensure the JSNA supports integrated health and care commissioning and aligns with PHM development work.
- Review and strengthen governance processes for the JSNA to enhance collaboration, accountability and visibility in future JSNA activities.

Members of the Board, having considered the briefing note and presentation, asked questions and received information from officers on the following matter:

- Data and partner engagement both fed into the Health and Wellbeing Board Strategy.

RESOLVED that the Board:

- 1) **Review and approve publication of the six place-based profiles and summary documents and support its dissemination within member organisations.**
- 2) **Note recommendations within the profile and encourage all member organisations to make use of the place based JSNA's, including in the planning and commissioning of relevant services.**
- 3) **Support next steps to review the approach to future JSNA's**
- 4) **Note progress being made to update the Citywide Intelligence Hub**

12. **Pharmaceutical Needs Assessment Supplementary Statement Governance**

The Board received a briefing note of the Director of Public Health and Wellbeing updating Members on the Pharmaceutical Needs Assessment (PNA) Supplementary Statement.

The purpose of the PNA was to assess local needs for pharmaceutical service provision across Coventry and Warwickshire. It should identify gaps in service or unmet needs of the local population. It should also identify any services that pharmacies could provide to address these needs and promote them to Coventry and Warwickshire's population to improve uptake of these services. It was a tool to enable Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers.

The Health and Wellbeing Board had a statutory responsibility to publish and keep up to date the PNA for the population in its area through supplementary statements which were a way of updating what the PNA said about the availability of pharmaceutical services and, once issued, became a part of the PNA.

Members requested information regarding the reduction of access and reduction in hours of access.

RESOLVED that the Board note the Pharmaceutical Needs Assessment Supplementary Statement.

13. **Coventry & Warwickshire Joint Health and Wellbeing Board Update**

The board received a briefing note providing an update on the Coventry and Warwickshire Joint Health and Wellbeing Board which outlined proposals to evolve working arrangements to support the ICS and ICP structures.

The coming together of Coventry's and Warwickshire's Health and Wellbeing Board first took place in 2017 when they met with then Sustainability and Transformation Partnership (STP) to form the Coventry & Warwickshire Place Forum. In 2018 the Place Forum developed the Coventry & Warwickshire Health and Wellbeing Concordat, setting out how it would work together to improve health outcomes for local people. The Concordat was signed by both Coventry & Warwickshire(C&W) Chairs of Health and Wellbeing Boards (HWBB)s and it led to joint working across C&W, including through the Year of Wellbeing 2019, the

King's Fund population health framework, and the C&W COVID-19 Health Impact Assessment. The Concordat also fed into both C&W Health and Wellbeing Strategies and later in December 2022 the Integrated Care System (ICS) Strategy.

Between 2021 and 2024, as the new ICS infrastructure was emerging, the C&W Place Forum morphed into the Joint Place Forum and Health and Care Partnership Board (2021); the C&W Integrated Health and Wellbeing Forum (2022) which was facilitated by NHS Elect and had a broad membership across health and care; and finally the C&W Joint Health and Wellbeing Board development session (2024) chaired by the Local Government Association (LGA) and with a smaller membership consisting only of HWBB members.

The Coventry and Warwickshire Joint Health and Wellbeing Board (JHWBB) development session was held on the 8th January 2024. The development session was facilitated by the Local Government Association (LGA) peer associates, with support from the Partners in Care and Health Programme. All HWBB members and HWBB Executive Group members were invited to the development session.

Two group activities were facilitated on the day, the first focusing on the role of the HWBB within the wider integrated care system (ICS) architecture and asking participants to articulate their understanding of these roles, purpose and alignment across the ICS.

There were a number of gaps identified if the JHWBB development sessions were to be stood down:

- No district and borough representation on the ICP (either elected member or officer).
- Democratic voice is stronger on the Joint HWBB (due to the nature of HWBB make-up).

Joint HWBB development sessions provided a private forum, whereas the ICP met in public.

The scope of the second activity was adapted on the day in order to flow from the discussions within activity one. Each table was asked to explore establishing a system CEO forum; strengthening the citizens voice within the ICS; and how the HWBBs can better connect with the ICP:

- Consider establishing a CEO forum: the ICB took away an action to explore this, based on the perceived value it could add, and noting that local authority chief executives are not members of the ICB or ICP. The Anchor Alliance, as a similar forum in this space, does not have representation from all ICS partners and it's focus on the wider determinants of health was considered not broad enough.
- Strengthening the citizens voice within the ICS: It was agreed that both Directors of Public Health (DPH), the ICB and both local Healthwatch organisations should meet to discuss this. There was particular emphasis on how to ensure that forums bring in the citizens voice in a non-tokenistic way; how we best utilise the JSNA as a valid tool for harnessing the citizens voice; and how the ICS measures success in this area and through the Community Engagement Strategy.

- Understanding the need for wider engagement linked to the ICP: Chairs of HWBBs and chair of ICB to agree, and factor in the view that the J HWBB development sessions should only stand up if needed; and that alignment between the ICP and HWBB agendas and programmes of work should be explored.

Since the January 8th development session, progress had been made. The first meeting between the DPHs, ICB, Healthwatch Coventry and Healthwatch Warwickshire took place on the 27th March. System challenges to community involvement were highlighted during the meeting and included that there were diminishing resources to carry out activity in a meaningful way; and querying how the impact that involvement had on the design, delivery, and evaluation of outcomes was effectively measured. The ICB proposed convening a Citizen Involvement Working Group, with the aims of:

- Developing a specification for a project to undertake a system-wide gap analysis of community involvement activity, exploring the possibility of undertaking using a needs assessment methodology.
- In conjunction with the Involvement Coordination Network and the wider Voluntary, Community & Social Enterprise (VCSE), developing a set of system-wide principles for community involvement and

The chairs of the HWBBs and ICP met on the 4th March and agreed to stand down the Joint HWBB development sessions, given the discussion and findings from the 8th January session. The chairs agreed it was necessary to look at the alignment of the ICP and HWBB agendas and opportunities for collaboration. To enable this, an ICP and HWBB Governance Working Group was established.

In order to achieve its aims, the ICP and HWBB Governance Working Group had set out to map the role of the HWBB within the system architecture, review the roles of the HWBB and ICP, understand what this means for current work programmes by working through live examples, and consider a joint ICP and HWBB development programme. The Working Group intended sharing outcomes of this work at a later HWBB.

RESOLVED that the Board:

- 1) Note and comment on the dissolution of the Coventry and Warwickshire Joint Health and Wellbeing Board development sessions;**
- 2) Support the proposal for two cross-organisational working groups to be established to:**
 - a) Agree how the Integrated Care Partnership (ICP) should respond to the feedback from the Joint Health and Wellbeing Board development session; and**
 - b) Develop a shared set of principles across the Integrated Care System (ICS) that outline how we will effectively involve communities within our work.**

3) Endorse the proposed governance and reporting arrangements between the Integrated Care Partnership and the Health and Wellbeing Board.

14. Health and Wellbeing Board Members Headline Updates and Future Work Programme Items

The Board received a verbal report of the Chair of the Health and Wellbeing Board advising this was a new regular agenda item.

Future work meeting themes would be:

4 th December 2024	Adults and Healthy Ageing
5 th February 2025	Children, Young People and Families
12 th March 2025	Very Vulnerable People

15. Any other items of public business

There were no other items of public business.

(Meeting closed at 11.55 am)



Coventry City Council

Briefing note

**To: Coventry Health and Wellbeing Board
December 2024**

Date: 4th

Subject: Independent Annual Public Health Report 2024 – Migrant Health and Wellbeing in Coventry

1 Purpose of the Note

To inform the Health and Wellbeing board on The Director of Public Health (DPH) Annual Report – Migrant Health and Wellbeing in Coventry

2 Recommendations

For the Board to note the report and respond to the report recommendations.

3 Information/Background

The Director of Public Health (DPH) has a statutory responsibility to write an independent annual report, and the Local Authority a statutory duty to publish it. The DPH for Coventry has chosen to focus their 2nd annual report on the health and wellbeing of migrants in Coventry.

Protecting our right to achieve good health and wellbeing is highlighted by the World Health Organisation as key part of creating safe, respectful communities/society. Working in partnership, we can and should support the integration of migrants to Coventry, enabling them to develop the skills, knowledge and understanding that will provide them with best opportunity to achieve their rights.

The report explores both longstanding and emerging protective and risk factors that influence migrants' ability to build new and healthy lives, their confidence in accessing appropriate support and the responsiveness of existing provision. The report recognises that demographic changes in the migrant population have sometimes been rapid (e.g. such as those driven by conflicts of war in Ukraine), have brought both positive and negative impacts on those who are forced to make the journey to the UK. It acknowledges Coventry's history and longstanding work welcoming migrant communities which offers a solid foundation to build on. By working collaboratively through an integrated system, we have the potential to secure these rights and better outcomes for every migrant community member.

The report has been informed by the needs and experiences of migrant communities in Coventry and is structured into chapters each addressing different aspects of Migrant Health and Wellbeing:

1. Why People Migrate
2. Refuge, Protection and Opportunity
3. Understanding Migrant Communities and Groups
4. Health Inequalities and Vulnerability
5. Migrant Community Health Patterns/Trends in Coventry

An overview of the report has been reviewed by the Coventry and Warwickshire ICB and will be shared with the ICB Quality, Safety and Experience Committee on 26th November. The report will be published in early December.

4 Recommendations for Migrant Health and Well-being in Coventry

The Health and Wellbeing Board are asked to note and respond to the recommendations in the report. The recommendations are outlined below.

1. **Engage community partners in the next phase of the Coventry City Council "Our Coventry" integration programme** for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.
2. **Improve cultural competence across local services** by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
3. **Strengthen data collection and enhance the Joint Strategic Needs Assessment (JSNA)** so that the full picture of migrant health needs is captured (including both quantitative and qualitative sources).
4. **Build research partnerships** between Coventry City Council's Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
5. **Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people's mental health pilot** to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
6. **Enhance outreach and support including building on existing community champions networks**, deepening links with trusted leaders and regular mapping of community assets.
7. **Leverage innovative technologies** to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual

Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).

- 8. Strengthen partnership working to deliver improvements in maternity care** including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.
- 9. Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support involving the NHS,** voluntary sector and local authority.
- 10. Build on local tailored health protection campaigns to maximise:**
 - a. uptake of vaccination to align with UK immunisations schedule
 - b. Engagement in age or other appropriate screening
 - c. Awareness of infectious disease.
- 11. Build on local specialist support and advocacy for survivors of modern slavery** through targeted training for professionals in Coventry on exploitation indicators and rights to care.
- 12. Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks** with migrant groups as part of fostering community ownership and trust in services.
- 13. Invest in robust translation and interpretation services** to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.
- 14. Schedule a series of asset based deeper dives** into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).
- 15. Build on the Wellbeing Monitor community engagement project** (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 4 December 2024

**From: Peter Fahy – Director of Adult Services and Housing
Justine Richards – Director of Strategy and Transformation**

Title: Improving Lives – from programme delivery to Business as Usual

1 Purpose

The purpose of this report and accompanying presentation to Coventry HWBB is to communicate the outcomes of the Improving Lives programme and notify HWBB of the movement of the programme from programme delivery to Business as Usual.

2 Recommendations

Coventry HWBB are recommended to Support the movement to BAU for the Improving Lives programme, noting the progress made and the ongoing need to embedding change and delivery of continuous improvement

3 Information/Background

The Improving Lives programme was a change programme initiated and delivered across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.

The programme represented a systemic endeavour to improve on some long term challenging metrics including high numbers of older people admitted to hospital leading to an increased probability of admission to a care home and resulting in less than optimum outcomes for residents. Systemically this position also resulted in service costs being incurred that could have been avoided.

In 2023 the four partners organisations engaged Newton Europe to support a change programme to both deliver financial benefits and improve outcomes for people that require our support.

The programme has focussed on the key elements of:

- Hospital Processes – how people are supported when they arrive at hospital to ensure that admissions are reduced and if an admission is unavoidable for length of stay to be minimised
- Integrated Neighbourhood Teams – the development of joint teams across NHS and Social Care, with a single line of management and to focus on a community focussed model of discharge. The purpose of which is to support people to return home from hospital rather than into a care setting
- Intelligence led oversight – the development of shared oversight through the use of better information which enables better management oversight and the ability of multiple organisations to have visibility of individuals and key metrics which drives performance and improvement.

As the above elements are in place and have been operating for a number of months the Improving Lives programme has moved from a change programme to a continuous improvement through business as usual. In doing so we recognise that the objectives of the programme have been delivered but will require constant oversight and improvement work to ensure the benefits continue to be realised.

4 Options Considered and Recommended Proposal

There are no options related to this report.

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 4 December 2024

From:

Justine Richards – Chief Officer Strategy and Transformation, University Hospitals Coventry and Warwickshire NHS Trust (UHCW)

Peter Fahy – Director of Adult Services and Housing

Title: Community Integrator- the next phase of transformation

1 Purpose

The purpose of this report to Coventry HWBB is outline the approach to the transformation of community services in Coventry.

Coventry HWBB are recommended to support the approach, noting the system ambition for a new model of neighbourhood health and care that delivers improved outcomes for Coventry people.

2 Information/Background

The Coventry and Warwickshire Integrated Care Board (ICB) commissioned University Hospitals Coventry and Warwickshire NHS Trust (UHCW) to be lead provider for the Coventry Community Integrator contract in July 2024.

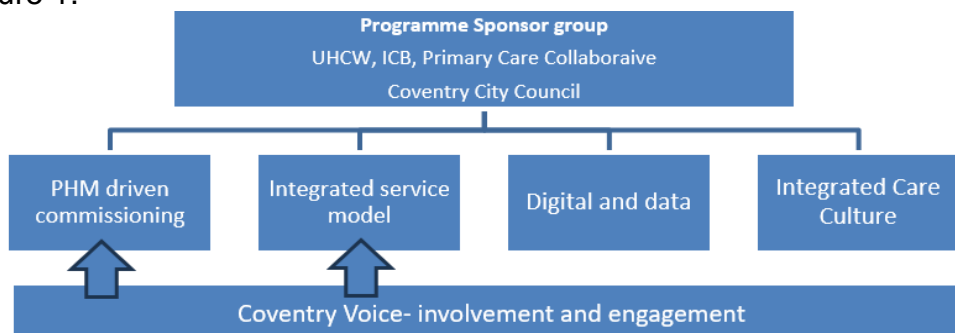
UHCW is now establishing a transformation programme, meeting its responsibility as lead provider to deliver at-scale transformation of community services, taking a Population Health Management (PHM) approach to design and delivery.

The transformation programme will build on approach developed through the Improving Lives programme, bringing system partners together to realise benefits for our population:

- Reduce inequalities and variance in access, experience and outcomes
- Deliver outcomes that are important to people (informed by engagement)
- Make insights and data-driven decisions about allocation of resources where they can have most impact
- Work together across health and care settings, in partnership with the communities we serve.

The transformation programme has been designed to meet these objectives, with five interdependent workstreams. Figure 1. Outlines the programme structure.

Figure 1.



Workstream	Objective
PHM	Understand population need, learn about our communities and how best to support Develop the new commissioning methodology
Integrated service model	Building on the 'Improving Lives' Local Integrated Teams model Develop Integrated Neighbourhood Teams supporting a shared caseload of people (aligning to primary care 'Fuller' stocktake strategy) Convene multiple services and contracts.
Digital and data	Implement EMIS clinical record for community services by April 2025 to support integrated teams. Develop integrated digital and data sharing to support PHM
Integrated care culture	Co-production and change management for the community workforce to foster personalised care and integrated working
Coventry Voice	Engagement and involvement with people and communities to understand need Working with people and communities (and the third sector) to build solutions

The five workstreams will work together to develop a new model of integrated community care that is informed by PHM and designed through engagement with local people and our workforce.

This is a significant 2-year transformation programme. The first phase is a PHM informed 'diagnostic' to identify opportunities for a more joined up and proactive approach to managing need and laying the foundation for a 'neighbourhood health system' with partners.

3 Conclusion

The outlined approach to transforming community services provides the Coventry Care Collaborative with the opportunity to fully realise the ambitions of the Integrated Care System, progressing the key ambitions to improve population outcomes, tackle inequalities, make effective use of resources and support social and economic benefit.

This programme is the next phase of transformation as the urgent health and care model developed through Improving Lives moves into business as usual.

System working between acute, community NHS and adult social care was a key enabler for the success of Improving Lives. Community Integrator will build on that approach and go expand the partnership to include primary care, mental health and the VCSFE reflecting the critical role these partners play in neighbourhood health.

4 Options Considered and Recommended Proposal

Members are requested to NOTE FOR INFORMATION the contents of the report.

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Coventry City Council

Briefing note

To: Coventry Health and Wellbeing Board

Date: 04/12/2024

Subject: Embedding a Population Health Management approach in Coventry

1 Purpose of the Note

- 1.1 To describe work to embed Population Health Management (PHM) in the commissioning, transformation, design and delivery of health and care services in Coventry.

2 Recommendations

- 2.1 For the Board to note progress the Coventry Care Collaborative has made towards embedding a PHM approach to health and care and the commitment made by all Integrated Care System (ICS) partners
- 2.2 For the Board to consider opportunities to further embed a PHM approach across services

3 Information/Background

- 3.1 Population Health is an approach aimed at improving the health of an entire population. It aims to improve the physical and mental health outcomes and wellbeing of people and reduce inequalities. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health
- 3.2 Population health management improves population health by data and intelligence-driven planning and delivery of services to achieve maximum impact. It includes segmentation, stratification and modelling to identify local 'at risk' cohorts. Then it involves designing and targeting interventions to improve care and support and prevent worsening health for people with ongoing health conditions
- 3.3 Coventry Care Collaborative has committed to better use of Insight when making decisions about services. Historically, services have been designed based on current or predicated future demand data, without proper regard to needs of the whole population or a focus on who is not using services. This has compounded inequalities and led to increased demand for services without resulting in improved outcomes. A PHM approach looks at insight from the whole population, including those who are not using services, to better understand how services can better meet the needs of our residents. This Insight includes not just service data, but also insight on who is and who is not accessing services, and who has poor experience of services or poorer outcomes. This includes feedback from residents but also clinicians and other stakeholders on why services may not be benefiting all residents equally.

- 3.4 The Community Integrator transformation programme will be used to apply, test and learn how we successfully embed a PHM approach. This will include describing the attributes of the highest intensity users of urgent and emergency care, and their access to and experience of more preventative services and how these services could be transformed to 'left-shift' demand in the future. Alongside service data, insight from patients and public, stakeholders including clinicians from multiple services (both emergency and planned) and an understanding of neighbourhoods in which patients live, will be used to inform meaningful transformation of services.
- 3.5 There is a commitment from all ICS partners to supporting insight-driven decision making, apply learning to other decision-making as appropriate and work toward embedding the approach broadly in the future. While the work to apply the approach will sit with individual programmes, a collective working group has been established to share learning, remove barriers to embedding a PHM approach, identify opportunities to scale and spread and ensure resources and structures required are in place. This group will report into Care Collaborative Forum and Committee where appropriate.

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Briefing note

To: Coventry Health and Wellbeing Board

Date: 4th December 2024

Subject: Opportunities and Impact of Leveraging the Health Determinants Research Collaboration, UHCW and ICS Research Infrastructure

1 Purpose of the Note

The purpose of this note is to outline the opportunities, benefits, and impact of strengthening Coventry Health and Wellbeing Board's engagement with local wider determinants of health (WDH) and NHS research infrastructure. This includes identifying the overlapping areas of focus within the Coventry Health Determinants Research Collaboration (HDRC), with University Hospital Coventry & Warwickshire Institute for Health Equity and Social Care, and Coventry & Warwickshire Integrated Care System (ICS) research infrastructure. The note highlights how the Board's involvement in this infrastructure can help advance research development and enhance knowledge mobilisation and research implementation where beneficial to improving health and wellbeing and reducing health inequalities.

2 Recommendations

- 1) For Health and Wellbeing Board to consider how it can utilise the HDRC and ICS research infrastructure to inform service, policy and strategy developments to improve health and wellbeing and reduce health inequalities
- 2) To develop a mechanism for the Health and Wellbeing Board to endorse and support collaborative research and related funding applications

3 Information/Background

3.1 Overview of Local Health Research Infrastructure

The Coventry HDRC, UHCW Institute for Health Equity and Social Care, and ICS research infrastructure share a common focus on improving by addressing health inequalities and improving health outcomes for residents. The HDRC has a focus on the wider determinants of health and public health, and the ICS and UHCW more emphasis on public health and health and social care. While each research infrastructure has distinct strengths, the portfolios overlap in several critical areas, particularly around health equity, research-to-practice efforts, decision making and system efficiency, and meaningful involvement of stakeholders: local authority, NHS, voluntary sector and importantly residents and patients.

- 3.2 **Coventry Health Determinants Research Collaboration (HDRC):** Coventry is one of 30 local authority areas across the UK which has been awarded funding over five years to establish a HDRC from 1st October 2022. The funding is being used to build a research infrastructure and ecosystem and develop capacity and capability in relation to the use and creation of research evidence, with a focus on causes and interventions related to inequalities in the wider determinants of health. It is aligned to Coventry as a Marmot City and the One Coventry Plan. Initial priority WDH include Early Years/Best Start, Housing & Homelessness, Local Economy & Employment, Digital Inclusion. However, research into other local WDH priorities can be supported when opportunities arise.
- 3.3 The funding has been used to establish a governance and delivery structure across the 2 universities, council, UHCW, VCSE and communities. With input from the UCL Institute for Health Equity. A HDRC research and development team is established in the local authority, and programme delivery is structured around 5 pillars. Key achievements to date include:
- Pillar 1:** Data and Governance – Council Research Intellectual Property and Research Governance Policies. Research Governance process and ethics committee in development.
- Pillar 2:** Training and skills – Training Needs Assessment Conducted. Integration of Research into the council appraisal system. Training programme including, secondments & placements, research webinars, So what club, bespoke support and advice for practitioners, citizen science training for residents. In development includes, a certified research skills course, drop in clinics, access to university modules, and introductory learning on health inequalities and wider determinants of health for residents and colleagues.
- Pillar 3:** Public Involvement – Development of Public Involvement and EDI principles. Creation of a VSCE group and Public Voices Group. Review of methods to work with communities in research priority setting. Going forward there will be testing of co-production approaches with community groups.
- Pillar 4:** Evaluation - Developed a 3-phase evaluation plan and obtained research ethics approval. Conducted our baseline study of research culture and collaboration functioning. Coventry is leading a joint output of HDRC evaluations.
- Pillar 5:** Impact and Implementation Developed a system for monitoring and managing our research project development “pipeline”. Developing new strategic alliances for research at regional/national level to facilitate funding opportunities & economies of scale. Developed the Research Ambassador role in the Council as research knowledge brokers, and have started recruiting up to 10 Research Ambassadors. Inputted and supported university applications for research funding and studentships.
- 3.4 To date the support through the HDRC in using existing evidence, research methods, links with universities has benefitted the council Employment & Skills, Economic Development, Sustainability, Cov Connects/Customer Services, Digital Inclusion, and Homelessness and Public Health teams.
- 3.5 For further information see: <https://www.coventry.gov.uk/hdrc>

4 University Hospitals Coventry & Warwickshire Institute for Health Equity and Social Care: UHCW's Institute leads on research into reducing inequalities in health and social care to improve population health outcomes through policy-oriented research and collaboration with local government and community organizations. Its work aligns with the Board's goals of addressing the root causes of health inequalities.

4.1 We know that waiting lists fuel health inequalities and the Institute led an evaluation of the impact of HEARTT™, a tool to prioritise those at most need on NHS elective waiting lists, and embedded a population health management approach within the service for people living with persistent low back pain in Coventry, which is currently being evaluated. For further information see: <https://research.mededcoventry.org/>

5. Coventry & Warwickshire Integrated Care System (ICS) Research

Infrastructure: The ICS framework enables coordinated healthcare research across the local system, supporting a unified approach to addressing regional health issues and providing practical, scalable health solutions that respond to Coventry's needs.

5.1 Coventry & Warwickshire System Research & Development Stakeholder Committee, on which Coventry HDRC is represented, has been established to provide an executive forum for joint R&D strategy development and collaborative working. To date, it has developed an ICS Research Strategy to maximise the benefits of research participation for our communities and to develop research empowered staff that value participating in, and implementing the findings from, its research agenda. Research Regional Delivery Workstreams (commercial research, operations and relationships, workforce capability and capacity and digital) have been agreed operationalised through an ICS R&D Manager Group which meets monthly to progress activities of mutual benefit.

5.2 Since the inception of this Committee, more collaborative funding applications have been submitted to increase capacity and capability across the ICS. To date, £100,000 has been awarded by NHSE to establish a local Research Engagement Network (REN) to support underserved community research engagement. Working in collaboration with the voluntary sector, the REN is supporting all system partners to work together to offer research opportunities to the populations that will benefit most. The Network has put focus on facilitating collaboration by publishing engagements and insights in a public space, see <https://happyhealthylives.meridian.wazoku.com/home-page>

6 Overlapping Portfolios and Collaborative Opportunities

The shared priorities of HDRC, UHCW, and ICS provide a strong foundation for collaborative efforts that can directly benefit Coventry's residents. Opportunities include:

1. Advancing Research into Practice

The research infrastructure' collective focus on data-driven, locally relevant research ensures that findings can be effectively translated into practice. By

embedding HDRC, UHCW, and ICS research into Board policies, Coventry's WDH & health interventions can be more precisely targeted and timely.

2. **Enhanced Knowledge Mobilisation**

With each research infrastructure contributing specific expertise, the Board can improve knowledge mobilisation through coordinated data sharing, consistent communication, and practical training for policymakers. HDRC's focus on WDH and inequalities, UHCW's focus on health care and inequalities, and ICS's system-wide health and social care approach provide a comprehensive base for mobilising actionable knowledge.

3. **Influencing Health Research and Policy Development**

Engagement with local research bodies strengthens Coventry's influence in guiding regional and national WDH, public health & healthcare research agendas. By aligning research priorities with local health needs, the Board can help ensure that resources and attention are focused on the issues that most affect Coventry residents.

4. **Improved Health Equity and Wellbeing Outcomes**

These research infrastructures enable a holistic approach to addressing WDH and health inequalities in Coventry. By integrating local data, equity-focused research, and system efficiencies, the Board can support more effective, evidence-based interventions that address the specific health inequalities impacting Coventry residents.

7 **Potential Impact on Coventry Residents' Health and Wellbeing**

1. **Targeted, Evidence-Based Interventions:** Data and research insights from HDRC, UHCW, and ICS can enable the Board to develop policy and strategy that directly respond to Coventry's unique health challenges.
2. **Sustainable Health Solutions:** ICS infrastructure's emphasis on efficient health systems supports scalable solutions that can improve health access and resource allocation for vulnerable populations, enhancing the long-term sustainability of Coventry's health services.
3. **Increased Community Engagement and Health Literacy:** Collaboration with HDRC and UHCW involves public involvement in research, leading to greater community engagement and understanding of WDH and health issues, contributing to healthier behaviours and informed residents.
4. **Enhanced Health Data and Analytics:** The collective data resources from HDRC, UHCW, and ICS provide a strong foundation for data-driven decision-making. Access to comprehensive WDH, and health data allows for proactive health risk identification, targeted interventions, and ongoing policy evaluation.

8 **Conclusion**

Enhanced collaboration with Coventry's HDRC, public health and healthcare research infrastructure presents a valuable opportunity for the Coventry Health and Wellbeing Board to drive meaningful, data-informed health improvements. By aligning with HDRC, UHCW's Institute, and ICS research initiatives, the Board can help establish Coventry as a leader in evidence-based public health policy, directly benefiting residents through targeted, effective interventions that address both inequalities in WDH and healthcare and health outcomes. This may be achieved

through ensuring the development of a clear process for system-wide working on research priorities where joined up research delivers more than the sum of its parts.

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<p>2nd October 2024 Theme: Wider Determinants of Health - Employment and Skills</p> <ul style="list-style-type: none"> - Employment and Skills Landscape - Business committed to a fairer Coventry - Workwell programme - Healthy workplaces - Social value network progress update - Coventry and Warwickshire Joint Health and Wellbeing Board Update - Pharmaceutical Needs Assessment Supplementary Statement <p>Governance</p> <ul style="list-style-type: none"> - Joint Strategic Needs Assessment and Health and Wellbeing Strategy
<p>4th December 2024 Theme: Adults including Healthy Ageing</p> <ul style="list-style-type: none"> - Independent Annual Public Health Report 2024 Migrant Health and Wellbeing in Coventry - Coventry Care Collaborative - Improving Lives - Community Integrator - Population Health Management - Coventry Place Research - 10 Year Plan Listening Exercise
<p>5th February 2025 Theme: Children, Young People & Families</p> <ul style="list-style-type: none"> - Public Health Business Plan - To be confirmed
<p>12th March 2025 Theme: Very Vulnerable People</p> <ul style="list-style-type: none"> - Substance Misuse - Domestic Abuse - Homelessness - Marmot 2.0
<p>Forward Plan – Date to be determined</p> <ul style="list-style-type: none"> - Anchor Institutions - Mental Health Collaborative

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