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Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
10.00 am on Monday, 24th March, 2025

Place
Diamond Rooms 1& 2 - Council House, Coventry, CV1 5RR

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 5th February 2025 (Pages 3 - 12)

   (b) Matters Arising

4. **NHS Planning Guidance** (Pages 13 - 16)

   Briefing Note of the Chief Transformation Officer and Deputy Chief Executive and the Chief Finance Officer, NHS Coventry & Warwickshire ICB

5. **Health Inequalities - focus on Drug & Alcohol, Homelessness, Domestic Abuse** (Pages 17 - 24)

   Briefing Note of the Consultant in Public Health (UHCW NHS Trust and Coventry City Council), R Chapman

6. **Coventry and Warwickshire Joint Health Protection Strategy** (Pages 25 - 58)

   Briefing Note of the Director of Public Health & Wellbeing, A Duggal and the Consultant in Public Health – Health Protection and Sustainable Places, L Makurah

7. **Better Care Fund Q3 Report** (Pages 59 - 74)

   Report of the Director of Adult Services and Housing, P Fahy

8. **Health & Wellbeing Board Members Headline Updates and Future Work Programme Items** (Pages 75 - 76)

   Verbal update of the Chair – Health and Wellbeing Board Members Headline Updates

9. **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

Friday, 14 March 2025

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, K Caan (Chair), M Coombes, Drover, A Duggal, G Duggins, P Fahy, Garrigan, A Hardy, G Hayre (By Invitation), Howat, P Johns, M Lapsa, S Linnell, C Meyer, D Oum, P Seaman, Sen and Stanton

By Invitation: Councillor G Hayre

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Caroline Taylor
Email: caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am on Wednesday, 5 February 2025

Present:

Members:	Councillor K Caan (Chair)
	K Callender (substitute for P Drover, West Midlands Police) Councillor G Duggins Councillor M Lapsa A Duggal, Director of Public Health and Wellbeing P Fahy, Director of Adults & Housing F Garrigan, Healthwatch Coventry P Johns, ICB Councillor M Lapsa S Lewis (substitute for M Stanton, West Midlands Fire Service) J Richards (Substitute for A Hardy), University Hospitals Coventry and Warwickshire S Linnell, Healthwatch Coventry Councillor P Seaman
Employees (by Directorate):	
Adult Services & Housing	M Clayton, M Conway, J Essex, J Gillum, C Heeley, J Moffat, A Whitrick
Law and Governance	R Dickinson, C Taylor
Public Health	V Castree, A Baker
Others present:	A Baker, NCT Parents in Mind N Bukhari, C McNaught, Foleshill Women's Training M Conway, ICB H Cox, Hope Coventry S Mair, Fatherhood Solutions L Ranson, ICB
Apologies:	Councillor L Bigham, M Coombes, P Drover, A Hardy, D Howat, Professor C Meyer, D Oum, S Sen and M Stanton

Public Business

30. **Welcome**

The Chair, Councillor K Caan, welcomed everyone to the meeting, thanking the Moat Family Hub for hosting and advising the theme of the meeting was children, young people and families.

The Chair thanked Ruth Light, Healthwatch Coventry for her contribution to the Board over the years as she had recently moved on from her role. He welcomed

Fiona Garrigan, Healthwatch Coventry and Matthew Stanton from West Midlands Fire Service to the Board.

The Chair welcomed representatives of the Voluntary and Community Sector, A Baker (NCT Parents in Mind), H Cox (Hope Coventry), S Mair (Fatherhood Solutions), C McNaught and N Bukhari (Foleshill Women's Training) (FWT), to the meeting.

31. **Declarations of Interest**

There were no declarations of interest.

32. **To agree the minutes of the meeting held on 4th December 2024**

Minutes of the meeting held on 2nd October 2024 were agreed and signed as a true record.

33. **Matters Arising**

Minutes of the meeting held on 2nd October 2024 were agreed and signed as a true record.

Further to Minute 21 – Independent Annual Public Health Report 2024 – Migrant Health and Wellbeing in Coventry – Councillor Lapsa recorded an interest in the Coventry Refugee and Migrant Centre.

Further to Minute 21 – Independent Annual Public Health Report 2024 – Migrant Health and Wellbeing in Coventry, it was noted that the actions of the Director of Public Health, in that report, had been prioritised.

Further to Minute 28 – Health and Wellbeing Board Members Headline Updates and Future Work Programme Items – it was noted that Suicide Prevention would be part of a Mental Health themed meeting planned for 2025/26.

34. **Chair's Update**

The Chair, Councillor Caan, updated the Board on his useful recent meeting with the Mayor of the West Midlands, R Parker, at which he discussed health work and gaining support for local communities through him.

The Chair had a recent positive meeting with Sir Michael Marmot, where the key items were progression of the framework of Marmot in Coventry whilst supporting all organisations.

The Health Determinants Research Collaborative (HDRC) was providing personal and professional development opportunities related to research for residents and staff in Coventry. A community citizen science course delivered by Coventry University was available to residents. This course would help link residents lived experience with research. The Chair requested the community citizen science course be brought to a future Health and Wellbeing Board meeting.

RESOLVED that the Health and Wellbeing Board note the Chair's update.

35. **Director of Public Health & Wellbeing Update**

The Board received a verbal update of the Director of Public Health and Wellbeing highlighting the prevalence of Tuberculosis (TB) in the city. The Director explained that recent epidemiology data had shown the West Midlands to have some of the highest number of cases of TB in the country, and how it was driven by the wider determinants of health, in particular, asylum seekers and the homeless. Public Health were working in collaboration with partners to bring down the number of cases.

The Director updated the Board on her recent meeting with the Chair, Councillor Caan, to discuss the devolution deal with regard to Public Health.

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

36. **Early Help and Prevention**

The Board received a Briefing Note and presentation from the Early Help Operational Lead.

Working Together to Safeguard Children 2023, described the expectations for multi-agency working to help, protect and promote the welfare of children. The current expectations were for partners to work together within early help through a collaborative, multi-agency approach to support children and families through shared responsibility, information sharing and continuous improvement.

Early help was a support for children of all ages that improved a family's resilience and outcomes or reduced the chance of a problem getting worse. It was a system of support delivered by local authorities and their partners working together, taking collective responsibility to provide the right provision for them.

In Coventry, the Early Help and Prevention system of support was arranged and governed by the Early Help Strategic Partnership, who were responsible for the development, activation and evaluation of the Early Help Strategy. This was mobilised across the partnership and community of practice through 10 Early Help Outcome Groups, as well as the Family Hub Network and other local community based Early Help and prevention forums. There were several other strategies and plans across the sector, including an early intervention and prevention focus including the Domestic Abuse Strategy, Housing and Homelessness and the Vanguard Programme.

In 'Working Together to Safeguard Children' guidance, the expectations were described for strategic leaders, senior and middle managers and those delivering direct practice. For those involved in direct practice, the expectations were to: collaborate, learn, resource, include and mutually challenge.

The process in Coventry involved undertaking an Early Help Assessment, leading to a family plan, supported by a team around the family approach. The role that

practitioners across the system were expected to undertake was detailed in the Coventry CSCP Work Force Table.

The Children's Wellbeing and Schools Bill was introduced in Parliament in December 2024 and was expected to report in February 2025. The bill contained reforms to children's social care and provision relating to education in England. Key features included: child safety, education tracking, home education safeguards, financial relief for parents and school admissions. There were also key expectations for safeguarding partners including local authorities, NHS integrated care boards and the police, aiming to create a more integrated and responsive system to protect children from harm.

Coventry, recognised as a trailblazer in the National Family Hub and Start for Life programme, had 8 Family Hub buildings and delivered a comprehensive offer of support in the local communities across Coventry and through a new digital platform. Notification of an additional years funding for 2025/6 and report of progress and request to accept the grant would be taken to Cabinet and Council in March 2025.

The Family Hub and Start for Life Programme Board currently oversaw the work of each funded workstream, with workstream leads representing the partnership agencies and teams delivering on this programme. The Public Health Consultant responsible for inequalities and children currently attended and supported the board.

There were new elements to the Coventry offer including the establishment of a special support group for families who had spent considerable time in their early parenting on the UHCW neonatal ward. Other new elements included Bumps Baby & Beyond sessions, specialist workshops for newly arrived families, father focus work and an enhanced offer to families with children with SEND. Mosaic and The Moat Family Hub were also places where parents could register the birth of their baby. This offer was being extended to one further Family Hub.

'Coventry Families' portal www.coventryfamilies.co.uk, was now live and utilised across the city. The portal provided accessible support, advice, information and resources to families.

The Chair commended the early help and prevention work, advising the effects of which were immeasurable on families within the city.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- Families with children with SEN needs was a priority. Each Family Hub had a SEN offer and officers responded as requests were received and had provided links with the SEND Parent Carer Forum, with the sensory library now being hosted within one of the Family Hubs. The role of Partnership Co-ordinator within the team, was to provide support to these families.
- Translation services were provided via a partnership approach. MAMTA was provided at the Foleshill Women's Training Centre, and supported minority ethnic women after pregnancy. The Family Hubs offered translation support, lingo links and some staff were bi-lingual.

The Board requested:

- Details of SEN groups requiring support to be passed to the Partnership Co-ordinator.
- Details of the book 'Poor' by Katriona O'Sullivan
- Family Hubs video to be shared widely via social media platforms

RESOLVED that the Health and Wellbeing Board:

1) **That all services, agencies and teams familiarise themselves with the Early Help strategy and its commitment to children and families and identify how their service can help meet the commitments to help families achieve positive outcomes**

2) **That services, agencies and teams across the partnerships and sectors familiarise themselves with the proposed social care reforms and consider their response to key policy documentation including Stable Homes built on love, and Keeping children safe, helping families thrive, and start to consider the potential implications for transformation that may be required to undertake as part of the integrated care system.**

3) **That all interested parties join the Family hub network, download the Coventry families portal app and share with their teams to utilise in practice to navigate families to the right help in Coventry and access beneficial services.**

4) **That services understand their responsibilities to contribute to supporting families in need of targeted early help as outlined in the Coventry workforce table and seek any support they need to notice and identify children, initiate early help assessments, participate in team around the family arrangements and act as lead practitioners when appropriate, acting in the best interests of children, young people and their families.**

5) **To recognise the impacts to our most vulnerable children and families in our city and use the learning from the Vanguard's test and learn approach to influence future commissioning for young people in the most complex situations.**

37. **Special Educational Needs, Disability and Alternative Provision Strategic Partnership Board**

The Board received a Briefing Note and presentation of the Head of SEND & Specialist Services providing an overview of the activity and focus of the SEND and AP Partnership Board during 2024 and highlighting the strength and cross agency partnership working in Coventry, setting out partnership priorities and providing examples of Coventry's partnership response to the nationally recognised systemic challenges all local areas faced.

The purpose of the SEND and AP Strategic Partnership Board was to:

- Improve outcomes and tackle inequalities for children and young people with SEND in Coventry
- Ensure that co-production was embedded culturally across the local area and that the voice of children, young people and their families was heard and informs all we do
- Provide strategic oversight of the SEND & AP JSNA (Joint Strategic Needs Assessment), the joint self-evaluation assessment, the SEND and AP action plan the SEND & AP Strategy
- Model and promote shared responsibility and accountability across all partnership services, and where it improved outcomes for children and young people promote integrated working
- Build system capacity and expertise across the local area, endorsing and monitoring innovative practice
- Oversee the effectiveness of the local offer for SEND across all services and intervene in a timely and effective manner where appropriate
- Identify opportunities for joint commissioning and integrated working, where there is evidence that it would improve the efficiency and effectiveness of the identification, assessment and provision pathways
- Champion the entitlement to an ordinary life for children and young people with additional needs with a focus on transition to adulthood, employment and independent living 'lifting the cloud of limitation'
- Have oversight of sufficiency issues including workforce challenges and the sufficiency of specialist placements, provision including therapies, short-breaks, supported internships and employment and training opportunities
- Agree the cross agency key performance indicators and monitor progress against improvement targets
- Hold partners to account when required.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- A dry run in response to Ofsted's Annex A included information gathering in readiness for an inspection. Information regarding the governance of SEND, children missing in education and all children and young people in the city with an EHP and in receipt of SEN support would also be required for the inspection.

RESOLVED that the Health and Wellbeing Board:

1) Note the progress made so far.

2) Consider and endorse the priorities identified by the SEND and AP Strategic Partnership Board.

38. **The Corporate Parenting Agenda**

The Board received a Briefing Note and presentation of the Strategic Lead for Corporate Parenting & Sufficiency and Strategic Lead for Children in Care, Care Leavers and Children with disabilities services, which provided an update on:

- Sharing information with the Health & Wellbeing Board in relation to the role of Corporate Parents and Corporate Parenting Board.
- Provide feedback from children and young people in relation to services and areas they identified as gaps.
- Update on the work undertaken linked to the meeting, the needs of children and young people in care and those who had left care.

The Chair welcomed the presentation, highlighted his support for free prescriptions for care leavers and called on health partners to provide support.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- Work had already begun relating to the provision of support to progress a joint review of all services working with children in care and care leavers in meeting their mental health and emotional wellbeing and addressing any inequalities in accessing services. It was important that children and young people knew about the support services available to them and their accessibility.

Councillor Seaman congratulated the Corporate Parenting Board, welcoming hearing directly from the children and young people what it was they wanted, taking actions and providing feedback to them.

The Chair welcomed the motion passed by Coventry City Council in September 2024 regarding care leavers becoming a protected characteristic, welcoming the council being a corporate parent and looking forward to other partners coming on board to be part of the positive journey.

RESOLVED that the Health and Wellbeing Board:

1) Request all Partners consider care experienced (care leaver) as a protected characteristic.

2) Provide support to progress a joint review of all services that work with children in care and care leavers in meeting their mental health and emotional wellbeing and to address any inequalities in accessing services.

3) Consider free prescriptions for care leavers.

39. **Public Health Business Plan**

The Board received a Briefing Note and presentation of the Director of Public Health and the Consultant in Public Health regarding the Public Health, Insights and Migration Business Plan for 2025 – 2028 which discussed the work of the team and the principles the team had used to identify priorities going forward. Five areas of work were identified for the team to prioritise in terms of improving the population for Coventry residents.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- A focus was required on ensuring women were healthy prior to pregnancy to improve infant mortality deaths.
- Data had been captured for each infant death including which community the family was from and reasoning behind the death.
- UHCW and Coventry City Council's joint appointment post had proved beneficial however, early prevention was key to infant mortality and opportunities were being sought to influence outcomes earlier.
- MAMTA, a programme aimed to improve child and maternal health outcomes for black and minority ethnic women in Coventry, supported ethnic women post and pre pregnancy. Each ethnic woman in Coventry was offered MAMTA as a route during their pregnancy

The Board requested:

- The Public Health Business Plan be circulated to Members and feedback provided by Members to shape the future direction of priorities.

RESOLVED that the Health and Wellbeing Board:

1) Note the content of the Public Health, Insights and Migration Business Plan for 2025-26 and provide feedback to shape the future direction of priorities.

40. **Health & Wellbeing Board Members Headline Updates and Future Work Programme Items**

The Board received a verbal update of the Chair of the Health and Wellbeing Board requesting Members feedback, guidance and support on any future items or themes.

The Board noted the date of the next meeting which was 24th March 2025.

The continuing themed meetings were as follows:

- 24th March 2025 Very Vulnerable People

RESOLVED that the Health and Wellbeing Board:

1) Notes the update to the future work themed meetings.

2) Notes the date of the next meeting - 24th March 2025.

3) Community Citizen Science Course to be brought to a future meeting.

41. **Any Other Business**

There were no other items of public business.

(Meeting closed at 12.00 pm)

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Listening. Learning. Leading.

Draft Coventry and Warwickshire ICB Financial plan 2025/26

1. Priorities for 2025/26

1.1 NHS England has stated the following for 2025/26:

- Emphasis on productivity (working with providers to develop 6% efficiency programme).
- Specific workforce targets; agency 30% reduction; bank staff 10% reductions and reduce growth in admin roles.

2. Financial plan budgets for 2025/26

2.1 The Coventry and Warwickshire System has been notified of a Core Programme recurrent revenue resource limit for 2025/26 of £1.913bn. which equates to 4.4% rise of that of 2024/25. This £81m growth incorporates a notional 2.8% pay award, investment for Mental Health standards and Better Care Fund (BCF).

2.2 Including Delegated primary care and Specialised commissioning, the overall C&W ICB recurrent allocations is £2.44bn.

2.3 The allocation is fixed and there will be no further in year funding available, it will feel like 1-2% real terms reduction. The statutory duty of the ICB Board to remain within its resources and draft opening budgets have been set on this basis.

2.4 Detailed draft plan submitted to NHS England at the end of February, and the final plans are due at the end of March. The draft plan remains a risky position, with a lot of detail and triangulation (with funding, activity and workforce) to work through as part of the timeline for final plans. This will mean the position is likely move as iterative plans are developed.

2.5 Decisions on changes to some services and activity levels will be required for the ICB to deliver against future Financial Improvement Trajectories in the short to medium term.

3. Productivity and Efficiency Opportunities

3.1 NHS England developed productivity and efficiency opportunities packs for each trust and ICB. This identifies a potential 4.3% efficiency opportunity for Primary Care prescribing and 2% for Individual Packages of Care (IPoC).

3.2 In setting the ICB draft opening budgets the plan reflects this recommended 4.3% efficiency for Primary Care prescribing but as one of the measures to provide a balanced budget is proposing an extra stretch to 4% efficiency plan for IPoC.

4. Risks in delivery of the 2025/26 ICB financial plan

4.1 There are a number of risks inherent in the ICB financial plan that may need mitigation in-year:

- Efficiencies - Failure to deliver elements of the savings target.
- Contract agreements – The approach is to work with providers to deliver services within the affordable envelope, using outcome-based agreements and agreeing elective baseline targets. This will need to include independent sector providers. It is expected that the 2025/26 national contract and payment system will include contractual and payment levers which support capped payments and management of activity levels.

5. Operational Planning Performance Update

5.1 The below tables shows a summary of the system high level operational plan submission. This is the initial plan that the system submitted on the 27th February with a final submission due on the 27th March.

Metric	Target	GEH		SWFT		UHCW		System	
		Latest data	March 2026	Latest data	March 2026	Latest data	March 2026	Latest data	March 2026
Faster Diagnosis Standard	80% March 2026	76.6%	80.1%	80.7%	80.0%	78.2%	80.0%	78.8%	80.0%
62 day Waits	75% March 2026	61.6%	75%	73.3%	75%	56.6%	75%	62.0%	75%
18 weeks RTT performance	March 2026 Target in brackets	58.4%	58.7% (64%)	64.4%	69.0% (69.0%)	54.4%	60.4% (60%)	57.3%	62.4% (63%)
52 week RTT performance	Less than 1% of total PTL	2.5%	0%	1.7%	0.9%	2.5%	0.2%	2.3%	0.2%
Time to first appointment	March 2026 Target in brackets	66.8%	51.7% (71.8%)	65.1%	70.1% (70.1%)	61.6%	67% (67%)	63.1%	66.2% (68.1%)
A&E 4 hour waits	78%	67.6%	80.9%	61.0%	78%	66.8%	78%	65.8%	78.6%
A&E 12 hour waits	Reduction on 24/25 %	13.8%	7.9% (<11.8%)	7.5%	3.1% (<2.8%)	18.1%	14.8% (<16.4%)	13.9%	9.4% (<11.1%)

5.2 Key Highlights

- GEH have implemented a new PTL from the 1st February 2025 – this has impacted their current performance and means that their baseline position, based on the new PTL, would have been significantly worse than the November position used to calculate the RTT targets for 2025/26. There is a query with the national team about whether their targets change due to this but we are working on the assumption that they are likely to still need to deliver the performance levels as indicated in the table above.

- SWFT 12 hour waits seems to have been calculated against historic 12 hour breach level and we are picking up the discussion on provider confirm and challenge meetings as it appears the trust are planning to meet the national ask but an incorrect baseline position has been used

5.3 Mental Health Metrics

Metric	Target	CWPT		System	
		Latest data	March 2026	Latest data	March 2026
Mental Health average Length of Stay	March 2026 target in brackets	74.2	74.8 days (78.1 days)	77.5	76.2 days (78.3 days)
CYP accessing Mental Health Services	12,690			12,690 (Dec 24)	12,972
Reliance on MH Inpatient Care for adults with a Learning Disability	17.6			22	18
Reliance on MH Inpatient Care for Autistic Adults	12.8			16	13

- The Mental Health average length of stay metric is currently on track at both CWPT and the wider system ICB trajectory. The trajectory is seen as realistic and deliverable.

- Reliance on MH inpatient care for adult LDA and autistic adults shows that the system plans to improve on the current position for both trajectories but wouldn't quite meet the national targets. NHSE have shared that they agree that these are appropriate trajectories and will support them.

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Coventry City Council

Briefing note

To: Health and Wellbeing Board **Date: 24th March 2025**

Title: Homelessness and health, substance misuse and domestic abuse

1 Purpose of the Note

1.1 This briefing note is to provide an update on progress on three areas of work – homelessness and health, substance misuse and domestic abuse – since they were last considered by the Health & Wellbeing Board, and to ask for the Board's support with the next priority areas of work.

2 Recommendations

2.1 Health & Wellbeing Board is asked to support the following recommendations:

Homelessness and health:

- To continue to support the work and future projects in relation to health inequalities and homelessness,
- In particular for organisations to support work on healthcare pathways and services that meet the needs of this group.

Substance misuse:

- Support the refreshed strategic priorities and their delivery through the Drugs and Alcohol Partnership Steering Group
- Specifically provide organisational support to strengthening alcohol misuse identification and routes into treatment to reduce the harmful impact of alcohol on the residents of Coventry.

Domestic abuse:

- Support the ongoing needs assessment and the requirement for data as this will assist us in understanding the diverse needs within the city.
- For organisations to review the offer of support available to their workforces, such as having a domestic abuse policy in place and clear guidance on how victim survivors will be supported in the workplace.

3 Information/Background

3.1 Introduction

Homelessness, domestic abuse and drug misuse are deeply interconnected issues, being both cause and consequence of each other and affecting some of the most

vulnerable people in society. Domestic abuse is often a pathway to homelessness when survivors flee abusive relationships. Some people experiencing domestic abuse use drugs or alcohol as a coping mechanism, abusers might use substances as a form of control, and perpetrators of domestic abuse are often associated with substance misuse. Homelessness also can result in substance misuse as a coping mechanism, or be a consequence of substance misuse. A key part of recovery from substance misuse involves stable housing which can be difficult for those struggling with addiction. All of this creates a cycle that is self-amplifying and difficult to break, resulting in poorer outcomes for individuals and a negative impact on wider society.

3.2 All three of these issues are the focus of significant partnership working in Coventry. This paper aims to provide an update on current work and highlight areas for further development and support from partners.

3.3 **Homelessness and health**

3.4 In March 2024 the Health and Wellbeing board received a report in relation to Homelessness and Health which highlighted the health inequalities faced by people experiencing homelessness in all its forms.

3.5 The Board was asked to

- Support the ambition to achieve greater alignment in the provision of health care, support and interventions when considering health inequalities and homelessness in the future with a key opportunity for doing so being through the Homelessness and Rough Sleeper strategy which is being refreshed in 2024.
- Use the strategy renewal as an opportunity to consider as a system how we might better improve health outcomes for people who are homeless. In progressing this it was proposed to use the https://www.nice.org.uk/guidance/NG214 guidance that explores how LAs are providing integrated health and social care services for people experiencing homelessness, and ensure care, support and interventions are coordinated across different services. Undertaking a self-assessment to establish a clear baseline of our provision and services was the recommended starting point for this work.

3.6 Since the initial report to board the Health and Homelessness agenda has gained traction and support, and a number of projects / interventions have started to take place with the support of the Coventry Care Collaborative . This includes but is not limited to:

- Completion of initial NICE baseline self-assessment
- Secondment of a researcher form Warwick university as part of the HDRC to support a research piece into health and homelessness in the city
- Inclusion of homelessness as a specific priority area in Marmot 2.0 and initial planning partnership meeting focussing on health inequalities

- The production and publication of the Homeless and Rough Sleeping strategy and delivery plan which includes a commitment to consider health and wellbeing in all interventions.
- Development of an operational steering group to look at practical interventions in terms of health and homelessness and steer delivery of agreed operational actions.

3.7 H&WB Board is asked to continue to support the work and future projects in relation to health inequalities and homelessness, in particular work on healthcare pathways and services that meet the needs of this group.

3.8 **Substance misuse**

3.9 Much of the focus over the past two years has been the implementation of the drugs and alcohol strategy and ensuring positive engagement from key partners within the local system. Key achievements to date have been: strengthened partnership relationships; inter-organisational pathway development; and our local response to understanding and managing drug related harms and deaths (which has been recognised as good practice by OHID and the Office of the Police and Crime Commissioner). We have recently reviewed our priorities for the next 3 years (shown in Appendix 1) and an area which will receive more focus moving forward is around prevention and reducing harm from the impacts of alcohol use on individuals, families and the wider community.

3.10 In November 2024 Coventry and Warwickshire held the first Prevention Summit. Alcohol was identified as a local priority for the wider work on prevention. In Coventry, there is a disproportionate amount of harm caused by alcohol use. Alcohol-related mortality and hospital admission rates are higher than the national average and amongst our nearest neighbours. There is significant work to be done on identifying those with an alcohol need earlier to try and reduce hospital admissions and deaths.

3.11 The other significant piece of work that has been completed is the reprocurement of our drugs and alcohol treatment services. The current provider Change Grow Live (CGL) were successful in maintaining the contract. The new service model has a much stronger focus on building a more vibrant long term recovery offer for Coventry, bolstering capacity within the alcohol team and providing more outreach support. Other significant changes include: more specialist roles to encourage more effective engagement with our most vulnerable groups in the community; a clinical outreach wellbeing vehicle to allow greater reach of services across the city; and the extension of service hours supporting people 7 days a week. These changes are in response to feedback from those accessing services based on barriers to accessing support with the previous model. The new service will commence from 1st April 2025.

3.12 H&WB Board is recommended to:

- Support the refreshed strategic priorities and their delivery through the Drugs and Alcohol Partnership Steering Group
- Specifically provide organisational support to strengthening alcohol misuse identification and routes into treatment to reduce the harmful impact of alcohol on the residents of Coventry.

3.13 **Domestic abuse**

Domestic Abuse has profound and extensive effects on both individuals and society including wide ranging impacts for victim-survivors' physical and mental health and wellbeing, and social and economic impact such as homelessness, need for children's social care, and capacity in the criminal justice system. Preventing harm from domestic abuse is one of our key priorities and following the commencement of the Domestic Abuse Act 2021, Coventry has continued to prioritise tackling and preventing domestic abuse. The current strategy is overseen by the Domestic Abuse Local Partnership Board.

3.14 Current priorities include:

- DAHA (Domestic Abuse Housing Alliance) and Safe and Supported accommodation subgroup that co-ordinates the whole housing approach for victims of domestic abuse including their children, ensuring that underrepresented groups are considered and is supporting Housing and Homelessness to obtain DAHA accreditation
- Workforce Development - co-ordinates delivery, review and impact of training and workforce development relating to domestic abuse and harmful practises ensuring that trauma informed responses, intersectional and cultural competence is embedded in all learning
- Data task and Finish Group that is developing a data set involving all partner agencies relating to domestic abuse that will provide a comprehensive understanding of domestic abuse in Coventry
- Ongoing needs assessments for the safe accommodation duties and wider strategy refresh for 2026

Service provision and details on how the domestic abuse grant is used are set out in Appendix 2.

3.15 Coventry is not alone in seeing increasing demand for domestic abuse services, particularly since March 2020, and we are very aware of the impact of the cost of living for victims of domestic abuse on their victim's ability to leave an abusive relationship. Our commissioned domestic abuse services have seen a 36% increase in case load numbers since July 2021.

3.16 Housing and Homelessness team have seen a significant increase in approaches due to people fleeing domestic abuse since changes were brought in via the Domestic Abuse Act 2021 relating to priority need.

3.17 Over the last three years there has also been a change in the complexity of need for victim-survivors of domestic abuse that includes, substance misuse, mental health, disabilities as well as language need and no recourse to public funds. A snapshot of data from Change Grow Live on 30/09/2024 identified that there were 280 victims of domestic abuse accessing structured treatment programs out of a total number of 1024. Of these 280 service users, 95 had housing issues

3.18 **Duty to Collaborate**

The Victims and Prisoners Act 2024 includes the Duty to Collaborate which introduces new responsibilities for PCC's, local authorities and Integrated Care Boards to collaborate in the commissioning of community support services for

victims of domestic abuse, sexual about and serious violence. This includes a requirement to develop a joint needs assessment and local strategy which demonstrates how they will collaborate to deliver and improve victim support services.

3.19 Individual measures have not yet come into force, but the anticipated timeline is:

- Engagement - From mid Oct 2024 working groups including APCC, NHS England and Local Government to gather feedback on the draft guidance
- Consultation early 2025 with stake holders
- Finalise statutory guidance and commencement mid to end 2025
- Implementation – Expected that Duty will go live early 2026 with needs assessments and strategies early 2027 at the soonest

3.20 Health and Wellbeing Board is recommended to:

- support the ongoing needs assessment and the requirement for data as this will assist us in understanding the diverse needs within the city.
- For organisations to review the offer of support available to their workforces, such as having a domestic abuse policy in place and clear guidance on how victim survivors will be supported in the workplace.

4 How does this work contribute to the delivery of the Health and Wellbeing Strategy?

4.1 This work contributes to the H&WB strategy in the following ways:

- Homelessness as a prevention opportunity - focusing on health of people who are homeless
- Improving mental health for all - through support to access services and support as part of treatment pathways
- Prioritising prevention - both primary and secondary prevention
- Strengthening communities – co-production with communities on support
- Co-ordinating services – in particular healthcare, treatment and support for victims / survivors

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Appendix 1: Refreshed substance misuse strategic priorities

Appendix 2

Service provision and use of the Domestic Abuse grant

Local Authority funded	
Consortium of Coventry Haven Womens Aid, Panahghar and Relate Safetotalk: 0800 111 4998 www.safetotalk.org.uk	Provision of community based support • Telephone helpline • Case work • Aftercare • Sanctuary • Group work • Childrens emotional support and counselling • Training • Perpetrator Intervention
Valley House	54 units of dispersed specialist accommodation that includes casework, emotional support and aftercare

How the Domestic Abuse Grant is used	
Counselling / emotional support for children and young people in safe accommodation	Housing IDVA's within the Housing and homelessness team to support victims fleeing due to domestic abuse
Family support workers within safe accommodation at Valley House, Coventry Haven Womens aid and Panahghar	Mental health support and counselling for adult victims
Doubled the capacity of the sanctuary scheme	Complex needs unit (7 units of accommodation for people with co-occurring domestic abuse, mental health and / or substance misuse concerns)
Contribution to a senior practitioner within the drug and alcohol service to specialise in domestic abuse	Coordination of legal support for victims with insecure migration status or no recourse to public funds
Discretionary fund held by LA and dispersed via commissioned services from individual applications.	

Coventry City Council

Briefing note

To: Health and Wellbeing Board **Date: 24th March 2025**

Title: Coventry and Warwickshire Health Protection Strategy 2025 - 2030

1 Purpose of the Note

1.1 To inform the Health and Wellbeing Board of the development of a new Coventry and Warwickshire Health Protection Strategy covering 2025 to 2030.

2 Recommendations

2.1 Health and Wellbeing Board are recommended to:

A. Approve the five year strategy and respond to the priorities.
B. Agree the plan to deliver create a specific five year action plan for Coventry

3 Information/Background

3.1 The Health and Social Care Act 2012 brought Public Health related statutory functions within the remit to Local Government, including an assurance function around health Protection. Local authority health protection duties are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulation 8). The regulations refer to arrangements to deal with:

- infectious disease
- environmental hazards and contamination
- adverse weather events

3.2 The main responsibilities for the delivery of most health protection activities sits with the NHS and UK Health Security Agency (UKHSA).

3.3 There is a system-wide Coventry and Warwickshire Health Protection Committee which supports the coordination of work for the delivery of these arrangements. The key strategic functions of the health protection system include:

- Outbreak and Incident response
- Emergency Planning Preparedness and Response (EPRR) including pandemic preparedness
- Infection prevention and control (IPC)
- Prevention and health promotion

3.4 Coventry City Council and Warwickshire County Council have led the development of the updated system-wide Coventry and Warwickshire Health Protection Strategy covering 2025 to 2030

3.5 The joint strategic vision is that all people are protected from infectious diseases and environmental hazards, and when such hazards occur, the impacts are minimised.

3.6 The strategy highlights the importance of the key and also sets out four priority areas for action. These are:

1. Sexually Transmitted Infections and Blood Borne Viruses
2. Immunisations
3. Health harms from environmental hazards
4. Tuberculosis

3.7 Two cross-cutting themes underpin the strategy acting as additional drivers and facilitators for improved outcomes. These are:

A. Health equity and inequalities

B. Anti-Microbial Resistance.

Both themes have been considered for each priority area and business-usual arrangements. They will be embedded into the delivery plan for the strategy and where necessary, impact assessments (including the health equity assessment tool) will be used to enhance specific activities and tailor specific services delivered by system partners.

3.8 The Strategy covers 5 years with a strategic refresh point scheduled at 3 years (i.e. 2027/2028). This refresh will enable a structured update of system priorities and accommodation of any emerging health protection issues.

3.9 System-wide professional stakeholder engagement for the strategy took place in January and February 2025, including discussion at the Coventry and Warwickshire Health Protection Committee.

3.10 A detailed action plan for Coventry will be produced to accompany this strategy alongside monitoring key measures of success. The strategy and action plan are scheduled for publication at the end of April 2025.

Appendices

- *Final Draft* Coventry and Warwickshire Health Protection Strategy 2025

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DRAFT – March 2025

Coventry and Warwickshire Health Protection Strategy

2025 - 2030

Coventry City Council

Warwickshire County Council

Purpose

This strategy and accompanying action plan sets out how partners in Coventry and Warwickshire will work together with our communities and businesses to protect the health of the local population. The focus is on communicable disease prevention and control, emergency planning, environmental hazards, screening and immunisation.

The Health and Social Care Act 2012 moved Public Health related statutory functions to Local Government including an assurance function around “Health Protection”. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulation 8) sets out these health protection duties. The regulations refer to arrangements to deal with infectious disease, environmental hazards and contamination and adverse weather events. The main responsibilities for delivering most health protection activities sits with the NHS and UK Health Security Agency (UKHSA). The full details are captured in a memorandum of understanding.

This strategy provides an overview of how the Councils will assure and support the delivery of services carried out by local partners, including local NHS/Integrated Care Board, UK Health Security Agency and Environmental Health teams. The Strategy has been jointly developed by Coventry and Warwickshire Local Authority Public Health Teams in consultation with partners from across the local system including the NHS, UKHSA and other parts of each Council. This has produced a shared vision with agreed priorities that are based on the evidence of needs across our communities in Coventry and Warwickshire.

Source: Joint Decision Model developed by JESIP

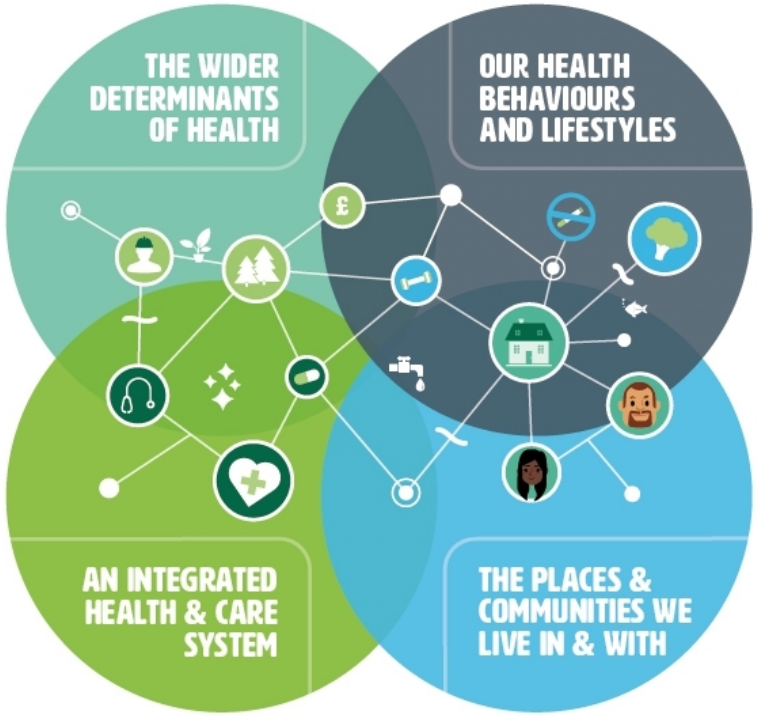
Our Vision

Vision

We want all people to be protected from infectious diseases and environmental hazards

Aim

We aim to protect Coventry and Warwickshire communities by being a health protection system that is interconnected, strong, high-performing and effective in working with residents and local, regional and national partners



Source: Population Health Management approach. Image from Coventry and Warwickshire Integrated Care System's [Health Inequalities Strategy Refresh 2023-2024]

The Local Picture- Our communities

Six Councils

Resident Population	942,100
North Warwickshire	65,000
Nuneaton & Bedworth	134,200
Rugby	114,400
Coventry	345,300
Warwick	148,500
Stratford-on-Avon	134,700

Two Local Authorities

Resident Population	942,100
Coventry	345,300
Warwickshire	596,800

Four Places

GP Registered Population	1,053,898
Warwickshire North	163,993
Rugby	117,827
Coventry	432,247
South Warwickshire	338,987

Note: This source will updated once new data is published

Source: ICB data from 2023 - Our Strategy - Happy Healthy Lives

The Local Picture – Strategic Priorities

Priority Theme	5-Year Vision	Focus
Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs)	To improve the prevention, detection and treatment of STIs and BBVs, and improve the outcome for individuals, by reducing inequalities in accessibility of services.	• Increasing testing particularly in vulnerable, higher-risk and complex groups • Improving access to and uptake of treatment and free condoms • Improving education so people can make informed choices about their health • Improving prescribing and compliance to reduce the risk of anti-biotic resistance
Immunisations	To improve coverage across the life course, protecting individuals and communities from vaccine-preventable diseases and reducing inequalities.	• Understanding and improving people's decision-making for vaccination uptake across the life course (and amongst key professional groups) • Engaging communities to understand the opportunities in low uptake areas and groups and to overcome the barriers
Environmental Hazards	To protect the population from environmental hazards (e.g. air quality, adverse weather events, environmental incidents); and when such hazards occur, minimise their impact and contribution to health inequalities.	• Improving air quality • Minimising the impact of adverse weather events • Deepening relationships between agencies to quantify and reduce the impact of environmental incidents
Tuberculosis (TB)	To improve the prevention, detection and control of TB in Coventry and Warwickshire, moving to a reduction in infections and TB-related deaths.	• Reducing the length of delays to starting treatment: a. influenced by health services b. influenced by patients (e.g. understanding of symptoms) • Improving prescribing and compliance to reduce the risk of anti-biotic resistance • Improving vaccination coverage of infants that are at higher risk of exposure to TB • Developing screening pathways that are both appropriate and effective

Priorities – Summary of rationale and joint actions

Focus area	Rationale	Actions
Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs)	Many sexual health indicators are deteriorating nationally. To make more impact and guide best use of resources to improve outcomes, we need to ensure that interventions do not widen existing inequalities in sexual health. Blood borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. For both forms of blood borne hepatitis there is a global elimination strategy and significant progress has been made nationally towards elimination of hepatitis C (HCV).	• Coventry and Warwickshire have commissioned a single Sexual Health service, which will support the sexual health needs of residents with an emphasis on narrowing sexual health inequalities and delivering flexible services to engage patients at greater risk of contracting an STI • Developing local pathways for community needlestick injuries and antenatal care • Work with drug and alcohol service providers, to increase testing in people with complex needs who may be receiving drug treatment and who inject drugs • Work with UKHSA to develop local action plans to ensure the national target is met locally • To support the government pledge to 'zero new HIV infections, AIDS and HIV related deaths by 2030' and the national action plan to support this ambition
Immunisations	December 2023 saw a West Midlands outbreak of measles, followed by high rates of pertussis in May 2024. Inequalities in immunisation uptake persist in local populations. Second to the provision of clean water, immunisations are the most effective public health intervention with a five-year return on investment of between £4-£6.90 per pound spent	• Working in partnership to promote vaccination in outreach settings across the key life course stages where vaccination is offered • Hold regular immunisation boards with local system partners, monitoring coverage figures by geographical area and demographic groups to inform behavioural change interventions • Support the development of the ICB Immunisation Strategy and it's assurance

Note: Actions that apply to only one local authority area (i.e. Coventry or Warwickshire) are documented in the separate action plans for each place

Priorities – Summary of rationale and joint actions

Focus area	Rationale	Actions
Environmental Hazards	Poor air quality is a key determinant of ill health and mortality. Air pollution causes death and disability and costs the UK economy £22.6 billion every year. In addition, air pollution contributes to global climate change. Local planning is now recognised as essential for adequately preparing for climate impacts especially risk from adverse weather events.	• Monitor Air Quality Action Plans and utilise regional Air Quality Alliance to drive action on air quality • Work with partners including the NHS to improve air quality for key vulnerable groups • Create plans to address adverse weather events in our communities • Increase uptake of immunisations for key risk groups at risk of adverse outcomes from air quality
Tuberculosis (TB)	Approximately 25% of new cases are from transmission in England, with the remainder acquired outside of the UK. There was an 11.2% rise in TB notifications in the updated 2023 figures compared with 2022, rebounding to above the pre-COVID-19 pandemic numbers in 2019.	• Raise awareness of Tuberculosis with key professional groups (GPs and those working with high-risk populations) and members of the public with an emphasis on migrant communities from high prevalence countries to reduce patient led delay from symptom onset to presentation to healthcare • Increase effectiveness and resilience of the TB Services covering Coventry and Warwickshire

Note: Actions that apply to only one local authority area (i.e. Coventry or Warwickshire) are documented in the separate action plans for each place

Cross-cutting Themes

Two themes have been identified which cut across all health protection priorities.

Anti-microbial resistance (AMR)

The use of antimicrobials underpins modern medicine. Without effective antibiotics, even minor surgery and routine operations could become high-risk procedures if serious infections cannot be treated. Microorganisms which become resistant to antimicrobials, so-called 'superbugs,' do not respond or respond less well to available treatments. The emergence and spread of these superbugs affects: global public health, animal health, food security, the economy and sustainable development

Drug-resistant infections arise when the microbes (including bacteria, fungi, viruses and parasites) that cause them change over time, developing the ability to resist the drugs designed to kill them. This genetic adaptation is driven by the exposure of microbes to antimicrobials in humans, animals and the environment over time. The result of this genetic adaptation is that many antimicrobial medicines (e.g. antibiotics) are becoming less effective at treating certain infectious illnesses.

AMR is a natural phenomenon and a consequence of rapid evolution. It cannot be entirely prevented, therefore the focus is on containing, controlling and mitigating it, as set out in the UK 20-year vision for antimicrobial resistance (that by 2040 AMR is effectively contained, controlled and mitigated).

This strategy action plans will align with the Coventry and Warwickshire Integrated Care System Antimicrobial Resistance Strategy 2024-2026 and the UK 5-year action plan for antimicrobial resistance 2024 to 2029.[1]

Health equity and inequalities

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities exist across a range of dimensions or characteristics and often overlap.

Communities that experience inequalities and may be impacted by our work should be considered and engaged in the process. Engaging higher-risk, vulnerable and complex need groups is crucial to achieving this. Their lived experience should be valued and used to shape decision-making.

The detrimental impact of low trust and confidence between affected communities and statutory services causes and exacerbates healthcare inequalities and overall health disparities. This can be reduced by implementing the recommendations from a Health Equity Assessment Tool (HEAT)[2] and use of this tool will be key to developing action plans for the health protection strategy.

Wider Health Protection Activity and Functions

We recognise there are many business-as-usual health protection activities that are not explored in the priority areas of focus in this strategy.

Over the next five years, we will continue to work collaboratively adopting a local system approach to carry out the health protection functions beyond the identified priorities.

A summary of some of those activities are illustrated here.

Outbreak and Incident Management

Infectious diseases and incidents response requires coordination between different stakeholders, and this is a system responsibility. UKHSA lead the response and ensure that appropriate guidance is followed

Infection Prevention Control (IPC)

IPC is an evidence-based approach to preventing harm from avoidable infections in occupational, healthcare and public settings

Screening

Screening identifies apparently healthy people who may be at increased risk of a condition

Screening can lead to an earlier diagnosis and increase chances of treatment being offered, which is more likely to be successful

Dental Public Health

Dental public health includes monitoring oral health, deciding on sampling plans for dental surveys and fluoridation of water. The aim is to improve services and promote good dental hygiene

Emergency Preparedness, Resilience and Response (EPRR)

Planning for outbreaks, incidents, and environmental threats is crucial to support and protect the population, alongside protecting the provision of health and care, as well as wider services

Environmental Hazards

Environmental hazards, including physical, chemical, biological and radiological factors are capable of causing harm and, as with infectious diseases, need to be contained and/or mitigated. Multi-agency action supported by legal duties provide help optimise environmental protections.

Key System Components

Our health protection system in Coventry and Warwickshire is underpinned by four key components, which enable us to achieve this strategy's aim.

Insight, intelligence and evaluation	• We will gather evidence from multiple sources including a health protection dashboard to ensure we have a clear and common understanding of health protection challenges in Coventry and Warwickshire. • We will ensure we measure progress and outcomes against our agreed strategic priorities. • We will ensure we learn and build on what works and celebrate and share successes.
Workforce development	• We will work collectively to build support and retain a skilled and resilient workforce to enable the delivery of this strategy. • We will develop and upskill knowledge across system partners to support the delivery of the key identified health protection priorities. • We will continue to make Coventry and Warwickshire an attractive place to train and work.
Communication and Engagement	• We will tailor local messages to ensure they reach our local communities. • We will work closely with communications colleagues and communities to disseminate messages and understand local issues and barriers to action.
Clear governance and strong multi-agency partnership working	• We will collaborate and work in partnership as we recognize that no single agency can deliver this strategy in isolation - protecting the health of our populations from infectious diseases and environmental hazards is everybody's business. • We will ensure we have robust governance and accountability mechanisms in place.

Health Protection Dashboard

The Joint Coventry and Warwickshire Health Protection Strategy will:

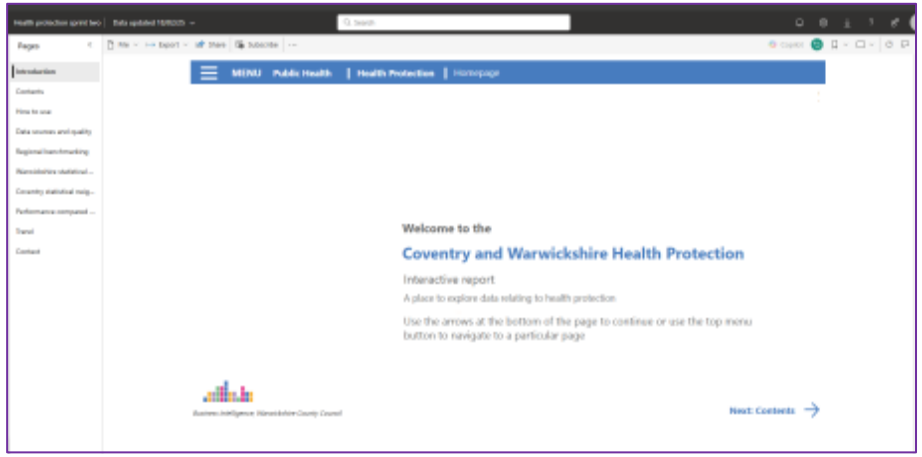
- Review the available data and evidence on health protection needs across Coventry and Warwickshire;
- Consider where Coventry and Warwickshire fall below national targets; and
- Make appropriate mitigation recommendations.

To achieve the above, stakeholders agreed to develop an interactive dashboard alongside the strategy. The dashboard was shaped by stakeholders through discussions facilitated by Warwickshire County Council's Business Intelligence team.

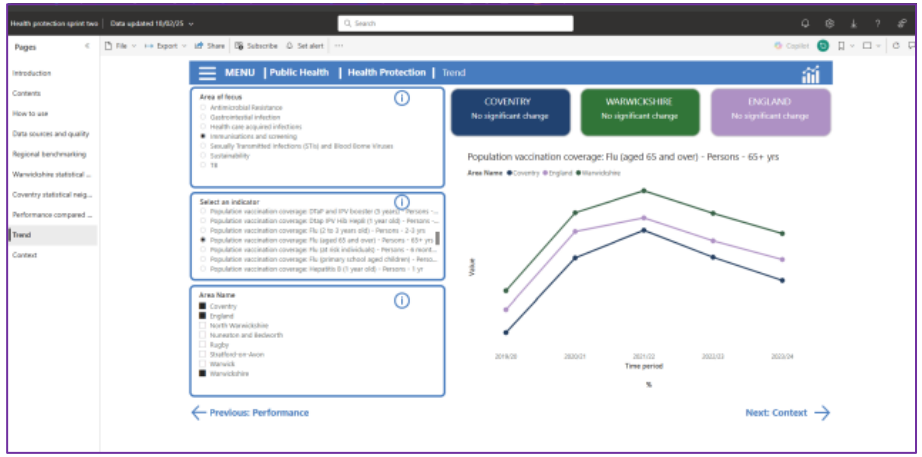
The dashboard will:

- Inform us of the latest, publicly available data;
- Enhance our understanding of the data; and
- Guide our responses to areas of need, at both a local and system level.

The dashboard will go live in March 2025.



Health Protection Dashboard – Cover



Health Protection Dashboard – Sample page

Sexually Transmitted Infections (STIs)

Why is this important and what does the local data and intelligence tell us?

STIs are a major public health concern as many are asymptomatic for a long period of time, are transmitted unwittingly and may cause significant health complications. The transmission routes are usually through the exchange of infectious bodily fluids or direct skin contact.

The new HIV diagnosis rate in those first diagnosed in the UK in Coventry was 6.7 per 100,000 in 2023, higher than the national (4.9) and regional rate (4.6), Coventry is classified as a high-rate HIV city. The rate in Warwickshire was 4.4 per 100,000, lower than the national and regional rate.

Late HIV diagnosis is the most important predictor of HIV morbidity and mortality and increases the likelihood of onward spread of infection. The proportion of late HIV diagnoses in those first diagnosed in the UK was 37.8% in Coventry lower than the national (43.5%) and regional (44.6%) figures (2021/23). In Warwickshire 51.1% new HIV diagnoses were late.

The HIV testing rate was higher in Coventry at 3,034.9 per 100,000 in 2023, whereas Warwickshire is lower at 1,874.4. Rates in both areas are increasing.

The gonorrhoea diagnostic rate in Coventry was 171 per 100,000 in 2023, higher than the national (149) and regional (104) rate and is increasing. The rate in Warwickshire was 66 per 100,000, below the national and regional rate, however the rate is increasing.

The syphilis diagnostic rate in Coventry was 15.7 per 100,000 in 2023, higher than the regional rate (12.2) but lower than the national rate (16.7) and is increasing . Whereas Warwickshire's rate was 7.4 per 100,000, lower than the regional and national rate and there is no significant change in the rates.

Anti-Microbial Resistance

Antimicrobial resistance (AMR) in bacterial sexually transmitted infections (STIs) is a global public health concern. Emerging ‘superbugs’ that have developed AMR to all antimicrobials used in their treatment, and treatment failures have been reported. There is a very real threat that these infections could become untreatable in the future. Although syphilis and chlamydia infections are easily treated with first-line antimicrobials there is a concern that AMR could potentially develop, as antimicrobial resistance in gonorrhoea has been observed.

Health equity and inequalities identified

The national STI Prioritisation Framework states that the following groups consistently have the highest rates of STI’s.

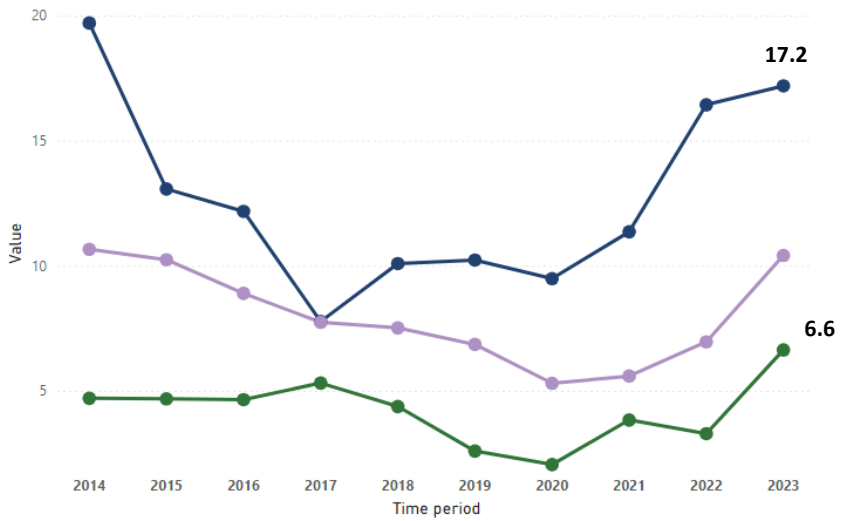
- Young heterosexuals aged 15-24 years
- black ethnic populations
- GBMSM (Gay, bisexual and other men-who-have-sex-with-men)
- people residing in the more deprived areas

The 2022 Coventry and Warwickshire Sexual Health Needs Assessment additionally identified the following groups as priority groups for support.

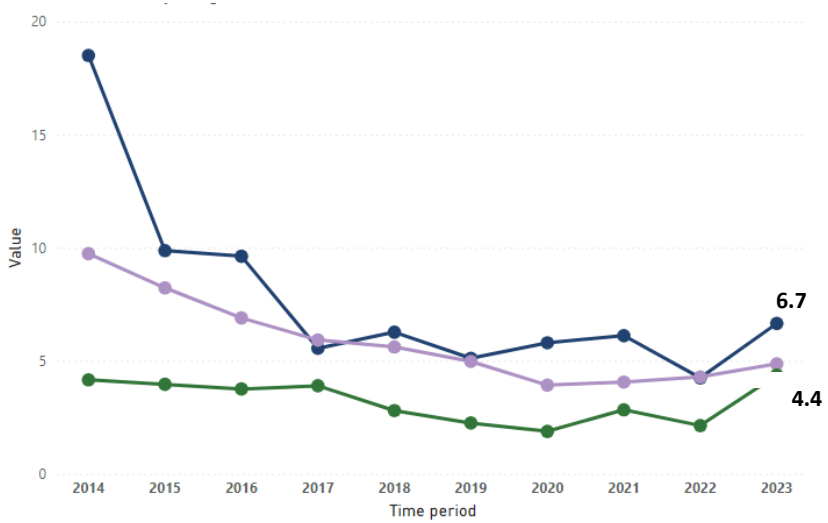
- underserved communities, such as sex workers, substance misusing communities, newly arrived migrants
- delivery of effective and flexible delivery to support populations with complex needs

Sexually Transmitted Infections

New HIV diagnosis rate per 100,000 (2023)



New HIV diagnoses among persons first diagnosed in the UK per 100,000 (2023)

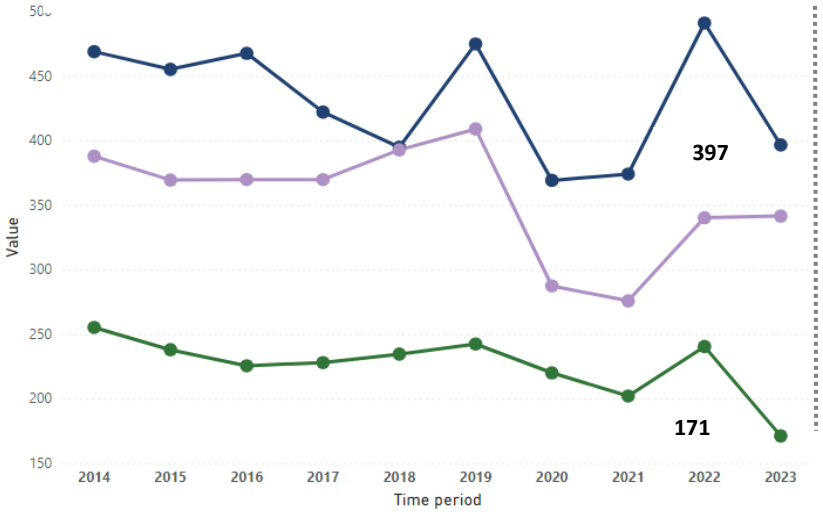


Area Name Coventry England Warwickshire

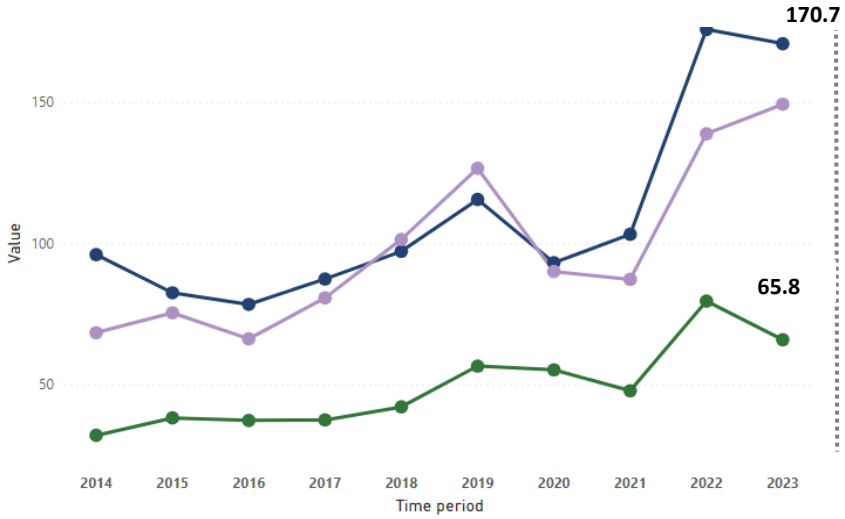
Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]

Sexually Transmitted Infections

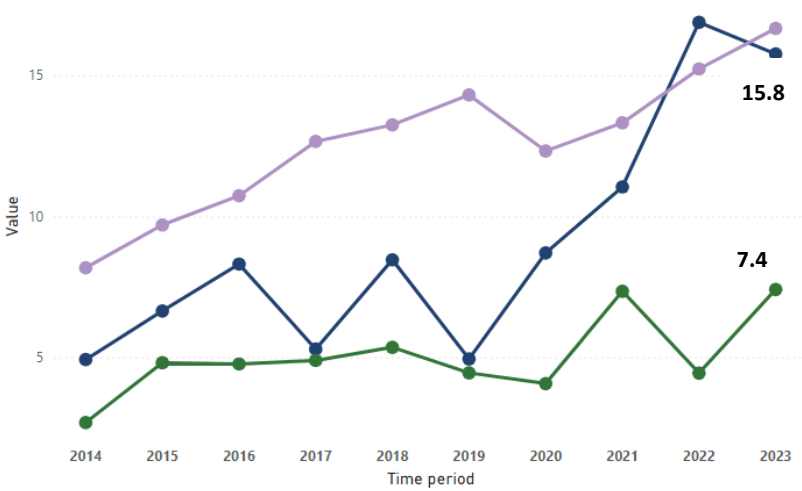
Chlamydia diagnostic rate per 100,000 (2023)



Gonorrhoea diagnostic rate per 100,000 (2023)



Syphilis diagnostic rate per 100,000 (2023)



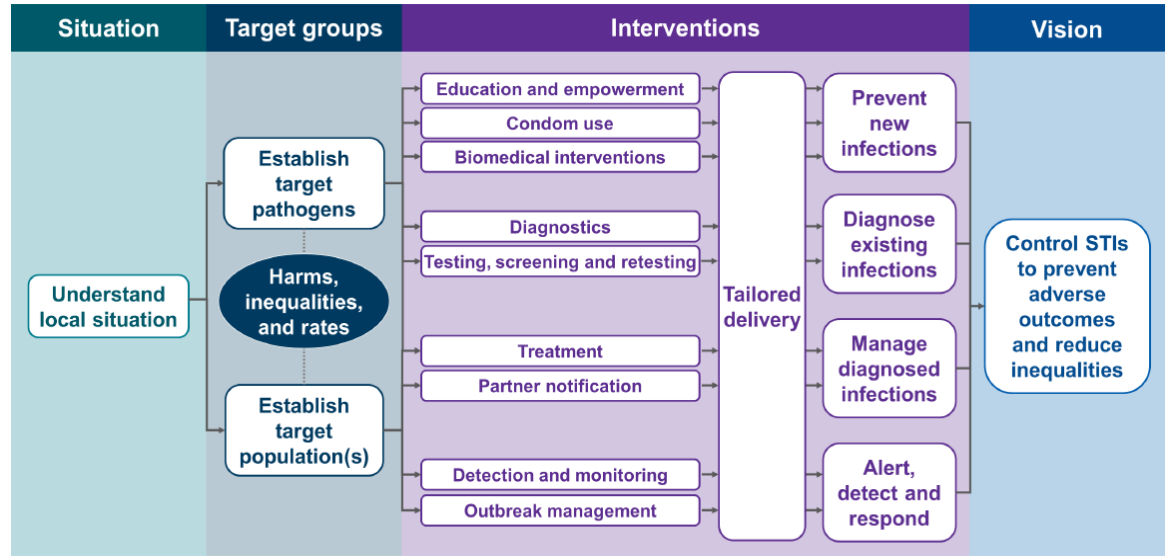
Area Name Coventry England Warwickshire

Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]

Sexually Transmitted Infections: Actions

What works?

UKHSA have produced an STI Prioritisation framework which helps steer priority setting and intervention planning for STI prevention and control with limited resources.



Source: Theory of Change for the STI Prioritisation Framework

What are we currently doing?

- Coventry and Warwickshire have commissioned a single Sexual Health service, which will support the sexual health needs of residents with an emphasis on narrowing sexual health inequalities and delivering flexible services to engage patients at greater risk of contracting an STI.
- Given the higher-level needs in Coventry, Public Health will enable the service to deliver a Sexually Transmitted Infections summit with a range of partners working with those at increased risk of contracting an STI which seeks to reduce the incidence of STI's in the city in the long term.

Measuring success

- To reduce the rate of new HIV diagnoses first made in the UK
- To reduce the proportion of late diagnosis in those first diagnosed with HIV in the UK
- To increase the proportion of all users of the sexual health hub taking up an HIV test who were offered a test to 85%
- To increase prompt ART initiation in people newly diagnosed with HIV from 57.6% in 2023 to the West Midlands average of 85.2%
- Increase Chlamydia detection rate per 100,000 for people aged 15 to 24
- To reduce the Gonorrhoea diagnostic rate per 100,000
- To reduce the Syphilis diagnostic rate per 100,000
- Percentage of people with needs relating to STIs who are offered and screened for chlamydia, gonorrhoea and syphilis at first attendance - 97%
- Percentage of people diagnosed with an infection treated within three weeks of the date of test – 85%

Blood Borne Viruses (BBV): Hepatitis B and Hepatitis C

Why is this important and what does the local data and intelligence tell us?

Blood borne viruses (BBVs) are carried in the blood and can spread through contact with infected blood or body fluids with the three main routes of transmission being mother to baby, sex and needle sharing. In the UK, the main BBVs are hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV (slide 13).

HBV and HCV infect the liver and may lead to cirrhosis and liver cancer. Both often show no symptoms in the early stage, so carriers may unknowingly spread the virus. The challenge is to find those who are at-risk.

Hepatitis B

UKHSA estimates that around 270,000 people in England were living with hepatitis B in 2022 (0.6% of the population).[1] The acute hepatitis B incidence rate gives an indication of ongoing transmission. In 2021, both Coventry's (0.3 per 100,000 population) and Warwickshire's (0.0) rates were lower than England's (0.6).[2]

Hepatitis C

62,600 people in the UK (0.14% of the population) were estimated to be living with chronic hepatitis C infection in 2022.[3]

Hepatitis C is treatable. Improved access to diagnosis and treatment means there has been a fall in prevalence nationally of 51.6% between 2015 and 2022.[3]

Anti-Microbial Resistance

Antiviral drugs are used to treat chronic hepatitis B (which lasts over six months) and hepatitis C. The drugs may become less effective as resistance of HBV and HCV arises.

Factors contributing to resistance include prolonged use of the same antiviral medication; patients not taking medications as prescribed; and genotype variations in HBV and HCV.

Health equity and inequalities identified

British Liver Trust's survey (2022) of people living with viral hepatitis found that nearly 25% delayed seeking medical help due to stigma, and half have faced stigma from healthcare professionals.[4]

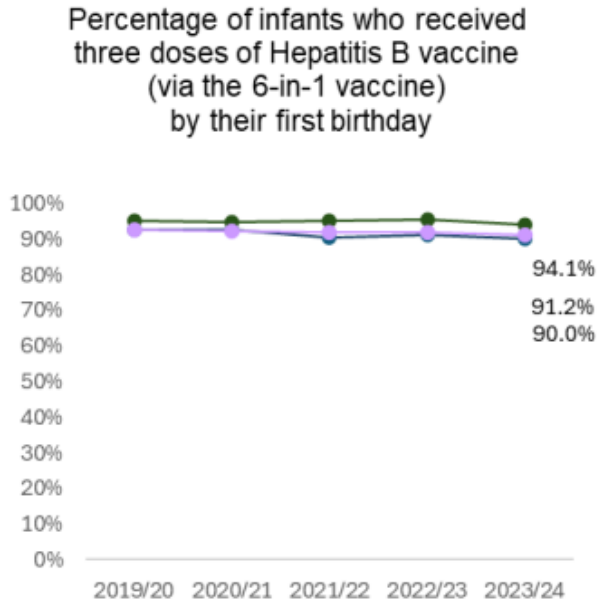
HEPATITIS B

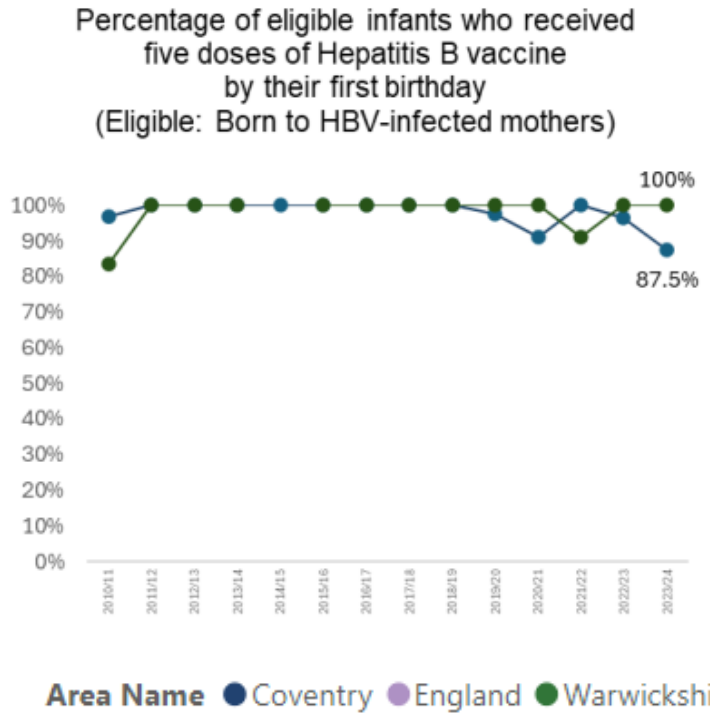
- Migrants – It is estimated that 95% of new chronic hepatitis B diagnoses in the UK are in migrants who have acquired the infection overseas, often perinatally.[1]
- Age – For 1999-2022, hepatitis B diagnoses in England shifted to older ages. 59% of diagnoses in 2022 were among people aged 35 to 64.[1]
- Sex – For 1999-2022, 56% of diagnoses were among males (range 51% to 63%).[1]
- Deprivation – Over a five-year period of 2018 to 2022, about 60% of new hepatitis B diagnoses in England were in people living in the two most deprived IMD quintiles.[1]

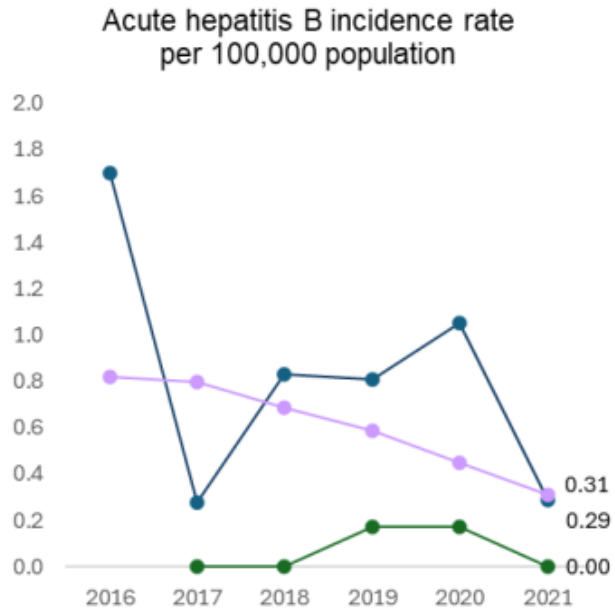
HEPATITIS C

- It is estimated that over 90% of people with hepatitis C in England have acquired the infection through injecting drug use.[5]
- Around 70% of people who inject drugs, and are still living with hepatitis C, were unaware of the infection, or were awaiting a testing result.[3]

Hepatitis B







Source (left): Childhood Vaccination Coverage Statistics: Data Tables England, 2023-24; NHS Digital. Accredited official statistics. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics Copyright © 2024, NHS England

Source (middle and right): Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]

Note 1: The HBV vaccine is a series of shots that help to protect against HBV-infection. The NHS recommends at least three doses for best protection. In England, since 2017, it has been offered to all infants as part of the 6-in-1 vaccine (left graph). For infants born to HBV-infected mothers, they are given five doses of the vaccine before their first birthday (middle graph). Adults at higher risk of HBV exposure or complications are also eligible for the vaccine.

Note 2: The acute hepatitis B incidence rate per 100,000 population indicator (right graph) offers an indication of ongoing transmission. The incidence rate can be affected by differences in the number of outbreaks, or in population make up (e.g. if one area has a higher proportion of at-risk groups), or the at-risk groups' uptake of vaccination.

Hepatitis B and Hepatitis C: Joint Actions

What works?

The World Health Organisation and UKHSA recommend the following for the prevention and management of hepatitis B and hepatitis C: [1, 2, 3]

- Increase access to screening and early diagnosis, to reduce the number of undiagnosed cases and to initiate timely treatment
- Expand access to effective treatment
- Ensure safe blood transfusions, injections, and surgeries
- Raise awareness among healthcare professionals and the public, to reduce stigma, encourage testing, and ensure adherence to treatment
- Multi-stakeholder working groups to improve services, and to further develop data sources and methodologies to monitor the impact of HBV and HCV

HEPATITIS B [1, 2, 4]

- Increase hepatitis B vaccination uptake for infants and high-risk groups, including promoting the vaccine to gay and bisexual men who have sex with men via Sexual Health Services; and framing the vaccine as cancer prevention
- Prevent mother-to-child transmission, by working with Maternity Service to increase the coverage of post-vaccination serology using Dried Blood Spot (DBS) testing, so to ensure timely vaccination of infants born to women with hepatitis B
- Develop robust pathway for antiviral treatment with ICB colleagues

HEPATITIS C [1, 3]

- Harm reduction strategies, e.g. needle exchange programs, and piloting a monitoring system to assess the provision of sterile and safe needles and syringes for people who inject drugs
- Data analysis and behavioural insights work to understand the characteristics of people who inject drugs, who have not been tested for HCV and/or are unaware of their infection
- Peer support to encourage people who inject drugs to engage in testing and treatment[5]

What are we currently doing?

- Developing local pathways for community needlestick injuries and antenatal care.
- Working with drug and alcohol service providers, to increase Hep C testing in people, who inject drugs, while receiving drug treatment.
- Implementation of opt out blood borne virus screening in the Emergency Department of UHCW.
- Working with services and commissioners to explore the option of an ‘opt out Hep C test’ for all service users in drug treatment.
- Maintaining the micro-elimination of hepatitis C (prevalence in people who inject drugs) in Warwickshire.
- Supporting people who inject drugs, who were not in treatment, to access hepatitis testing and treatment. A holistic drop-in clinic is in development in Coventry. Warwickshire is exploring the possibility of working with the Homeless Nursing Outreach Team to raise awareness of hepatitis C and testing opportunities.

Measuring success

- Maintain high levels of HBV vaccination in infants
- Achieve hepatitis C micro-elimination status in Coventry and Warwickshire, as defined by the Hepatitis C Drug Treatment Provider Forum
- Increase or maintain the percentage of people who have received a hepatitis C test, given that they are in drug treatment and inject drugs

Immunisations

Why is this important and what does the local data and intelligence tell us?

Immunisations protect people and communities from serious and infectious diseases enabling people to live healthier lives.

Data shows that vaccine uptake across all age groups can be improved in Coventry and Warwickshire. Monitoring vaccine coverage identifies possible drops in immunity before levels of disease rise. Childhood vaccine uptake in Coventry and Warwickshire is particularly concerning, with some indicators, such as the pre-school boosters, falling below the 95% recommended level required for herd immunity.

Whilst vaccine uptake for pneumococcal (PPV) and Shingles for adults has improved, often meeting or exceeding England averages, there is still room for improvement to achieve herd immunity levels. Improving uptake can help reduce preventable hospital admissions. For example, the PPV vaccine is protective against multiple types of pneumonia which continues to be the leading cause for hospital admission.

Vaccination coverage for Flu for over 65s, at risk individuals and for children has been declining since 2021/22. Flu vaccination uptake for at risk individuals is statistically below the target 55% in Coventry and Warwickshire. Data also shows low uptake in frontline health and care workers.

Anti-Microbial Resistance

Immunisations can prevent illness reducing the need for anti-microbial treatment in bacterial infections. Prescribing antibiotics to treat viral infections is unnecessary and ineffectual; nonetheless, viral infections are one of the leading causes of antibiotic use. Viral vaccines thus have the potential to reduce the misuse of antibiotics in treating viral infections, thereby reducing the development of AMR.

Health equity and inequalities identified

Inequalities in immunisation uptake persists in our wider populations.

By using a life course approach, the strategy will use the Health Equity Assessments Tool (HEAT) and deep dive activities to systematically identify and embed action for immunisation access and delivery in pregnancy, early childhood, adolescence, frontline health and social care staff, people with pre-existing medical conditions and older adults.

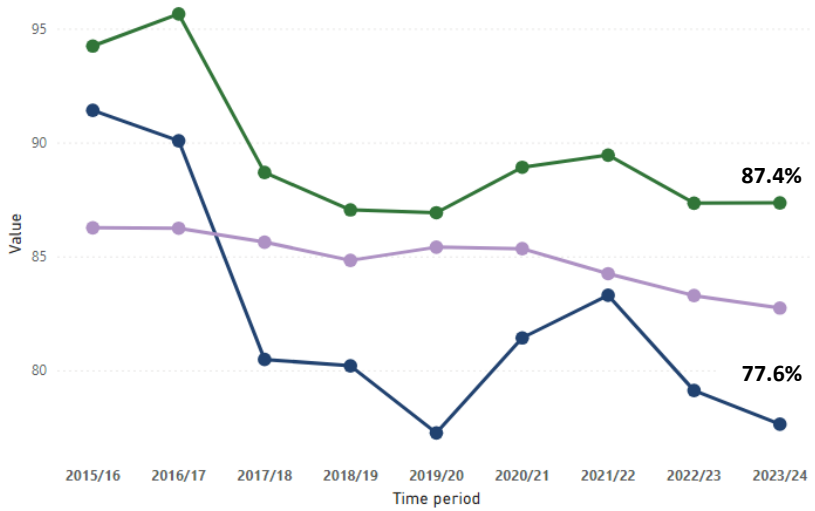
In Coventry, low vaccination rates are linked to areas of higher deprivation, GP practices with larger list size and practices located in areas with higher proportions of ethnic minority groups.

In Warwickshire, low vaccination rates are predominantly linked to GP practices located in Nuneaton and Bedworth.

Immunisations

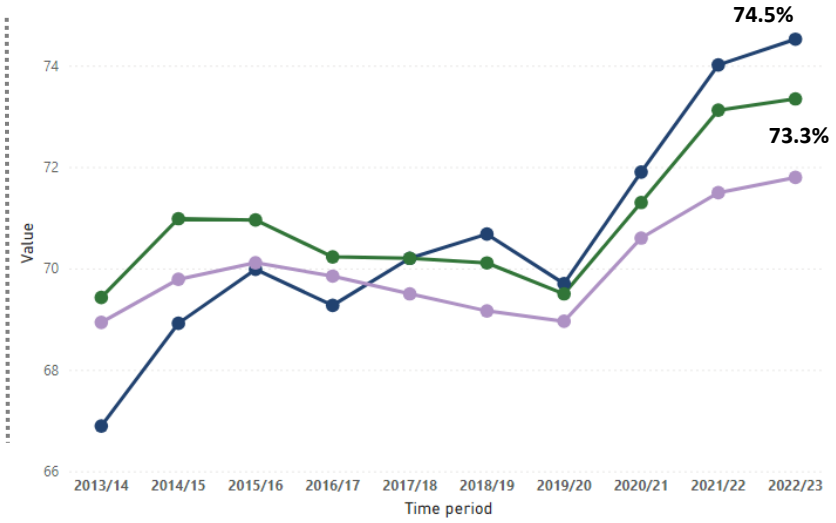
DTaP and IPV preschool booster uptake 2023/24

(5 years old)



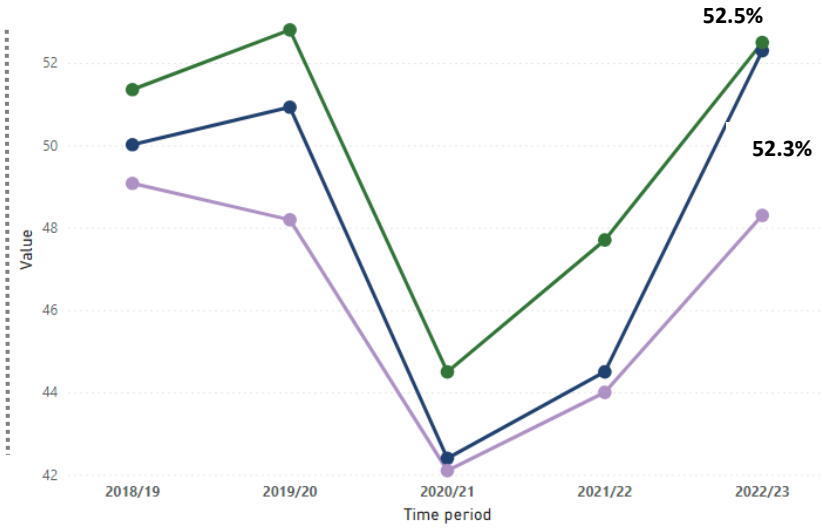
PPV vaccine 2022/23

(at risk groups)



Shingles vaccine coverage 2022/23

(71yr old)



Area Name ● Coventry ● England ● Warwickshire

Source: Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed] https://fingertips.phe.org.uk © Crown copyright [2025]

Note 1: The indicators above are selected as proxies to represent the different vaccines offered by the NHS at various life stages. The 4-in-1 pre-school booster vaccine represents routine childhood vaccinations, pneumococcal (PPV) represents vaccines offered to clinically at-risk groups and shingles vaccine represents vaccines offered to older adults.
Note 2: The 4-in-1 preschool booster vaccine offers protection against four serious diseases, namely diphtheria, polio, tetanus, and whooping cough.

Immunisations: Flu

Flu 2023/24

(Frontline Healthcare staff)

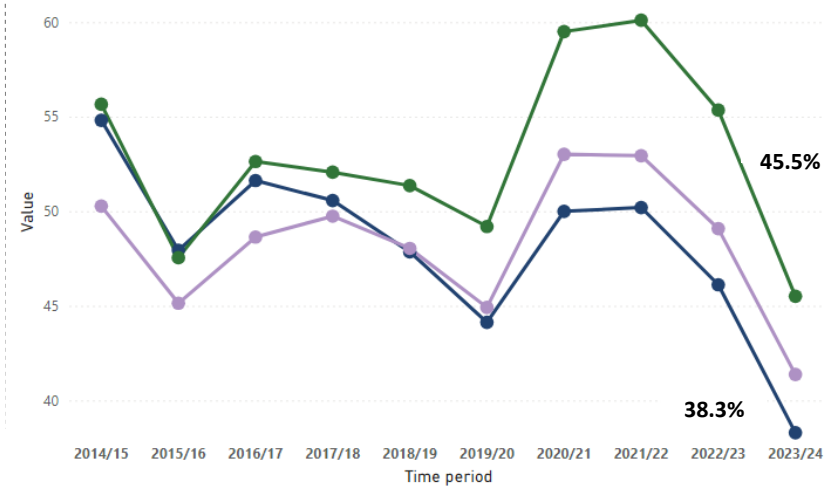
Flu Autumn Vaccinations of Frontline Healthcare Workers in the NHS Electronic Staff Record (ESR)

NHS Trust uptake rates	Flu (Sept 23 -Jan 24)	Provisional Flu (Sept 24 to Nov24
Coventry and Warwickshire Partnership NHS Trust	45.2%	24.6%
George Eliot Hospital NHS Trust	52.3%	46.3%
South Warwickshire University NHS Foundation Trust	47.6%	No data
University Hospitals Coventry and Warwickshire NHS Trust	37.5%	No data

Source: UKHSA Official Statistics

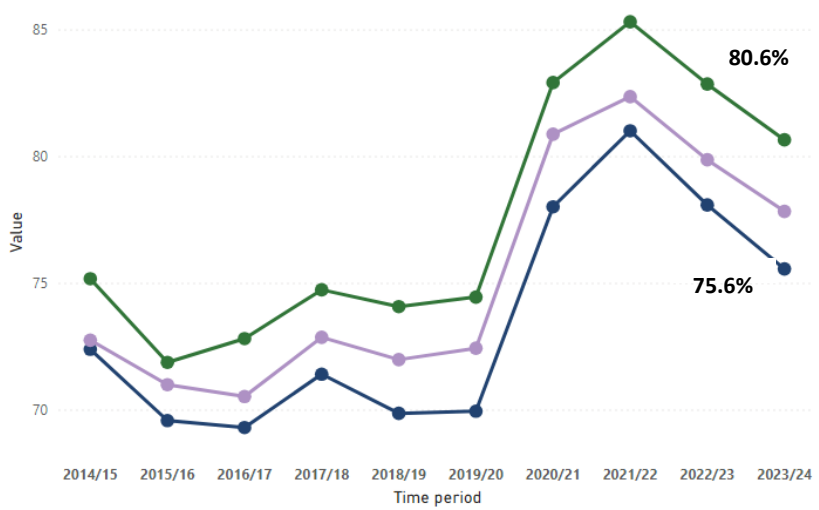
Flu 2023/24

(At risk individuals aged 6 months – 64 years)



Flu 2023/24

(65+ years)

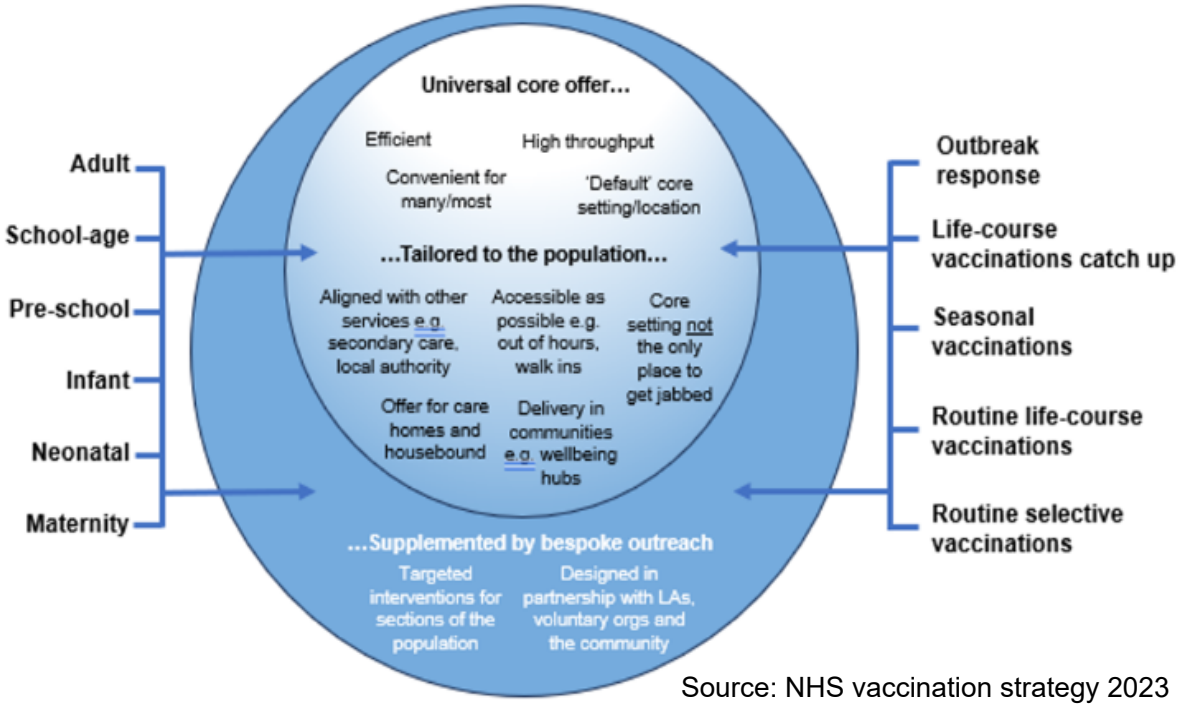


Source: Office for Health Improvement & Disparities. Public Health Profiles. [Date accessed] https://fingertips.phe.org.uk © Crown copyright [2025]

Immunisation: Joint Actions

What works?

As shown below an effective population vaccination programme requires both a universal core offer and a tailored response.



Source: NHS vaccination strategy 2023

What works?

COMMUNICATION AND EDUCATION

- Locally designed outreach programmes, call and recall systems, information provision and service delivery interventions with partners.
- Listening to and understanding people's concerns and barriers to vaccination, including vaccine fatigue is central to any strategy.
- Tailored public health messaging to resonate with specific groups. The COVID-19 pandemic showed us the benefit of using local trusted community advocates to adapt and refine messages about vaccination to increase uptake.

PARTNERSHIPS & GOVERNANCE

- The ICB are responsible for the commissioning and delivery of the vaccination programmes but rely on local authorities and partners to help ensure that the approach, communication and delivery mechanism are community focussed to maximise uptake across our diverse populations.

WORKFORCE

- Utilise the skills and knowledge of the entire healthcare workforce, including pharmacists, nurses, and community health workers

MONITORING AND EVALUATION

- Ongoing review of vaccination rates to identify gaps and adjust strategies to enhance coverage as needed.

Immunisation: Joint Actions

What are we currently doing?

COMMUNICATION AND EDUCATION

- Working in partnership to promote vaccination in outreach settings across the key life course stages where vaccination is offered.
- Coordinating vaccination and immunisation initiatives with NHS partners.
- Commissioning of VaxChat to support and upskill professionals and community members to have informed conversations about the importance of vaccinations

PARTNERSHIPS & GOVERNANCE

- The ICB hold regular **immunisation board** with local system partners to monitor uptake rates, review service delivery plans and ensure we have a community-focussed vaccine programme that meets the needs of all our diverse communities.
- The ICB are also developing a local Immunisation Strategy which we will set out the future direction of work including key priorities, performance indicators and targeted actions.

MONITORING AND EVALUATION

- Monitoring coverage figures by geographical area and demographic groups to inform behavioural change interventions
- Working with primary care to share data and best practice to increase uptake in areas where rates are low.

Measuring success

- Increased uptake of vaccinations in Coventry and Warwickshire.
- Improve / Boost vaccine uptake in targeted geographical areas to address vaccine inequalities.
- Numbers of professionals and community members trained around vaccination to enable informed decision making.

The ICB and Health Protection teams monitor annual vaccination coverage data each year, and this is broken down according to GP practice level. This data is compared to assess population coverage and determine if additional support is required. Any concerns are raised at the relevant Immunisations Board where uptake levels are monitored with key stakeholders.

Environmental Hazards: Air Quality

Why is this important and what does the local data and intelligence tell us?

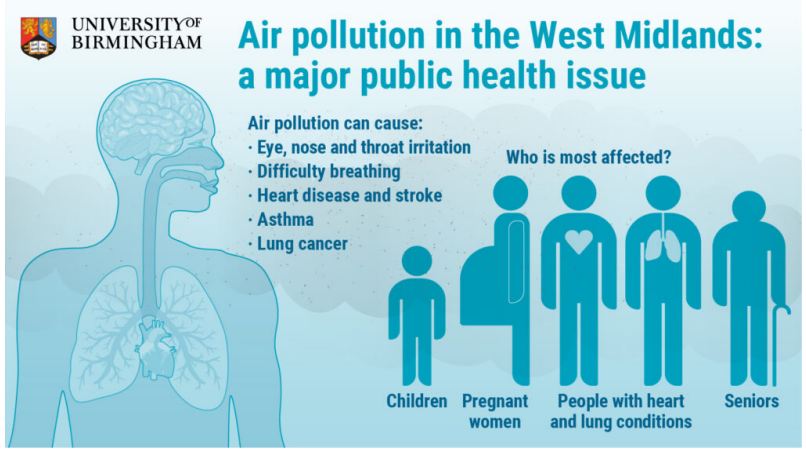
Air quality affects everyone. Air pollution is associated with impacts on lung development in children, heart disease, stroke, cancer, exacerbation of respiratory disease, and increased mortality, among other health effects. Individuals have little control over the level of pollution their families breathe, therefore, pollution must be seen as a societal problem to solve. While there have been significant improvements in air quality since the 1980s, some pollutants are still too high, and we need to go further to reduce air pollution – and it is technically possible.

The mortality burden of long-term exposure to outdoor air pollution in England in 2019 was estimated to be equivalent to 26,000 to 38,000 deaths a year. The true figure is likely to be higher as it does not consider all outdoor air pollutants, or the morbidity impacts and does not include indoor air pollution exposure. The fraction of mortality attributable to particulate air pollution in Coventry is 6.0%, higher than the regional and England average. The fraction of mortality attributable to particulate air pollution in Warwickshire is 5.5%, lower than the regional and England average.

The main pollutants of concern are nitrogen dioxide (NO_2) and particulate matter (PM) pollution. Local emissions are predominantly associated with road traffic, particularly on busy roads and areas where traffic queues regularly occur, and biomass burning e.g. waste and wood burning.

In Coventry and Warwickshire, there is a network of NO_2 monitors. In 2022, only 2 monitors in Coventry found an annual mean concentration of NO_2 above 40 ug/m^3 which is the legal target set by DEFRA, a reduction from 14 monitors found exceeding the limit in 2019. However, the WHO recommends annual mean NO_2 concentrations no higher than 10 ug/m^3, which no monitoring site in Coventry or Warwickshire currently achieves.

Each year in Coventry and Warwickshire, air pollution causes early deaths and long-term harm to health.



Health equity and inequalities identified

Air pollution does not affect everyone equally. Some population groups have greater physiological susceptibility to the health impacts of air pollution, including those at the extremes of age and people with a wide range of underlying health conditions, such as respiratory and cardiovascular diseases. In addition, people's exposure is likely to be greater if they live, work or study in places with high concentrations of air pollution. These factors of physiological susceptibility and greater risk of exposure can overlap.

Environmental Hazards: Air Quality Joint Actions

What works?

The West Midlands Combined Authority (WMCA) has produced an Air Quality Framework that outlines strategies to address air pollution and improve public health, focusing on $PM_{2.5}$ and NO_2. Key measures include:

1. **Reducing solid fuel burning** both indoor and outdoor solid fuel burning to cut harmful emissions
2. **Encouraging use of and improving infrastructure for active travel and public transport**: promoting walking, cycling, and reduced car usage to decrease vehicular emissions
3. **Improved information accessibility**: using digital platforms and tools to provide the public with actionable air quality information
4. **Enhancing natural environment measures**: leveraging green space and community initiatives to improve air quality and reduce individual exposure.

Measuring success

- Air quality monitoring across Coventry and Warwickshire to measure and reduce NO_2 levels to below the legal limit of 40 ug/m^3.
- Aiming for a 22% reduction in pollution exposure by the end of January 2028, as compared with the average population exposure in the three-year baseline (2016-2018).
- Aiming to reach WHO air quality target concentrations ahead of the Government's target date of 2040.

What are we currently doing?

- **Coventry City Council Local Air Quality Plan** (approved by the Government in 2020) is focused on transport and behaviour change around travel, including promoting electric vehicles, decarbonising the public transport network, real time air quality monitoring linked to dynamic traffic management, improvements to the road network to tackle congestion, construction of segregated cycle routes and initiatives supporting behaviour change and active travel (incl. school streets)
- **Borough and District Councils Stratford Upon Avon, Warwick, Nuneaton and Bedworth, North Warwickshire and Rugby** have agreed air quality action plans. In 2024, there were 8 Air Quality Management Areas across Warwickshire
- **Coventry and Warwickshire Air Quality Alliance** allows collaborative working on air quality across the region
- **The Coventry and Warwickshire Asthma Partnership Group Children and Young People** utilising the Core20Plus5 to focus attention on asthma and reduce environmental exposures for children with asthma
- Working with **NHS partners** to improve access to immunisations for key risk groups at risk of adverse outcomes from air quality e.g. respiratory illness.
- Regular monitoring for NO_2 and live monitoring of NO_2, $PM_{2.5}$ and PM_{10}.

Environmental Hazards: Adverse Weather

Why is this important and what does the local data and intelligence tell us?

Climate adaptation especially risk from flooding, water quality and access, heatwaves/drought/dehydration and water safety. The UK is experiencing a trend of warmer winter temperatures, with rarer and less severe extreme cold weather events. However, excess winter deaths are an important public health concern because they highlight vulnerabilities in certain population groups during colder months.

Temperatures of over 25ºC are associated with excess heat-related deaths.

In the national context the risk of major scale flooding in Coventry is low but surface run off and surface water management remain important.

There are 26,499 people at risk of flooding in Warwickshire, this equates to 4% of the population. The River Severn Partnership have estimated that residential property at risk of flooding in Warwickshire is worth over £2.9bn and commercial property at risk is worth over £1.3bn.

Health equity and inequalities identified

Adverse weather health plans identified the following groups as at increased risk

Hot weather	Cold weather
Older people (aged 65 years and over)	
Babies and young children (particularly those aged 5 years and under)	
Pregnant people	
People who live alone and may be unable to care for themselves	
People experiencing homelessness or people sleeping rough	
People with long-term health conditions such as cardiovascular or respiratory disease, or a mental health condition	
People on certain medications that affect heart or kidney function, cognition, or ability to sweat	People with learning disabilities
People who are already ill and dehydrated (e.g. from diarrhoea and vomiting)	People living in deprived circumstances
People who experience alcohol or drug dependence	People who are housebound or have low mobility
People who are physically active and spend a lot of time outside or work in jobs that require manual labour or extensive time outside	People at risk of falls

Environmental Hazards: Adverse Weather Joint Actions

What works?

- Adverse Weather and Health Plan: Protecting health from weather related harm 2024
- Improving Housing – insulation and heating – proper insulation and efficient heating systems in homes
- Energy assistance programmes – fuel poverty support
- Flu and Covid-19 vaccinations – critical preventative measure
- Proactive Healthcare services –proactive management of chronic health conditions
- Community Outreach programmes – raise awareness of services available
- Public awareness campaigns – raise awareness about the risks of different weather events. Practical advice on staying warm, recognising symptoms of cold-related illness and seek timely medical help.
- Emergency preparedness – Having plans in place for compounding factors, such as power cuts or flooding.
- Improving awareness of dehydration in care staff and community working with older adults.

What are we currently doing?

- Implementing the 2024 Adverse Weather and Health Plan: Protecting health from weather related harm
- Warwickshire and West Midlands LRFs have Multi Agency Flood Plans and separate Adverse Weather Plans.
- Major strategies such as the Storm Overflow Action Plan (SOAP) by Severn Trent are directing significant capital investment in to water infrastructure. Green space initiatives such as the Sherbourne Valley project are improving community connections to wildlife and improving accessibility of water courses.
- Decarbonisation Net Zero Programme - supports businesses with fewer than 250 employees based in Coventry and Warwickshire who want to save money on energy, waste and water bills and maximise low carbon opportunities.
- Local Resilience Forum Health and Wellbeing cells - directory of vulnerable lists and public health action cards for adverse weather scenarios.
- Both areas have published adaptations plans relating to climate change. Coventry's Climate Change Strategy was released by Coventry City Council in 2024. Warwickshire's Sustainable Futures Strategy was released by Warwickshire County Council in 2023.
- Addressing the cost of living, for example the provision of Keeping Coventry Warm Service and Act on Energy in Warwickshire which offer energy advice and grants for the provision of heating and insulation for those people with low incomes and long-term health conditions or disabilities.

Measuring success

- Move from emergency response to adaptation with a focus on preparation, transformation and building community resilience to adverse weather and climate change
- Define and identify populations most at risk from adverse weather events, effective actions, culturally appropriate communications, and effective system-wide approaches that build trust and meet needs

Tuberculosis (TB)

Why is this important and what does the local data and intelligence tell us?

Approximately 25% of new cases are from transmission in England, with the remainder acquired outside of the UK. There was an 11.2% rise in TB notifications in the updated 2023 figures compared with 2022, rebounding to above the pre-COVID-19 pandemic numbers in 2019.
TB incidence in Coventry (15.6 per 100,000) is consistently higher than the national (7.6) and regional (9.2) figures (2020/22). The 3-year TB incidence rate in Warwickshire is 4.6 per 100,000. Coventry and Warwickshire data indicates that 14% of cases are highly complex requiring DOT therapy, with a further 16% having social factors which influence their care.

The proportion of pulmonary TB patients commencing treatment within four months of symptom onset in 2022 was 64.7% in Coventry and 40% in Warwickshire compared to the national (69.7%) and regional (68.1%) figures.
The proportion of TB notifications who had completed a full course of treatment by 12 months in 2022 was 86% in Coventry and Warwickshire ICB area, 18% higher than the national figure.

From national data we know that around 11.5% of those with Tuberculosis have diabetes and around 9% are immunosuppressed.

Anti-Microbial Resistance

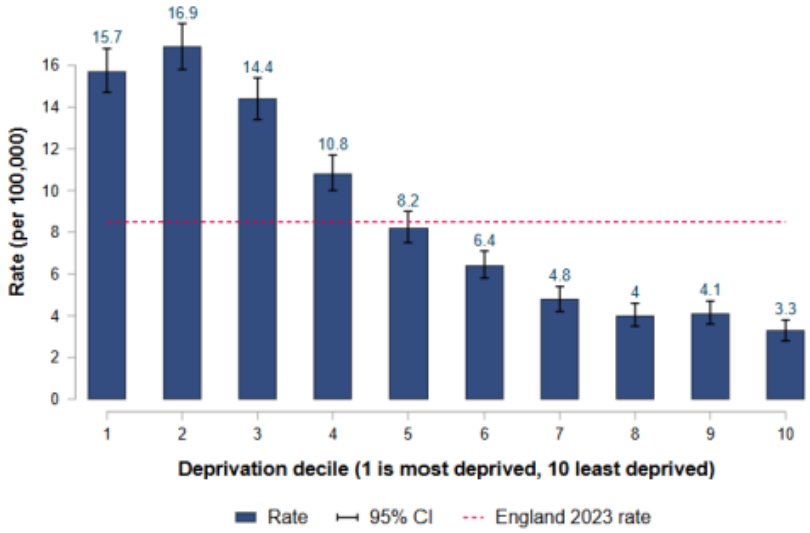
Anti-biotic resistance is found in ~10% of cases.
Treatment of drug-resistant TB (MDR and XDR) can cost from £70k-£0.5million per case depending on the level of drug resistance. These estimates calculate direct health care expenses only and do not include expenses for surveying, contact tracing, or the economic or social impact of TB on patients and their families

Health equity and inequalities identified

Audit of Patient and Healthcare led delay in patients with pulmonary TB demonstrated that those with the longest wait times between symptom onset and treatment commencement were more likely to:

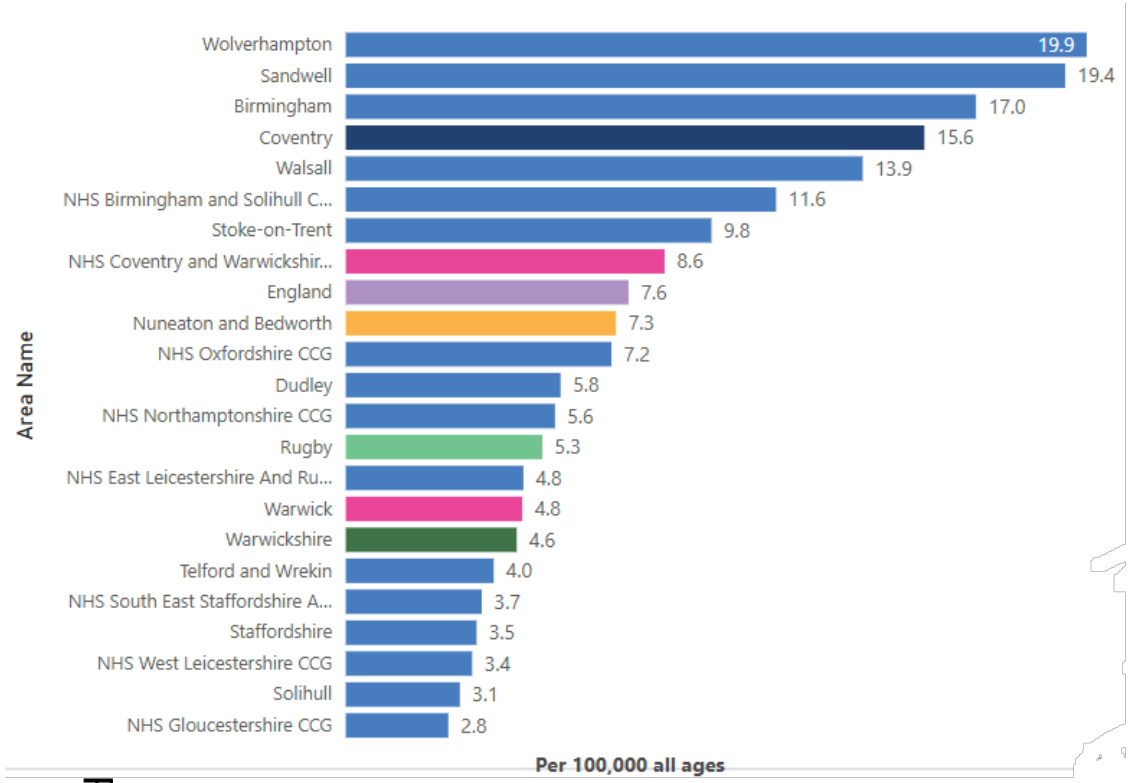
- Have multiple social risk factors, the most predominant being current or history of drug use, homelessness, and imprisonment.
- Self-report their ethnicity as White, Indian or black African
- Be male
- Live in deprived areas of Coventry

TB notification rate by deprivation decile, England, 2023

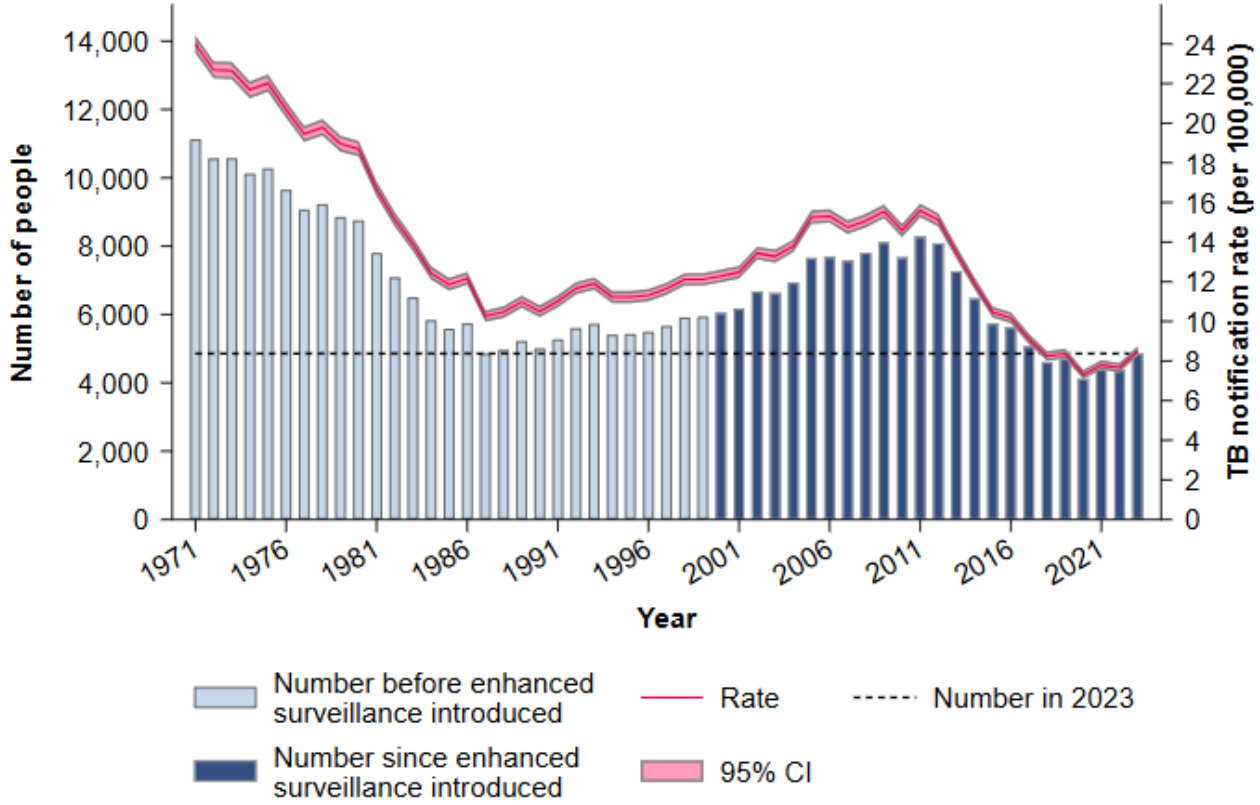


Tuberculosis (TB)

TB incidence (three-year average) – Persons – all ages (2020-22)
Area comparison: Coventry, Warwickshire (districts and boroughs), England



Number of TB notifications and TB notification rate per 100,000, England, 1971 to 2023



Tuberculosis: Actions

What works?

Early diagnosis of pulmonary and latent TB and treatment completion is key to reducing the incidence of active TB, the likelihood of onward infection and the development of multi drug resistant active TB if the patient does not complete treatment.

- Improve access to services and ensure early diagnosis
- provide universal access to high quality diagnostics
- improve treatment and care services
- ensure comprehensive contact tracing
- improve BCG Vaccination uptake
- reduce drug-resistant TB
- tackle TB in under-served populations
- systematically implement new entrant latent TB (LTBI) screening
- strengthen surveillance and monitoring
- build an appropriate workforce to deliver TB control

What are we currently doing?

Working to understand the impact of different social risk factors to develop a TB prevention and intervention plan.

Raising awareness of TB symptoms with residents with an emphasis on migrant communities from high prevalence countries to reduce patient led delay from symptom onset to presentation to healthcare. Increasing social media presence around signs and symptoms amongst high-risk groups.

Working to develop Latent TB Infection screening programme for migrants from high prevalence countries.

Supporting GPs to recognise TB symptoms and understand who is most at risk of TB to enable a decrease in healthcare led delay from first presentation to treatment commencement.

Contributing to the delivery of the Coventry and Warwickshire Anti-Microbial Resistance Strategy (2024-2027) and working to raise awareness about challenges treating antibiotic resistant tuberculosis.

Measuring Success

- Reducing TB incidence over the lifespan of the strategy
- Increasing the proportion of pulmonary TB notifications starting treatment within four months of symptom onset by 5% year on year.
- Management of MDR and XDR TB in Coventry and Warwickshire to prevent onward spread or outbreaks.

References

Cross-cutting themes – Slide 9

1. UK 5-year action plan for antimicrobial resistance 2024 to 2029
2. Health Equity Assessment Tool (HEAT)

Sexually Transmitted Infections – Slide 13

1. All data from the Health Protection Dashboard; API-linked to data from Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]
2. Coventry and Warwickshire Sexual Health Needs Assessment

Blood Borne Viruses – Slide 17

1. Hepatitis B in England 2024
2. All data from the Health Protection Dashboard; API-linked to data from Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]
3. Hepatitis C in England 2023
4. New survey reveals that stigma can act as a barrier to eliminating viral hepatitis in the UK – British Liver Trust
5. Warwickshire Drugs Needs Assessment (2022)

Blood Borne Viruses – Slide 19

1. Elimination of hepatitis by 2030 – World Health Organisation
2. Hepatitis B in England 2024
3. Hepatitis B in England 2024
4. Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway – UKHSA
5. Hepatitis C: new models of care for drugs services – European Union Drugs Agency

References

Immunisations – Slide 20

- All data from the Health Protection Dashboard; Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]
- NHS England » NHS vaccination strategy

Air Quality – Slide 25

1. Chief Medical Officer's Annual Report 2022: Air Pollution
2. Fraction of mortality attributable to particulate air pollution (new method) 2022 – Fingertips Public Health Profiles
3. Air Quality Monitoring in Coventry
4. Air Quality Monitoring in Warwickshire
5. WM-AIR Infographics

Adverse Weather – Slides 27-28

1. Adverse Weather Health Plan
2. Storm Overflow Action Plans | Get River Positive | Severn Trent Water

Tuberculosis – Slides 29-30

1. Tuberculosis incidence and epidemiology, England, 2023 - GOV.UK
2. Collaborative TB Strategy for England, 2015 to 2020: end of programme report
3. All data from the Health Protection Dashboard; API-linked to data from Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright [2025]
4. Tuberculosis (TB): action plan for England, 2021 to 2026 - GOV.UK

Coventry City Council

Report

To: Coventry Health and Wellbeing Board **Date: 24th March 2025**

From: Peter Fahy – Director of Adult Services and Housing

Title: Better Care Fund Q3 reporting & 2025/26 Planning requirements

1 Purpose

To seek retrospective formal approval of the Coventry Better Care Fund Q3 reporting template 2024/25 and to inform Health and Wellbeing Board of BCF Planning requirements for 2025/26.

2 Recommendations

The Board are asked to note the content of this report and to retrospectively approve the attached Better Care Fund Reporting Template for Q3 2024/25 attached as Appendix 1.

The Board are asked to note the 2025/26 Planning requirements and need for future retrospective approval

3 Information/Background

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

It is based on the concept of a pooled budget between Clinical Commissioners and Local Authorities with one party agreeing to 'host' the pool which is managed by a s75 legal agreement. The Coventry BCF pool is hosted by Coventry City Council and is managed through the Adult Joint Commissioning Group.

Q3 Report

The Q3 return deadline was 14th February 2025 and the return was submitted indicating a later retrospective sign off by HWBB.

The template had input from relevant colleagues across the Health and Social Care System in line with the reporting requirements.

As the pooled budget in the main deals with ongoing health and social care activities, this represents a continuation of existing work to support the requirements of the Better Care Fund.

2025/26 Planning Requirements

The 2025/26 planning timescales this year are very challenging. Unlike previous years where there was an opportunity to submit draft plans if further support was needed, this year there was a requirement to submit a draft headline plan as indicated in the table below:

Date	Requirement
3 March 2025	Draft Headline submission to national Better Care Fund team and regional Better care managers
31 March 2025 (noon)	Full HWB submission to be made to the national Better Care Fund team and regional Better care managers
May 2025	Outcome letters to HWB areas

Whilst there is an expectation of sign off by HWB in advance of submission it can be done retrospectively, and with the tight timescales (further exacerbated by the delayed finalisation of national templates) the final submission will not be available for HWB approval until the next meeting.

The plan is being developed in collaboration with Health and Social Care colleagues as required.

In order to facilitate appropriate sign off at ICB level in advance of the 31 March deadline an extraordinary meeting of the Coventry Care Collaborative committee is arranged for 21 March 2025. As this meeting is 10 days in advance of the 31 March submission deadline the BCF documents are presented as ‘draft’ rather than final versions. For HWBB sign off final versions are required.

4 Options Considered and Recommended Proposal

The Board are recommended to retrospectively approve the 24/25 Q3 reporting template attached as Appendix 1.

The Board are recommended to note the requirements of the 2025/26 planning process.

Report Author(s):

Name and Job Title:

Ewan Dewar, Head of Finance

Telephone and E-mail Contact:
024 7697 2309
ewan.dewar@coventry.gov.uk
Enquiries should be directed to the above person.

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APPENDIX 1

HM Government

NHS England

Better Care Fund 2024-25 Q3 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Coventry	
Completed by:	Christopher Whiteley	
E-mail:	christopher.whiteley@coventry.gov.uk	
Contact number:	02476972191	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be sign	Mon 24/03/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1C&D Guidance & Assumptions	Yes
5.2 C&D H1 Actual Activity	Yes
6b. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

<< Link to the Guidance sheet

Better Care Fund 2024-25 Q3 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Coventry

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	28/02/2025	Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	No issues regarding this years plan or agreement. It is progressing through the usual governance processes.	Yes

Confirmation of Nation Conditions

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

Better Care Fund 2024-25 Q3 Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Coventry

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

Metric	Definition	For information – Your planned performance as reported in 2024-25 planning				For information – actual performance for Q2 (For Q3 data,please refer to data pack on BCX)	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs *Please: - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans* ***- ensure that if you have selected data not available to assess progress that***	Achievements – including where BCF funding is supporting improvements. *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*	Variance from plan *Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan*	Mitigation for recovery *Please ensure that this section is completed where: a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan*
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	226.8	195.6	229.6	243.3	184.2	On track to meet target	As of July University Hospital Coventry & Warwickshire (UHCW) moved from recording SDEC activity in inpatient to ECDS. This is likely to lead to movement in actuals going forward and national	UHCW continue to progress the Coventry Place Improving Lives Programme (ILOP) including trialling admission avoidance and SPOA and UCR capabilities. Ongoing work with	At point of completion Q3 SUS data is not complete. Based on full October and November and estimated December, Q3 value is 234.1 against plan of 229.6	N/A
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	97.4%	97.4%	97.4%	97.4%	94.1%	Not on track to meet target	As of July University Hospital Coventry & Warwickshire (UHCW) moved from recording SDEC activity in inpatient to ECDS. This is likely to lead to movement in actuals going forward and national	System Operational Discharge Delivery Group in place to share learning and improve pathways. UHCW continue to progress the Coventry ILOP Programme including support for discharge	At point of completion Q3 SUS data is not complete. Based on full October and November and estimated December, Q3 value is 94.4% against a plan of 95.8%	Mitigations not required. Variation is within normal limits against a challenging stretch target.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,071.4	478.2	On track to meet target	As of July University Hospital Coventry & Warwickshire (UHCW) moved from recording SDEC activity in inpatient to ECDS. This is likely to lead to movement in actuals going forward and national	UHCW continue to progress the Coventry ILOP Programme including trialling admission avoidance and SPOA and UCR capabilities. Ongoing work with WMAS re: CAD referrals and	At point of completion Q3 SUS data is not complete. Based on full October and November and estimated December, Q3 value is 506.2 against a straight line plan of	N/A
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				643	not applicable	On track to meet target	We continue to see demand for services, especially those with complex needs as well as self-funders where their funds have depleted that require a residential placement to meed their	We are seeing improvements in this area. The work of the Improving Lives Programme is having a positive impact overall and we are supporting more people at home rather than admissions	N/A	N/A

Better Care Fund 2024-25 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Coventry

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

Yes, due to our Improving Lives Programme (joint health and social care initiative) we are seeing more people discharged home rather than a community bed. This has resulted in an increase to short-term home support hours used, but less short-term beds.

2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity.

We are in regular dialogue with system partners around winter readiness. Our Improving Lives Programme ensures we can respond quickly and effectively as a system. This joined up approach has created added capacity in the care home market as more people are discharged home. We also have flexibiilty in our home support market when required.

3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

No concerns to note.

4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26.

For adult social care we have capacity in the market to meet predicted demand in the community and to support hospital discharges. This includes the flexibility to spot purchase residential beds and increase home support.

Better Care Fund 2024-25 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Coventry

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan			Actual activity (not including spot purchased capacity)			Actual activity through only spot purchasing (doesn't apply to time		
Service Area	Metric	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	160	150	142	140	126	123	71	64	62
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	3.9	3.9	3.9	1.8	1.6	1.5			
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0			
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	101	101	94	40	37	42	14	14	14
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	9.8	9.8	9.8	2.8	2.7	3.9			
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0			
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	21	22	22	16	18	19	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	4	4	4	6.55	6.81	4.9			

Actual activity - Community		Prepopulated demand from 2024-25 plan			Actual activity:		
Service Area	Metric	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	1015	976	1141	650	650	0
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	45	45	45	30	12	22
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	5	5	5	2	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 Q3 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Coventry

Running Balances	2024-25 Income	Expenditure to date	Percentage spent	Balance
DFG	£4,561,176	£3,112,929	68.25%	£1,448,247
Minimum NHS Contribution	£32,310,627	£24,168,909	74.80%	£8,141,718
iBCF	£15,787,327	£11,643,908	73.75%	£4,143,419
Additional LA Contribution	£47,627,411	£32,269,333	67.75%	£15,358,078
Additional NHS Contribution	£41,609,143	£37,835,571	90.93%	£3,773,572
Local Authority Discharge Funding	£3,688,931	£2,125,096	57.61%	£1,563,835
ICB Discharge Funding	£3,313,437	£2,485,078	75.00%	£828,359
Total	**£148,898,052**	**£113,640,824**	**76.32%**	########

Comments if income changed

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£9,127,128	£16,671,255	£0
Adult Social Care services spend from the minimum ICB allocations	£11,766,623	£9,002,640	£2,763,983

Checklist Column complete: Yes Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Care Act Implementation	Respite Services	Carers Services	Respite services		239	273	Beneficiaries	Social Care	0	LA			Private Sector	Minimum NHS Contributi	£ 299,523	£224,642		
1	Care Act Implementation	Care Act related funding support	Care Act Implementation Related Duties	Other	Care Act Impact		NA		Social Care		LA			Private Sector	Minimum NHS Contributi	£ 109,000	£81,750		
1	Care Act Implementation	Changes to eligibility Criteria	Care Act Implementation Related Duties	Other	Eligibility Criteria		NA		Social Care		LA			Private Sector	Minimum NHS Contributi	£ 177,000	£132,750		
1	Care Act Implementation	Advocacy	Care Act Implementation Related Duties	Other	Advocacy		NA		Social Care		LA			Private Sector	Minimum NHS Contributi	£ 98,087	£73,565		
1	Care Act Implementation	Practice Development	Care Act Implementation Related Duties	Safeguarding			NA		Social Care		LA			Local Authority	Minimum NHS Contributi	£ 45,427	£34,070		
1	Care Act Implementation	Carer Support	Carers Services	Carer advice and support related to Care Act duties		146	60	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributi	£ 50,731	£38,048		
10	Protecting Social Care	Maintaining Packages	Residential Placements	Care home		220	165	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contributi	£ 9,125,348	£6,844,461		
10	Protecting Social Care	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	3900	2019	Hours of care (Unless short-term in which case it is	Social Care		NHS			Local Authority	Additional NHS Contributi	£ 218,430	£187,627		

11	Reablement/Discharge to Assess	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	7956	4194	Hours of care (Unless short-term in which case it is	Social Care		LA			Private Sector	Additional NHS Contributi	£ 453,623	£389,652		
11	Reablement/Discharge to Assess	Short Term Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		53	20	Number of placements	Social Care		NHS			Local Authority	Minimum NHS Contributi	£ 202,866	£152,150		
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		844	589	Packages	Social Care		NHS			Private Sector	Minimum NHS Contributi	£ 990,041	£661,642		
11	Reablement/Discharge to Assess	Social Worker & Brokerage Funding	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Social Care		LA			Local Authority	Additional NHS Contributi	£ 165,551	£124,163		
11	Reablement/Discharge to Assess	React SW Posts	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Social Care		LA			Local Authority	Additional NHS Contributi	£ 109,876	£82,407		
11	Reablement/Discharge to Assess	Analyst	Enablers for Integration	Joint commissioning infrastructure		0	NA		Social Care		LA			Local Authority	Minimum NHS Contributi	£ 17,434	£13,075		
11	Reablement/Discharge to Assess	Dementia/Integrated MH Commissioning post	Enablers for Integration	Integrated models of provision			NA		Social Care		LA			Local Authority	Minimum NHS Contributi	£ 74,300	£55,293		
11	Reablement/Discharge to Assess	Therapy & Case Management Team	Integrated Care Planning and Navigation	Care navigation and planning			NA		Social Care		NHS			Local Authority	Minimum NHS Contributi	£ 808,614	£606,460		
11	Reablement/Discharge to Assess	Care Home Quality Monitoring Post	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes			NA		Social Care		NHS			NHS Community Provider	Minimum NHS Contributi	£ 44,982	£42,368		
11	Reablement/Discharge to Assess	Care Home Infection Control Post	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes			NA		Social Care		NHS			NHS Community Provider	Minimum NHS Contributi	£ 44,982	£42,366		
11	Reablement/Discharge to Assess	Pathway 3 Nursing Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		192	145	Number of placements	Social Care		NHS			Private Sector	Additional NHS Contributi	£ 1,340,552	£1,012,667		
13	Voluntary Sector Review	PI Vol Sector Support	Prevention / Early Intervention	Other	PI Support		NA		Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributi	£ 272,435	£204,326		
13	Voluntary Sector Review	MH Vol Sector Support	Prevention / Early Intervention	Other	MH Support	0	NA		Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributi	£ 433,118	£324,838		
13	Voluntary Sector Review	LD Vol Sector Support	Prevention / Early Intervention	Other	LD Support		NA		Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributi	£ 38,139	£28,604		
13	Voluntary Sector Review	Carer Support	Carers Services	Carer advice and support related to Care Act duties		242	139	Beneficiaries	Community Health		LA			Charity / Voluntary Sector	Additional NHS Contributi	£ 83,365	£62,524		
13	Voluntary Sector Review	MH Advocacy	Care Act Implementation Related Duties	Independent Mental Health Advocacy			NA		Mental Health		LA			Charity / Voluntary Sector	Additional NHS Contributi	£ 116,825	£116,825		
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		331	264	Number of beneficiaries	Social Care		Joint	0.28	0.72	Local Authority	Additional NHS Contributi	£ 174,996	£131,247		
2	Community Support Services	Equipment Contract	Assistive Technologies and Equipment	Community based equipment		3827	3355	Number of beneficiaries	Community Health		NHS			Private Sector	Additional NHS Contributi	£ 1,320,704	£1,157,673		
2	Community Support Services	Wheelchair Service	Assistive Technologies and Equipment	Community based equipment		852	639	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Additional NHS Contributi	£ 1,355,451	£1,016,588		
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		517	412	Number of beneficiaries	Social Care		Joint	0.28	0.72	Private Sector	Additional NHS Contributi	£ 273,481	£205,110		
9	Out of Hospital & Nursing Care	Nursing Beds	Residential Placements	Nursing home		4691	4047	Number of beds	Continuing Care		NHS			Private Sector	Additional NHS Contributi	£ 13,756,118	£11,867,745		

9	Out of Hospital & Nursing Care	Care Home Beds	Residential Placements	Care home		3408	5594	Number of beds	Continuing Care		NHS			Private Sector	Additional NHS Contributi	£ 5,418,404	£8,893,852		
9	Out of Hospital & Nursing Care	Community Care	Community Based Schemes	Integrated neighbourhood services			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contributi	£ 20,221,692	£15,166,269		
9	Out of Hospital & Nursing Care	Community Care	Community Based Schemes	Integrated neighbourhood services			NA		Community Health		NHS			NHS Community Provider	Additional NHS Contributi	£ 2,061,365	£1,546,024		
3	Dementia	Arden Memory Service	Integrated Care Planning and Navigation	Assessment teams/joint assessment			NA		Mental Health		NHS			NHS Mental Health Provider	Additional NHS Contributi	£ 1,403,589	£1,052,692		
3	Dementia	Community Dementia Support	Integrated Care Planning and Navigation	Other	Support mechanisms for people		NA		Mental Health		NHS			NHS Mental Health Provider	Additional NHS Contributi	£ 2,476,968	£1,857,726		
12	Urgent Care	Urgent Care	Community Based Schemes	Low level support for simple hospital discharges (Discharge			NA		Acute		NHS			NHS Acute Provider	Additional NHS Contributi	£ 7,710,621	£5,782,966		
8	Mental Health Resource Centre	MH Resource Centre	Community Based Schemes	Other	Community Based MH Support	0	NA		Mental Health		LA			Local Authority	Additional NHS Contributi	£ 231,774	£173,831		
6	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		4	3	Number of beds	Continuing Care		LA			Private Sector	Additional NHS Contributi	£ 1,100,214	£825,160		
6	LD Care Homes	LD Development Centre	Community Based Schemes	Other	LD Day opportunity		NA		Continuing Care		NHS			NHS Community Provider	Additional NHS Contributi	£ 724,110	£543,083		
7	LD Compact	LD Compact	Other			0	NA		Social Care		NHS			Local Authority	Additional NHS Contributi	£ 326,449	£244,837		
19	Discharge Fund	Hospital Discharge Grant Schemes	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs		0	NA		Social Care		NHS			Private Sector	ICB Discharge Funding	£ 3,313,437	£2,485,078		
9	Out of Hospital & Nursing Care	Older People Care Placements and other Nursing Placements	Residential Placements	Care home		367	275	Number of beds	Social Care		LA			Private Sector	Additional LA Contributi	£ 17,195,997	£12,896,997		
13	Voluntary Sector Review	Voluntary sector funding funding to support PI	Prevention / Early Intervention	Other	PI Support		NA		Community Health		LA			Charity / Voluntary Sector	Additional LA Contributi	£ 269,189	£201,892		
13	Voluntary Sector Review	Voluntary sector funding funding to support MH	Prevention / Early Intervention	Other	MH Support		NA		Community Health		LA			Charity / Voluntary Sector	Additional LA Contributi	£ 301,091	£225,818		
13	Voluntary Sector Review	Voluntary sector funding funding to support LD	Prevention / Early Intervention	Other	LD Support	0	NA		Community Health		LA			Charity / Voluntary Sector	Additional LA Contributi	£ 808,418	£606,313		
11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		221	124	Number of placements	Social Care		LA			Private Sector	iBCF	£ 836,713	£424,183		
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		386	309	Packages	Social Care		LA			Private Sector	iBCF	£ 454,000	£400,515		
11	Reablement/Discharge to Assess	Community PI Team	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs		0	NA		Social Care		LA			Local Authority	iBCF	£ 379,717	£284,788		
11	Reablement/Discharge to Assess	Short Term Home Support	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		395	276	Packages	Social Care		LA			Private Sector	Additional LA Contributi	£ 463,607	£310,039		
11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		73	42	Number of placements	Social Care		LA			Private Sector	Additional LA Contributi	£ 281,284	£142,601		
11	Reablement/Discharge to Assess	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		90	33	Number of placements	Social Care		LA			Local Authority	Additional LA Contributi	£ 342,631	£256,973		

11	Reablement/Discharge to Assess	HWC Short Term Beds	Home Care or Domiciliary Care	Other	HWC ST Tenancy	3744	3181	Hours of care (Unless short-term in which case it is	Social Care		LA			Local Authority	Additional LA Contributi	£ 344,043	£295,525		
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		807	643	Number of beneficiaries	Social Care		Joint	0.28	0.72	Local Authority	Additional LA Contributi	£ 424,387	£318,290		
2	Community Support Services	Integrated Equipment Store	Assistive Technologies and Equipment	Community based equipment		1306	1041	Number of beneficiaries	Social Care		Joint	0.28	0.72	Private Sector	Additional LA Contributi	£ 803,341	£602,356		
2	Community Support Services	Carers Services	Carers Services	Other	Carers Support Officer	1474	70	Beneficiaries	Social Care		LA			Local Authority	Additional LA Contributi	£ 88,355	£75,128		
2	Community Support Services	Carers Services	Carers Services	Other	Carers Direct Payments	1474	70	Beneficiaries	Social Care		LA			Private Sector	Additional LA Contributi	£ 120,267	£107,038		
2	Community Support Services	Carers Services	Carers Services	Carer advice and support related to Care Act duties		2058	1211	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributi	£ 726,563	£504,693		
3	Dementia	Dementia Care Home Placements	Residential Placements	Care home		136	102	Number of beds	Social Care		LA			Private Sector	Additional LA Contributi	£ 5,676,831	£4,257,668		
3	Dementia	Dementia Care Home Placements Internal	Residential Placements	Care home		42	32	Number of beds	Social Care		LA			Local Authority	Additional LA Contributi	£ 1,770,259	£1,523,873		
3	Dementia	Dementia Hub	Community Based Schemes	Other	Dementia Hub offering advice/suppor	0	NA		Social Care		LA			Local Authority	Additional LA Contributi	£ 348,339	£295,043		
4	Disabled Facility Grants	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		618	166	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	£ 4,561,176	£3,112,329		
4	Disabled Facility Grants	Use of DFG grant for other social care capital schemes	Other			0	NA		Social Care		LA			Local Authority	Additional LA Contributi	£ 606,486	£111,700		
5	Integrated Commissioning	Joint Commissioning Posts	Enablers for Integration	Joint commissioning infrastructure		0	NA		Social Care		LA			Local Authority	iBCF	£ 75,427	£60,573		
14	Whole Population Prevention	Mental Health Practitioner	Prevention / Early Intervention	Other	AMP	0	NA		Social Care		LA			Local Authority	iBCF	£ 75,472	£58,711		
14	Whole Population Prevention	Community Based Support	Prevention / Early Intervention	Other	Community Based Vol Support	0	NA		Social Care		LA			Charity / Voluntary Sector	iBCF	£ 112,497	£84,373		
14	Whole Population Prevention	Affordable Warmth Support	Prevention / Early Intervention	Other	Affordable Warmth Support		NA		Social Care		LA			Private Sector	iBCF	£ 23,200	£17,400		
15	Winter Pressures	Pathway Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		75	52	Number of placements	Social Care		NHS			Private Sector	iBCF	£ 500,000	£348,050		
15	Winter Pressures	7 Day working costs for Hospital Social Work Team	High Impact Change Model for Managing Transfer	Flexible working patterns (including 7 day working)		0	NA		Social Care		LA			Local Authority	iBCF	£ 648,828	£486,621		
15	Winter Pressures	Care Home Liaison	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		0	NA		Social Care		LA			Local Authority	iBCF	£ 52,741	£39,659		
15	Winter Pressures	Housing Related support for people moving to care settings	Housing Related Schemes			0	NA		Social Care		LA			Local Authority	iBCF	£ 45,833	£35,555		
15	Winter Pressures	Street Triage Capacity	Prevention / Early Intervention	Other	Street Triage	0	NA		Social Care		NHS			NHS Community Provider	iBCF	£ 162,703	£122,027		
15	Winter Pressures	Mobile Night Carers	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		53	45	Packages	Social Care		LA			Private Sector	iBCF	£ 300,836	£225,627		
16	Development Fund	Development Fund for further improvement	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs		0	NA		Community Health		NHS			NHS Community Provider	Additional LA Contributi	£ 3,000,000	£5,625,000		
17	Improving Lives	System level programme to deliver best outcomes and support more	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process support/core costs		0	NA		Community Health		NHS			Private Sector	Additional LA Contributi	£ 480,000	£480,000		
1	Care Act Implementation	Care Act implementation	Carers Services	Other	Enhanced Carer Support	0	NA	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributi	£ 240,483	£11,856		

6	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		7	5	Number of beds	Social Care		LA			Private Sector	Additional LA Contributi	£ 1,194,413	£835,814		
8	Mental Health Resource Centre	MH Resource Centre	Community Based Schemes	Other	Community Based MH Support	0	NA		Mental Health		LA			Local Authority	Additional LA Contributi	£ 20,348	£0		
7	LD Compact	LD Compact	Other			0	NA		Social Care		NHS			Local Authority	Additional LA Contributi	£ 127,481	£0		
10	Protecting Social Care	Sustaining OP ASC	Home Care or Domiciliary Care	Domiciliary care packages		524037	393028	Hours of care (Unless short-term in which case it is	Social Care		LA			Private Sector	iBCF	£10,474,009	£7,855,507		
10	Protecting Social Care	Integrated Care Record	Enablers for Integration	Data Integration		0	NA		Social Care		LA			Private Sector	iBCF	£ 73,375	£55,031		
10	Protecting Social Care	Additional Support/Service Improvement Posts	Other			0	NA		Social Care		LA			NHS	iBCF	£ 35,000	£0		
10	LD Care Homes	Pooled Provider arrangement	Residential Placements	Learning disability		1	1	Number of beds	Social Care		LA			Private Sector	iBCF	£ 233,535	£175,151		
10	Protecting Social Care	Sustaining ASC	Residential Placements	Care home		12	9	Number of beds	Social Care		LA			Private Sector	iBCF	£ 455,000	£341,250		
10	Protecting Social Care	Front Door Team	Other			0	NA		Social Care		LA			Local Authority	iBCF	£ 154,929	£116,197		
10	Protecting Social Care	LD PI Team	Prevention / Early Intervention	Other	LD PI Team	0	NA		Social Care		LA			Local Authority	iBCF	£ 156,453	£117,340		
10	Protecting Social Care	DP Support Post	Personalised Budgeting and Commissioning			0	NA		Social Care		LA			Local Authority	iBCF	£ 43,346	£32,842		
10	Protecting Social Care	Additional Support/Service Improvement Posts	Other			0	NA		Social Care		LA			Local Authority	iBCF	£ 420,107	£315,080		
10	Protecting Social Care	Integrated Commissioner	Enablers for Integration	Integrated models of provision			NA		Social Care		LA			Local Authority	iBCF	£ 50,000	£47,428		
10	Protecting Social Care	Nurse Contribution	Integrated Care Planning and Navigation	Assessment teams/joint assessment			NA		Social Care		NHS			NHS	iBCF	£ 8,000	£0		
10	Protecting Social Care	Trechnology & Improvement	Other			0	NA		Social Care		LA			Private Sector	iBCF	£ 15,000	£0		
20	Autism Assessment	To reduce waiting times for Autistic Diagnosis	Other			0	NA		Community Health		NHS			NHS Community Provider	Additional LA Contributi	£ 1,000,000	£0		
13	Discharge Fund	Adult Social Care Discharge Fund - ST HS	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		748	714	Packages	Social Care		LA			Private Sector	Local Authority Discharge	£ 1,267,017	£950,263		
9	Out of Hospital & Nursing Care	OP Community Packages - DP	Personalised Care at Home	Other	OP DPs	0	NA		Social Care		LA			Private Sector	Additional LA Contributi	£ 2,148,183	£1,611,137		
13	Discharge Fund	Adult Social Care Discharge Fund - ST Beds	Bed based intermediate Care Services	Bed-based intermediate care with reablement accepting step up and		212	190	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	£ 1,285,227	£963,920		
13	Discharge Fund	Adult Social Care Discharge Fund - SW/OT Support	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge Teams supporting		0	NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 625,312	£185,768		
13	Discharge Fund	Other Discharge Schemes - HWC Dementia Pilot	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		16	8	Packages	Social Care		LA			Local Authority	Local Authority Discharge	£ 33,375	£25,145		
13	Discharge Fund	LDA Support	Other				NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 178,000	£0		Annual contribution to ICB schemes as required which happens at the end of year
4	Disabled Facility Grants	Use of grant for other social care capital schemes - Disability	Other	0	Disability Home	0	NA		Social Care	0	LA	0		Private Sector	Additional LA Contributi	£ 903,161	£903,161		
4	Disabled Facility Grants	Use of grant for other social care capital schemes - Adaptations	Other	0	Adaptations to Temporary accommodati	0	NA		Social Care	0	LA	0		Private Sector	Additional LA Contributi	£ 231,303	£3,818		

4	Disabled Facility Grants	Warm Homes Scheme	DFG Related Schemes	Discretionary use of DFG	0	46	0	Number of adaptations funded/people	Social Care	0	LA	0		Private Sector	Additional LA Contributi	£ 353,000	£0		Funded from alternative resources
4	Disabled Facility Grants	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	0	77	0	Number of adaptations funded/people	Social Care	0	LA	0		Private Sector	Additional LA Contributi	£ 567,251	£0		
11	Reablement/Discharge to Assess	Low Level Support	Other	0	Other Discharge Support	0	NA		Social Care	0	LA	0		Private Sector	Additional LA Contributi	£ 789,434	£0		
11	Reablement/Discharge to Assess	Analyst	Enablers for Integration	Joint commissioning infrastructure	0	0	NA		Social Care	0	LA	0		Local Authority	Additional NHS Contributi	£ 4,539	£3,404		
11	Reablement/Discharge to Assess	Dementia/Integrated MH Commissioning post	Enablers for Integration	Integrated models of provision	0	0	NA		Social Care	0	LA	0		Local Authority	Additional NHS Contributi	£ 316	£0		
11	Reablement/Discharge to Assess	Therapy & Case Management Team	Integrated Care Planning and Navigation	Care navigation and planning	0	0	NA		Social Care	0	NHS	0		Local Authority	Additional NHS Contributi	£ 37,530	£0		
13	Discharge Fund	Equipment to support increased patient flow	Assistive Technologies and Equipment	Community based equipment	0	600	0	Number of beneficiaries	Social Care	0	LA	0		Private Sector	Local Authority Discharge	£ 300,000	£0		Seasonal demand will mean this will be required in the final quarter

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2 October 2024 **Theme: Wider Determinants of Health - Employment and Skills**
- 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 Governance - Joint Strategic Needs Assessment and Health and Wellbeing Strategy
4 December 2024 **Theme: Adults including Healthy Ageing**
- 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
5 February 2025 **Theme: Children, Young People & Families**
- Early Help and Prevention - SEND - The Corporate Parenting Agenda - Public Health Business Plan
24 March 2025 **Theme: Very Vulnerable People**
- NHS Planning Guidance - Homelessness and health, substance misuse and domestic abuse - Better Care Fund Q3 reporting & 2025/26 Planning requirements - Coventry and Warwickshire Joint Health Protection Strategy
Forward Plan – Date to be determined
- Anchor Institutions - Mental Health Collaborative - Migrant Health including Unaccompanied Asylum Seeking Children - Suicide Prevention - Sports and Physical activity

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