



Coventry Health and Well-being Board

Time and Date

10.00 am on Wednesday, 5th February, 2025

Place

The Moat Family Hub, Moat House Primary School, Deedmore Road, Coventry, CV2 1EQ

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 4th December 2024 (Pages 3 - 14)
 - (b) Matters Arising
4. **Chair's Update**

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

Verbal update of the Director of Public Health and Wellbeing.
6. **Early Help and Prevention (Pages 15 - 62)**

Briefing Note of the Early Help Operational Lead.
7. **Special Educational Needs, Disability and Alternative Provision Strategic Partnership Board (Pages 63 - 68)**

Briefing Note of the Head of SEND & Specialist Services.
8. **The Corporate Parenting Agenda (Pages 69 - 92)**

Briefing Note of the Strategic Lead for Corporate Parenting & Sufficiency and Strategic lead for Children in Care, Care Leavers and Children with disabilities services .

9. **Public Health Business Plan** (Pages 93 - 114)

Briefing Note of the Director of Public Health and Consultant in Public Health, A Baker.

10. **Health & Wellbeing Board Members Headline Updates and Future Work Programme Items** (Pages 115 - 116)

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

11. **Any Other Business**

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

Private Business

Nil

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

Tuesday, 28 January 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, Councillor K Caan (Chair), M Coombes, P Drover, A Duggal, Councillor G Duggins, P Fahy, F Garrigan, A Hardy, D Howat, P Johns, Councillor M Lapsa, S Linnell, C Meyer, D Oum, Councillor P Seaman, S Sen and M Stanton

By Invitation: Councillor G Hayre

Public Access

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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, 4 December 2024

Present:

Members: Councillor K Caan (Chair)

A Duggal, Director of Public Health and Wellbeing
P Fahy, Director of Adults and Housing
D Howart, Coventry University
Councillor M Lapsa
J Richards (Substitute for A Hardy), University Hospitals
Coventry and Warwickshire
R Light, Healthwatch Coventry
Councillor P Seaman
Professor P Saravanan, Warwick University (substitute for
Professor C Meyer)

Employees (by Directorate):

Law and Governance C Colson-Haggins, C Taylor

Public Health V Castree, R Chapman, S Frossell, C Jones, V de Souza

Others present: A Cartwright, ICB

L Terry, UHCW

T Soni, Coventry Refugee and Migrant Centre

R McLarnon, Age UK

Apologies: Councillors L Bigham and G Duggins, P Drover, A Hardy,
P Johns, Professor C Meyer, D Oum and S Sen

Public Business

16. Welcome

The Chair, Councillor K Caan, welcomed everyone to the meeting, thanking the Dementia Hub for hosting and advising the theme of the meeting was adults and healthy ageing.

The Chair welcomed representatives of the Voluntary and Community Sector, T Soni, Coventry Refugee and Migrant Centre and R McLarnon, Age UK, to the meeting.

17. Declarations of Interest

There were no declarations of interest.

18. **Minutes of Previous Meeting**

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

There were no matters arising.

19. **Chair's Update**

The Chair, Councillor Caan, provided an update on Marmot 2.0, advising that Coventry became the first Marmot city in 2013 and during 2020-2022, Covid resulted in many people seeing and experiencing stark inequalities in health for the first time. Adding on the pressure of cost of living and growing poverty, the continuing poor health of the population – with life expectancy declining, and slower economic growth, there was increased interest in how to tackle them.

With a new government who pledged to 'halving the gap in healthy life expectancy between the richest and poorest regions in England'* there were more and more Local Authorities, Towns, Boroughs, Regions, Hospital trusts, ICBs and even countries (Scotland) who were becoming Marmot Places and joining this social movement. Coventry should be very proud in being the start of this.

Coventry was the longest running Marmot city and had started to reflect on the journey. In May, this year a series of reflection workshops for Marmot Partners were held, who shared their thoughts on our journey – past, present and where we were heading in the future. This had been written up and produced as a summary which would be shared in the coming weeks.

Coventry City Council would be renewing its commitment with the 'Marmot 2.0' plan. Work was taking place to identify where best as an organisation to focus resources and efforts to strengthen the council's existing work, to improve health equity for our residents. Some of the priorities required partnership working and work was ongoing regarding improving equity and making things fairer for our residents.

As Health and Wellbeing partners, there was an opportunity, through the Marmot city work, to come together as a system. By strengthening all joint work, the inequalities gap could be closed along with improving health and wellbeing and improving quality of life for Coventry residents.

**Labour Manifesto, chapter: Build an NHS fit for the future, Reducing health inequalities section, [Build an NHS fit for the future – The Labour Party](#)*

Public Health had been working on a high-level business plan to set out the future direction and priorities for the directorate. The main aim of Public Health was to improve public health outcomes and reduce health inequalities in Coventry. This was undertaken by using the Public Health Grant effectively. The plan set out how this would be achieved and captured elements of all of the work, focusing on the overlap between workstreams and the focus going forward. The Chair extended thanks to the Director of Public Health and Wellbeing for her work on the plan.

The Business Plan was an internal document for the Public Health team which could be shared with other directorates of the council, so others could understand the priorities. It did not include the “Business as Usual” and it was meant to be a living document that changed as the direction became clearer and as Public Health priorities were dealt with that arose from national, local and system pressures.

The plan outlined specific areas of focus for strategic development as well as specific areas for prevention work. This would be undertaken across the range of services, using data, intelligence and performance to drive our direction, being agile to manage new challenges and our Key Areas of Focus will be:

- Reducing Infant mortality to improve outcomes for our Children and Young people.
- Working with Adolescents to improve their health by influencing the choices that they make.
- Further developing and ensuring that all council services are underpinned by Prevention strategies, this includes primary prevention, stopping people becoming ill in the first place.

At this moment, the plan was a working draft, which was being developed in more detail with a finalised plan in place for March 2025.

Finally, the Chair updated the Board on the HDRC Year 2 Celebration event which had taken place on 15th October at the University of Warwick, chaired by Sir Michael Marmot. It covered successes to date and plans for the future including how the HDRC was helping people in the council, voluntary sector and local community to develop research skills and get involved in research into the wider determinants of health. The afternoon included workshop discussions between university researchers and practitioners into new areas of research aligned to One Coventry and Marmot priorities.

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

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

The Board received a verbal update of the Director of Public Health and Wellbeing highlighting partnership working and the ongoing work around the recent spate of drug deaths in Coventry. Work was ongoing with the Police and Crime Commissioner across Coventry and Warwickshire to monitor the situation. The Director advised that Naxolone, which could be given to a patient who had taken a drugs overdose, was now more available.

The Director had recently attended the launch of the Sandwell Health Research Determinants Collaborative where 2 emergency planning exercises had been rolled out.

Finally, the migration team were very busy with another hotel in Coventry being used to house migrants and partnership work was ongoing to ensure health and care was available to those in need.

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

21. Independent Annual Public Health Report 2024 - Migrant Health and Wellbeing in Coventry

The Board received a Briefing Note and presentation of the Director of Public Health and Wellbeing regarding the Director of Public Health (DPH) Annual Report – Migrant Health and Wellbeing in Coventry.

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

The report explored longstanding and emerging protective and risk factors influencing migrants' ability to build new and healthy lives, their confidence in accessing appropriate support and the responsiveness of oxidising provision. The report recognised the demographic changes in the migrant population that had sometimes been rapid and had brought positive and negative impacts on those forced to make the journey to the UK. It acknowledged Coventry's history and longstanding work welcoming migrant communities which offered a solid foundation to build on.

The report had been informed by the needs and experiences of migrant communities in Coventry and addressed different aspects of Migrant Health and Wellbeing including:

- Why people migrate
- Refuge, protection and opportunity
- Understanding migrant communities and groups
- Health inequalities and vulnerability
- Migrant community health patterns/trends in Coventry

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

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

- The gap and transition in migrant service provision between children and adults.
- How to capture community champions and undertake outreach working in the communities which were more difficult to engage.
- Partnership working for migrants with qualifications, links were made with the Job Shop, NHS and other partners to help people into meaningful work.
- Community work relating to vaccination roll out.
- A student led pilot underway with Warwick University, was enabling students to undertake health checks in the community.

Members of the Board highlighted the prevention aspect of health, the importance of youth health and raising awareness of mental health issues within migrant communities. The Board requested the provision of community champions within migrant communities and that the recommendations in the report would be prioritised, the delivery mechanisms for which would be reviewed and fed back to the Board in 12 months' time.

RESOLVED that the Health and Wellbeing Board:

The Board agreed to:

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

10. **Build on local tailored health protection campaigns to maximise:**
 - a. uptake of vaccination to align with UK immunisations schedule
 - b. Engagement in age or other appropriate screening
 - c. Awareness of infectious disease.
11. **Build on local specialist support and advocacy for survivors of modern slavery** through targeted training for professionals in Coventry on exploitation indicators and rights to care.
12. **Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks** with migrant groups as part of fostering community ownership and trust in services.
13. **Invest in robust translation and interpretation services** to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.
14. **Schedule a series of asset based deeper dives** into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).
15. **Build on the Wellbeing Monitor community engagement project** (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
16. Investigate provision of community champions within migrant communities.
17. Prioritise the recommendations in the report, review the delivery mechanisms for the 15 recommendations and feedback to the Board in 12 months' time on progress.

22. **Coventry Care Collaborative**

The Board received a verbal report and presentation of the Chief Integration Officer, Coventry and Warwickshire ICB regarding the Coventry Care Collaborative.

RESOLVED that the Health and Wellbeing Board notes the update on the Coventry Care Collaborative.

23. **Improving Lives**

The Board received a report and presentation of the Director of Adult Services and Housing and the Director of Strategy and Transformation (UHCW), the purpose of which was to communicate the outcomes of the Improving Lives Programme and notify the Health and Wellbeing Board of the movement of the programme from delivery to Business as Usual.

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

The programme represented a systemic endeavour to improve on some long term challenging metrics which included high numbers of older people admitted to hospital, leading to an increased probability of admission. This position resulted in service costs being incurred that could have been avoided.

In 2023, the four partner organisations engaged Newton Europe to support a change programme to deliver financial benefits and improve outcomes for people requiring support. The programme had focussed on the key elements of:

- Hospital processes
- Integrated Neighbourhood Teams
- Intelligence led oversight

The above elements were in place and had been operating for a number of months and the Improving Lives Programme had moved from a change programme to a continuous improvement through business as usual. The objectives of the programme had been delivered but would require constant oversight and improvement work to ensure the benefits continue to be released.

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

- Within the one community integrator team, a nursing team went out to the patients' home, undertook an assessment, stabilised the patient and provided support. Ambulances could then be released back onto the road.
- Godiva Emergency Responders did not currently link with the Ambulance Service.
- Health integration was the biggest benefit with social care and health teams working together at a local place.

The Board requested officers to research Godiva Emergency Responders and whether they link or could be linked to the Ambulance Service along with the Arrive Alive Scheme.

RESOLVED that the Health and Wellbeing Board supports the movement to Business as Usual for the Improving Lives programme, noting the progress made and the ongoing need to embedding change and delivery of continuous improvement.

24. **Community Integrator**

The Board received a report of the Chief Officer Strategy and Transformation, UHCW NHS Trust and the Director of Adult Services and Housing outlining the approach to the transformation of community services in Coventry.

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

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

The transformation programme would build on the approach developed through the Improving Lives programme to:

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

The transformation programme had been designed to meet the objectives with 5 interdependent workstreams:

1. PHM
2. Integrated Service Model
3. Digital and Data
4. Integrated Care Culture
5. Coventry Voice

The first phase was a PHM informed diagnostic to identify opportunities for a more joined up and proactive approach to managing need and laying the foundation for a 'neighbourhood health system' with partners.

The outlined approach provided the Coventry Care Collaborative with the opportunity to realise the ambitions of the ICS, progressing the key ambitions to improve population outcomes, tackle inequalities, make effective use of resources and support social and economic benefit.

System working between acute, community NHS and adult social care was a key enabler for the success of Improving Lives. Community Integrator would build on that approach and expand the partnership into primary care, mental health and VCSFE.

Councillor Seaman suggested an inclusive model from pre-birth, right through to the elderly suggesting, the earlier the programme could start, the more preventative it could be. Also, the impact on young carer should be included within the model.

RESOLVED that the Health and Wellbeing Board supports the approach, noting the system ambition for a new model of neighbourhood health and care that delivers improved outcomes for Coventry people.

25. **Population Health Management**

The Board received a Briefing Note and presentation of the Consultant PH (Insight) which described the work undertaken to embed Population Health Management (PHM) in the commissioning, transformation, design and delivery of health and care services in Coventry.

Population Health was an approach aimed at improving the health of an entire population and aimed to improve physical and mental health outcomes and wellbeing of people and reduce inequalities. Population health was improved by data and intelligence driven planning and delivery of services to achieve maximum impact. It included segmentation, stratification and modelling to identify local 'at risk' cohorts. It then involved designing and targeting interventions to improve care and support and prevent worsening health for people with ongoing health conditions.

The Coventry Care Collaborative had committed to better use of Insight when making decisions about services. Historically, services had been designed based on current or predicted future demand data. This had compounded inequalities and led to increased demand for services without improved outcomes. A PHM approach looked at insight from the whole population, including those not using services, to better understand how services could better meet the needs of the residents. The insight included service data and also an insight on who was and who was not accessing services and who had poor experience of services of poorer outcomes. This included feedback from residents, clinicians and other stakeholders on why services may not benefit all residents equally.

The Community Integrator transformation programme would be used to apply, test and learn how to successfully embed a PHM approach. There was a commitment from all ICS partners to supporting insight driven decision making, apply learning to other decision making and work towards embedding the approach broadly in the future. The work to apply the approach would sit with individual programmes however, a collective working group had been established to share learning, remove barriers to embedding a PHM approach, identify opportunities to scale and spread and ensure resources and structures required were in place. This group would report into the Care Collaborative Forum and Committee where appropriate.

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

- Working towards reducing health inequalities was being undertaken by aligning data and understanding the needs of the population.
- Within the migrant population, 75% using health services were not receiving a good outcome. A different intervention was required along with the understanding why and further engagement with those communities.
- Working differently was a challenge, along with the challenge of the winter months, capacity issues and resourcing.

Councillor Seaman advised of the importance of listening to the central young voice and suggested children with mental health issues could grow into adults with the trauma following them. There were certain areas of the city which required focus to address child poverty and deprivation.

RESOLVED that the Health and Wellbeing Board note the progress the Coventry Care Collaborative has made towards embedding a PHM approach to health and care and the commitment made by all Integrated Care System (ICS) partners.

26. Coventry Place Research

The Board received a Briefing Note and presentation of the Director of Coventry HDRC, the Head of Coventry HDRC and the Head of Research and Development, UHCW, the purpose of which was to outline the opportunities, benefits and impacts of strengthening the Board's engagement with local wider determinants of health (WDH) and NHS research infrastructure. This included identifying the overlapping areas of focus within the Coventry Health Determinants Research Collaboration (HDRC), with UHCW Institute for Health Equity and Social Care, and the ICS research infrastructure. The briefing note highlighted how the Board's involvement in this infrastructure could help advance research development and enhance knowledge mobilisation and research implementation where beneficial to improving health and wellbeing and reducing health inequalities.

RESOLVED that the Health and Wellbeing Board:

- 1. Considers how it can utilise the HDRC and ICS research infrastructure to inform service, policy and strategy developments to improve health and wellbeing and reduce health inequalities.**
- 2. Develops a mechanism for the Board to endorse and support collaborative research and related funding applications.**

27. 10 Year Plan Listening Exercise

The Board received a verbal update and presentation of the Chief Integration Officer, Coventry and Warwickshire ICB on the 10 Year Plan Listening Exercise, the 3 key themes of which were moving patients from hospitals back to their homes and communities, making better use of technology and the prevention of sickness.

Members were requested to submit ideas on the NHS National Plan which would feed into the 10-year plan.

RESOLVED that the Health and Wellbeing Board:

- 1. Notes the verbal update.**
- 2. The Board to be invited to the HDRC seminar once arranged.**

28. Health and 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 continuing themed meetings were as follows:

5th February 2025 Children, Young People and Families
12th March 2025 Very Vulnerable People

The Chair expressed sadness and concern at the recent spate of young person suicides within the city and suggested this as an agenda item at the February 2025 meeting.

RESOLVED that the Health and Wellbeing Board:

1. **Notes the update to the future work themed meetings.**
2. **Includes suicide in young people as an agenda item at the meeting on 5 February 2025.**

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

There were no other items of public business.

(Meeting closed at 12:00pm)

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Coventry City Council

Briefing note

To: Health and Wellbeing Board

Date: 5th February 2025

Title: Early Help and Prevention

1 Purpose of the Note

- 1.1 There are two papers attached to this covering briefing note which will inform the item on Early Help and Prevention.

2 Recommendations

2.1 Health and Wellbeing Board are recommended:

- 1) That all services, agencies and teams familiarise themselves right the Early Hep 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 case 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.**

3 Information/Background

The following papers are enclosed for discussion on this item.

Paper 1 – Early Help and Prevention Briefing note

- Appendix 1 Role of the Statutory safeguarding Partners in Early Help and Prevention, as part of their safeguarding responsibilities.
- Appendix 2 Single page summary of the Early Help Strategy (2022-2025)
- Appendix 3 The Early Help System Guide
- Appendix 4 Children’s Social Care Reforms as described by the Labour Government, Dec 2024 (including details related to the establishment of Family Help)

Paper 2 - Early Help and Prevention – Trauma Vanguard Briefing note

- Appendix 1 – HEAT Assessment – Trauma Vanguard



To: Health and Wellbeing Board

Date: 5th February 2025

Title: Early Help and Prevention

1 Purpose of the Note

To reiterate the expectations of partners regarding the delivery of Early Help and Prevention, how this is mobilised in Coventry and its effectiveness.

To describe the expectations being outlined in the new Children and Wellbeing Bill

To update the Health and Wellbeing Board on the progress to date of the Family Hub and Start for Life Offer

To update the Board on the delivery of the Supporting Families Programme and the transition into Family Help across the partnership.

2 Recommendations

- 2.1 **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.**
- 2.2 **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 case system.**
- 2.3 **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.**
- 2.4 **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.**

3 Information/Background

3.1 Current multiagency Early Help and Prevention and expectations of partners

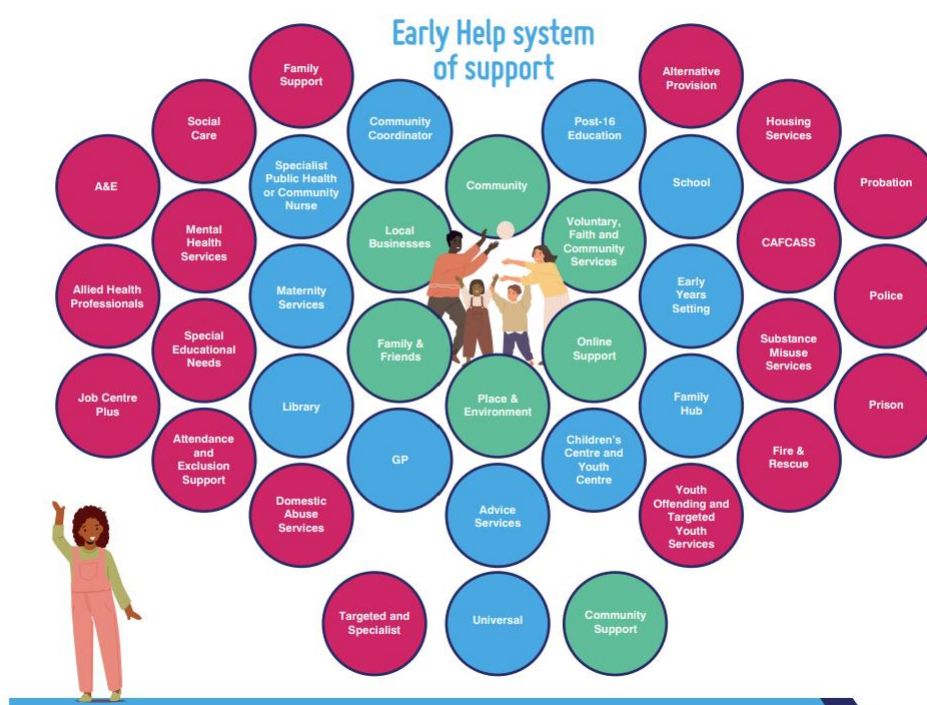
[Working Together to Safeguard Children 2023](#) describes the expectations for multi-agency working to help, protect and promote the welfare of children. The current expectations are for partners working together within early help through a collaborative, multi-agency approach to support children and families, including:

1. **Shared Responsibility:** All partners, including local authorities, health services, education providers, and voluntary organizations, are expected to work together to identify and support children and families in need of early help.
2. **Information Sharing:** Effective information sharing between agencies is crucial to ensure that children and families receive timely and appropriate support.
3. **Continuous Improvement:** Agencies are encouraged to regularly review and improve their early help practices ensuring they are meeting the needs of children and families effectively.

These expectations aim to create a cohesive and effective support system for early intervention, helping to prevent issues from escalating and ensuring the well-being of children and families.

Early Help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area.

Early Help system of support



Strong multi-agency and multi-disciplinary working is vital in identifying and responding to the needs of children and families. The expectations of Working Together to Safeguard Children, including the delivery of Early Help, apply to all agencies and practitioners working in services and settings connected to children including police, local authorities, health services, probation services, youth offending services, education providers and childcare settings, and voluntary and third sector organisations.

In Coventry, the Early Help and Prevention system of support is arranged and governed by the Early Help Strategic Partnership (a subgroup of the Coventry Safeguarding Children's Partnership), who are responsible for the development, activation and evaluation of the Early Help Strategy. This is mobilised across the partnership and community of practice through 10 Early Help Outcome Groups, which are multiagency and multidisciplinary, as well as the Family Hub Network and other local community based Early Help and prevention forums. There are several other strategies and plans across the sector which include 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 are described for strategic leaders, senior and middle managers and those delivering direct practice. For those involved in direct practice the expectations are to:

- **Collaborate:** practitioners working with the same child and family share information to get a complete picture of what life is like for the child. Collectively, they ensure the child's voice is at the centre and the right support is provided
- **Learn:** practitioners learn together by drawing on the best available evidence from their individual fields and sharing their diverse perspectives during regular shared reflection on a child's development, experiences, and outcomes
- **Resource:** practitioners build strong relationships across agencies and disciplines to ensure they support and protect the children with whom they work
- **Include:** practitioners recognise the differences between, and are confident to respond to, circumstances where children experience adversity due to economic and social circumstances and acute family stress, and situations where children face harm due to parental abuse and neglect
- **Mutual challenge:** practitioners challenge themselves and each other, question each other's assumptions, and seek to resolve differences of opinion in a restorative and respectful way

In Coventry this is activated in the Early Help process through the undertaking of an Early Help Assessment, leading to a family plan and supported by a team around the family approach. The role that practitioners across the system are expected to undertake are detailed in the Coventry's CSCP Work Force Table (Appendix 2) and include:

- **Notice and identify** children, young people and families who need help and what level of help those needs are (according to Right Help Right Time Guidance),
- **Initiate** the Early Help Assessment to understand and describe the needs of the whole family.
- **Respond** to the needs of children by contributing to the Early Help Plan and the team around the family
- **Act** as the lead practitioner, co-ordinating the plan and being the key worker with the family

3.2 The Children's Wellbeing and Schools Bill

[The Children's Wellbeing and Schools Bill](#) was introduced in Parliament on 17 December 2024.

The Children's Wellbeing and Schools Bill has had two readings so far. The bill is currently being scrutinized by the Public Bill Committee, which started its sessions on 21 January 2025, and is expected to report by 11 February 2025.

Part 1 of the bill contains reforms to children's social care. Part 2 makes provision relating to education in England. Most of the social care reforms were foreshadowed in the policy paper, '[Keeping children safe, helping families thrive](#)', which was published in November 2024.

The Children's Wellbeing and Schools Bill aims to enhance child protection and improve educational standards. These measures are designed to protect vulnerable children and support families, making child-centred government a reality, with the following key features:

1. **Child Safety:** Strengthens multi-agency safeguarding arrangements to quickly identify and address significant harm, especially for children not enrolled in school or missing education.
2. **Education Tracking:** Introduces a unique identifying number for every child to ensure they are receiving the right education.
3. **Home Education Safeguards:** Implements unprecedented safeguards for home-educated children and increases council powers to monitor their education.
4. **Financial Relief for Parents:** Caps the number of branded items required for school uniforms, potentially saving families over £50 per child. Also, provides a legal entitlement to a breakfast club for every primary school child, saving parents up to £450 per year.
5. **School Admissions:** Extends local authorities' power to direct academies to admit children, ensuring all children have access to education.

The Children's Wellbeing and Schools Bill outlines several key expectations for safeguarding partners, which include local authorities, NHS integrated care boards, and the police. These measures aim to create a more integrated and responsive system to protect children from harm.

1. **Mandatory Participation:** Education and childcare providers are now mandatory participants in multi-agency safeguarding arrangements.
2. **Collaboration:** Safeguarding partners must work closely with schools and childcare providers to ensure comprehensive protection for children.
3. **Information Sharing:** There is an emphasis on effective information sharing between all safeguarding partners to quickly identify and address risks to children.
4. **Accountability:** Each partner is accountable for their role in safeguarding, ensuring that no child falls through the cracks.

Child protection and safeguarding planned amendments and changes to legislation

Safeguarding partners

The bill seeks to amend the Children Act 2004 to make it a requirement for the three safeguarding partners (the local authority, NHS integrated care board and police) in each local area to include education and childcare “relevant agencies” as mandatory participants in their multi-agency safeguarding arrangements. Currently, safeguarding partners only need to make arrangements to work with a “relevant agency” if they consider it appropriate to do so.

Establishment of Family Help (replacing Early Help and CIN)

The aim is to help families to receive high quality support at the earliest opportunity, so that they can overcome challenges, stay together and thrive by creating a seamless, non-stigmatising offer of support underpinned by whole-family approach and working in a strengths-based way. This will be underpinned by the following key components:

- Merging the strengths of targeted Early Help and section 17 (Child in Need) work, with flexibility on who leads direct work with families to support relationship building
- Utilising multi-disciplinary teams, delivering support out of community-based settings
- Establishing the Family Help Lead Practitioner role – which can include Social Workers
- Creating new Family Help Assessments and Plans, to identify needs and capture the services to be provided for children and families
- Reform the approach to the front door, to support decision making and reduce stigma

This will form part of an end-to-end system of support – building out of Family Hubs (where they exist) through to the edge of care – recognising that families arrive at different parts of the system and their needs may increase or decrease over time.

Multi-agency child protection teams

The bill would insert new sections into the Children Act 2004 to require safeguarding partners to establish and run at least one multi-agency child protection team in their area. The main purpose of these new teams is to support the local authority in delivering its child protection duties under section 47 of the Children Act 1989.

ICBs will be required to nominate a health professional with experience in relation to children’s health, while the police will be required to nominate an officer to be part of each multi-agency child protection team. The local authority is required to nominate someone with experience in education in relation to children and a social worker with experience in relation to children and may appoint other appropriate individuals after consultation with safeguarding partners.

Information sharing

The bill would also amend the Children Act 2004 to impose a duty on specified persons and bodies to disclose information that may be relevant to safeguarding or promoting the

welfare of a child, to other relevant persons in certain circumstances. The duty applies where the person considers that the disclosure may facilitate the exercise by the recipient of any of its functions that relate to safeguarding or promoting the welfare of children, unless disclosure would be detrimental to the child.

The duty to share information will apply to persons listed in section 11(1) of the Children Act 2004, including local authorities, ICBs, NHS trusts/foundation trusts, police forces, probation services and youth offending teams, along with education and childcare “relevant agencies”.

Consistent child identifier

The bill also makes provision, under the Children Act 2004, for a consistent child identifier (also known as a single unique identifier or SUI). Designated persons must include the consistent identifier when processing information about a child for safeguarding and promotion of welfare purposes.

The Bill also sets out reforms related to the Support for children in care or kinship care, and those leaving care, Accommodation of children, the Regulating provider groups, and a number of reforms aimed at protecting children who are being educated at home. Most of these involve amendments to the Education Act 1996.

3.3 Update on the Family Hub and Start for Life Programme - universal partnership Early Help Offer

Coventry has 8 Family Hub buildings, and also delivers a comprehensive offer of support in the local communities across Coventry and through a new digital platform. Coventry is recognised as a trailblazer in the National Family Hub and Start for Life programme, funded by the Department of Education and Department of Health and Social Care (2022-2025). Coventry continues to progress with the delivery of the Family Hub and Start for Life Programme and the headline reports and data across the partnership projects evidenced that all workstreams will achieve, or exceed, targets for their overall outcomes by the end of the funded programme in March 2025. We have received notification of an additional year funding for 25/26 and a report of progress and request to accept the grant will be taken to Cabinet and Council in March 25.

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

Regular updates and reports are submitted to the Family Hub and Start for Life unit (Department of Education and Department of Health and Social Care) and quarterly data returns are also submitted on the reach of this programme children, young people and adults (parent/carers).

An outcome framework and logic model are in place that set out the ambitions for this programme for Coventry and is the basis of the internal evaluation of its impact.

Coventry continues to receive regional and national interest, including an invitation to attend the Houses of Parliament and a recent visit by the Director General from DfE. Coventry's programme is part of an independent national evaluation, undertaken by Ecroys, on behalf of the national team.

An Initial review of data shows that over 50 families took part in the research and shared their views on a range of themes regarding their experience of accessing the offer. Parents quote ***"It's always been a place of safety no matter for us no matter what"***
"It was nice to finally feel listened to and for them to be a second voice for me"

Further research attached to the National Evaluation of Family Hubs regarding Family Experience and Workforce is currently live, and findings will inform the next phase of delivery. National case studies to highlight promising practice have also been published about Coventry's Infant Feeding Offer.

New Elements of the Coventry Offer

Coventry Family Hubs continue to develop further its offer to families and the funding has enabled a wide range of projects inside the programme delivered by over 49 partners across the health, education, social care, and VCSE sector. In 2024 there was 25,924 activity sessions delivered through the Family Hub Partnership. The Family Hub offer continues to expand activities and services available to local families based on the national expectations and in response to local needs. For example, the establishment of a special support group for families who have spent considerable time in their early parenting present on the UHCW neonatal ward, was launched in December 2024. There are also now Bumps Baby & Beyond sessions, specialist workshops for newly arrived families, father focus work in engaging dads to access the Family Hub offer and to be a part in shaping future activities, and an enhanced offer to families with children with SEND. Parents can now also choose to register the birth of their baby currently at two Family Hubs across the city – Mosaic and The Moat Family Hubs. To date 554 parents have chosen to register the birth of their baby at Family Hub locations across the city. This offer is being extended to one further Family Hub as part of a phased Implementation plan.

The Digital Offer

"Coventry Families" portal www.coventryfamilies.co.uk is now live and utilised across the city. The portal provides accessible support, advice, information and resources to families. Coventry Families offers a one stop digital offer to families providing easy access to support whenever needed with 24/7 availability and is accessible on a range of devices including smartphones, tablets, laptops or Family Hub front facing PC available in every Family Hub building.

Access to the "Coventry Families" portal has enabled families to access a range of resources via digital means and increasing user data shows that families are accessing the portal to seek information, support and guidance from a trusted source that provides access to services using virtual methods. Data of unique users who have accessed the portal shows an increase of 50% from 3,500 in September 2024 to 7,000 in December 2024. Implementation of Phase 2 is underway that will see developments within the portal to enable users to access automated pathways that are tailored to their individual needs and will enhance a personalised experience.

Family Hub Access

Coventry Family Hubs continue to offer accessible services to local families that is available to all. The Family Hub offer now includes activities that are delivered across evenings and weekends in response to local need. Family Hub Registration figures continue to increase with over 12,000 families now registered (through their Go CV card). In 2024 there have been 157,027 attendees at Family Hub activities.

In November 2024, Family Hubs hosted 40 different types of sessions delivered by the Family Hub network of services, accessed by over 3,750 members of the public. During the Christmas vacation over 600 families accessed the Hubs as warm spaces to spend time with their children, engage in positive activities and access services as needed.

All Family Hubs now have in place a fully digitalised data collection process which feeds the data dashboards to evidence the reach of Family Hub services. This ensures the data collection is more robust, and access is easier for families and attendees.

Family Hub Connections – The Family Hub Network

A wide range of partners are involved in the delivery of a connected Family Hub offer that involves delivery within Family Hub sites and from venues across the Family Hub reach area. Family Hub Network forums have been established and has been further enhanced and developed at a local level. These provide opportunities for practitioners across the network opportunity to collaborate with a wide range of services and organisations and deliver the offer throughout the community, beyond the 8 Family Hub buildings.

A small team of Family Hub Community Practitioners are also deployed across a range of community settings to deliver aspects of the Family Hub Offer inside communities alongside other offers such as in Food Hubs, schools, UHCW and Coffee Tots at the Wave, CV Life.

Family Hub Relationships

As part of continued development of the Family Hub delivery regular Family Hub Surveys are undertaken to seek views of families regarding their experience of accessing Family Hub Services.

A recent Family Hub survey completed in November 2024 where 389 responses were received that:

- 389 (100 %) families accessing Family Hub activities felt welcomed
- 384 (99 %) families received the help they needed.
- 385 (99 %) families rated their experience as good or better with 4 families rating their experience as being satisfactory and met their needs

A survey was also undertaken to capture the views of families who had not yet accessed Family Hub services with 294 families' making a response.

Findings show that more families would actively seek help from across the Family Hub Offer. Families indicated they wanted to see expanded offer relating to SEND, Youth provision and support for Childrens emotional wellbeing.

3.4 Update on Supporting Families programme

Local Authority Early Help is delivered across four locality teams (South, West, East, Central). Each Locality comprises of two Supporting Families Team Leaders and 10 full time equivalent practitioners (on full establishment). These are aligned to the Help and Protection area social work teams, and currently based within the Family Hub buildings.

Our current Supporting Families Delivery Model has been fully in place since Jan 2024, and is based on a 16-week intervention of intensive family support with a focus on delivering improved outcomes for children and families that result in sustainable change.

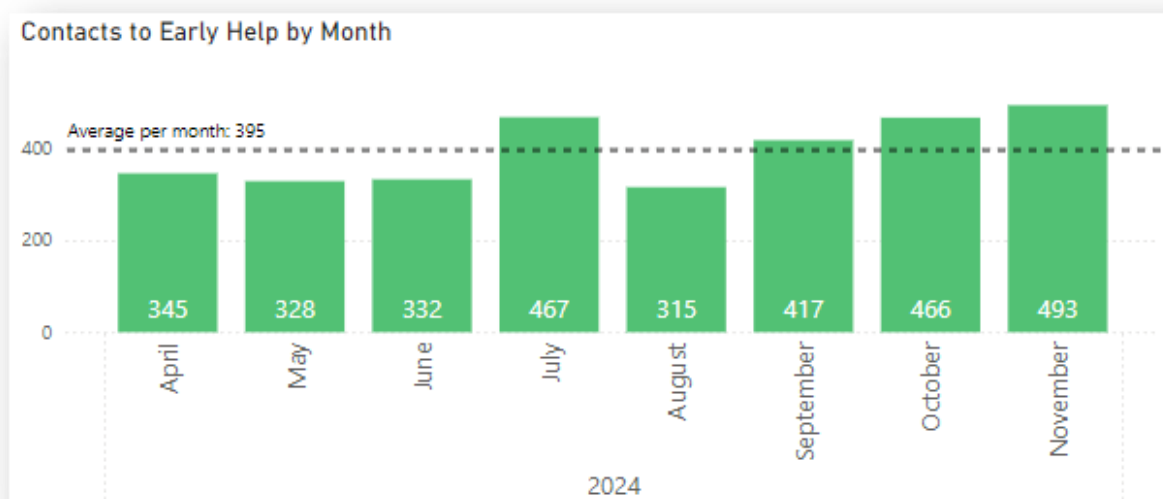
Since Jan 2024 the Supporting Families Teams work with children and families where 3 or more needs as identified using the Supporting Families Framework.

The key principles of practice are:

- A Whole family approach that is child centred and thinks family
- A multi-agency response- providing a Team around the family
- SMART outcome focused plans
- Relational practice: High Challenge and High Support
- Intensive intervention- regular and meaningful support identified through the Early Help Assessment and delivered through an Early Help Plan

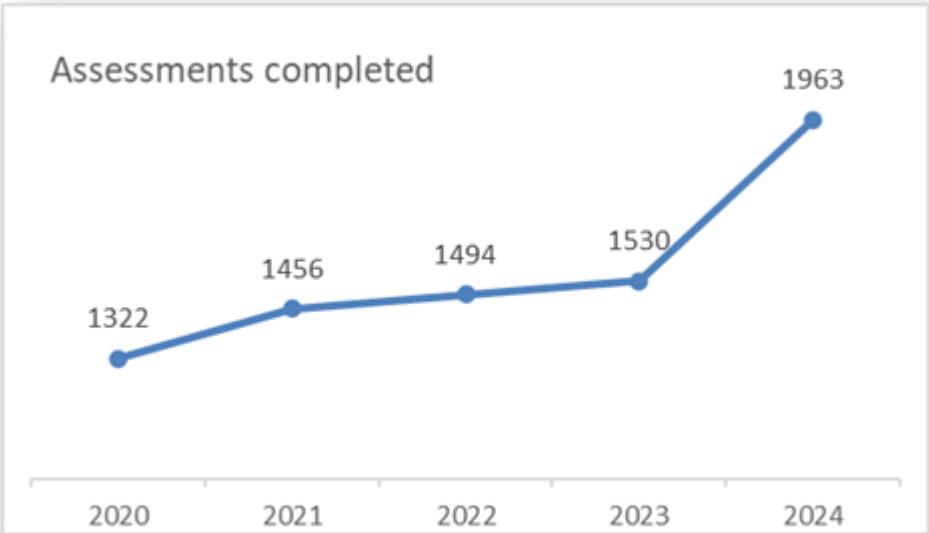
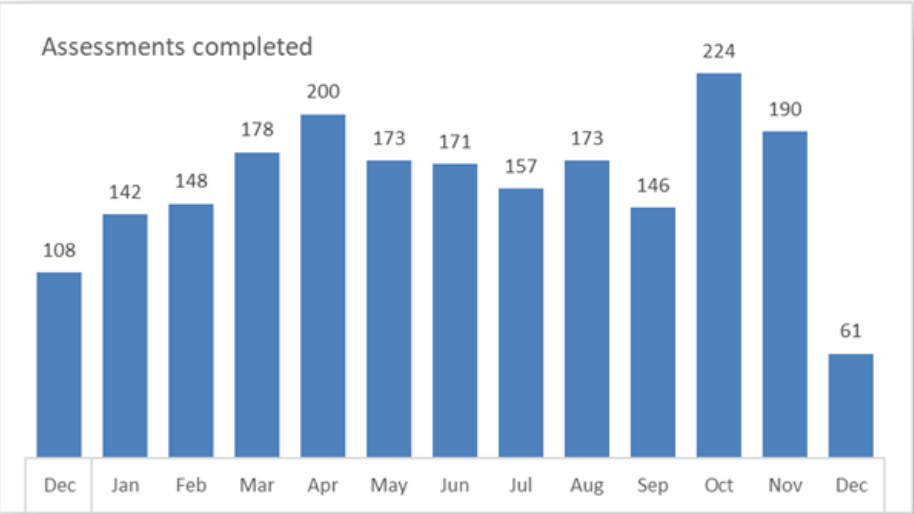
Early Help Requests for Support

Anyone can request Early Help by coming into a Family Hub, telephone or completing an on-line request. There are also diversions from the MASH and step downs from social care. There have been 3195 requests for support in 2024, with an average of 395 children and young people referred for support per month since.

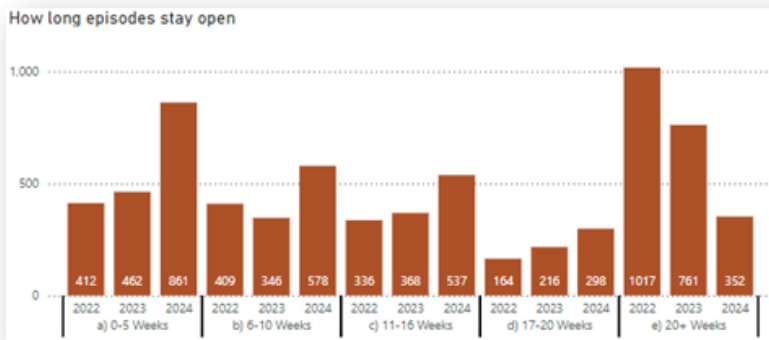


Episodes Opened in Early Help: In 2024, we experienced a significant increase in episodes opened in Early Help, averaging 225 Early Help episodes/Families started per month. This is the highest number recorded in Coventry since 2017.

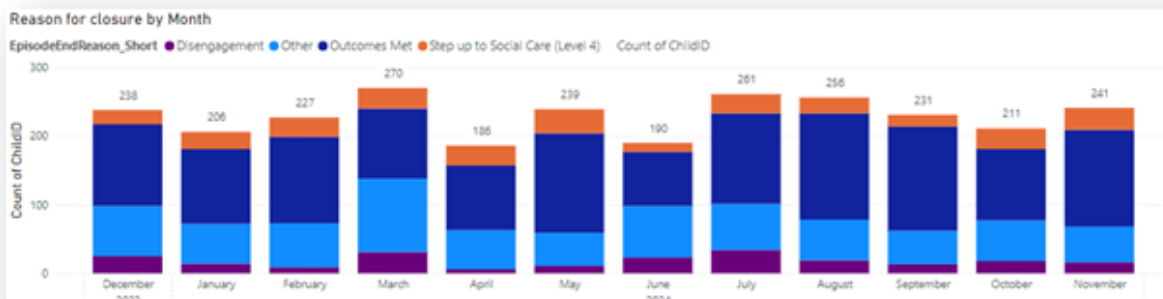
Early Help Assessments: This year saw a sharp rise in Early Help Assessments, with 1,963 in 2024, averaging 169 per month, and significant year on year progress has been made since 2020.



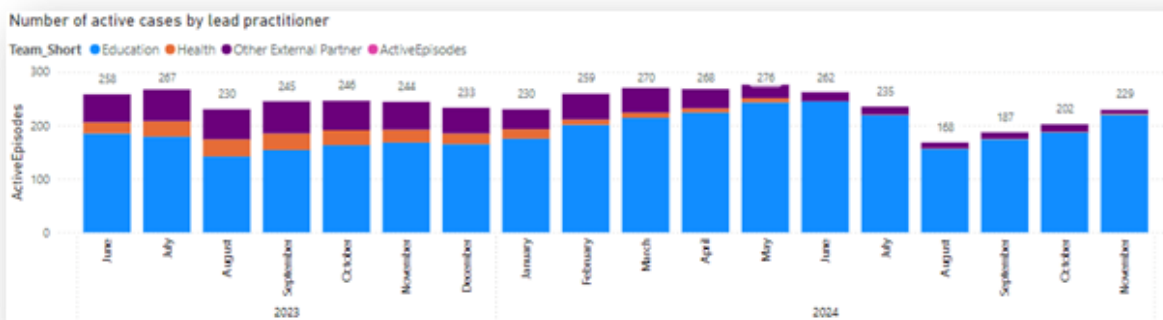
16-Week Practice Model: The 16-week intervention includes the completion of a whole Family Assessment, the development of a Family Plan that considers all the identified needs and intervention, and intensive support that progresses the plan which can be successful and can be validated by the Supporting Families Outcomes. This intensive time bound support has enhanced a year-on-year reduction in episodes lasting longer than 20 weeks. In 2024, 87% of all episodes concluded within the 16-week intervention period.



- Episodes Closed:** A total of 2,739 episodes were closed in 2024, a 25% increase compared to 2023. Notably, episodes closing with “Outcomes Met” (according to S.F Criteria) increased by 17% this year to 54%, achieving the highest percentage ratio in the last seven years.



Partner-led Early Help Episodes: A total of 2780 episodes opened in 2024, only 469 (16.9%) of which were held directly by our partners, with an additional 32 held by Early Help Co-ordinators. The vast majority of these were held by school’s staff acting as lead practitioners (428), 2 were held by health and 39 by other partners. Progress continues with partners managing cases and recording on EHM, with 458 episodes started this year, the highest figure in the last three years.



The Supporting Families Programme will cease as of the end of March 2025, as a standalone programme to make way for the development of Family Help. Whilst we transition into the new model of help it is essential that we maintain and build upon the progress to date to ensure that families receive the right help at the right time through a partnership approach of delivery of targeted Early Help and effective whole family support.

It is also essential that practitioners across the partnership use EHM to record their Early Help involvement with families.

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

4.1 *Provide a brief description of how this work contributes to the delivery of the [Health and Wellbeing Strategy 2023-26](#)*

- **Tackling loneliness and social isolation for all:** All Family Hubs are designated as warm spaces and provide a range of free fun, and stimulating activities for children, young parents, and adults to help people learn together, socialise, make new connections and friendships.
- **Improving mental health for all:** There are a range of mental health and wellbeing services and sessions available through the Family Hub and Early Help Offer including Parents in Mind, Mamta, Kooth, Compass, Specialist HV perinatal mental health team offering VIG, and more informal mental resilience support through our weekly WOW groups. There is also a new pathway of support for new fathers through our Fatherhood Solutions service. We also fund counselling service to families and to young people through our Reducing Parental Conflict grant from DWP.
- **Focus on employment and homelessness as a prevention opportunity:** Job Shop Coaches work regularly from inside the Family Hub buildings and offer drop-in sessions and booked appointments to local residents to help access training and employment. Close integrated working takes place between Housing and Children Services, including data sharing to help identify families in need of family support who are at risk of or experiencing homelessness. Early Help contact all families who are in prevention or relief H&H duty and offer additional family support. Early Help is also offered to families living in TA such as Cradoc Hall and Frank Walsh House and a group for Eritrean women was developed and hosted at The Moat Family Hub to specifically support a number of Eritrean families who are in TA.
- **Strengthen work with communities:** The 8 Family Hubs all work in partnership with the local communities they are based within, forming a strong Family Hub network with a range of local partners. We contribute to stakeholder forums, collaborate to co-develop and co-deliver local community events and also support community offers such as Food Hubs. The Family Hub Community Practitioners also deliver “pop up” Family Hub Offers in communities that are not within close proximity to a Family Hub building, such as in Holbrooks Community Centre, inside Coffee Tots at the Wave and within some of the wards at UHCW.
- **The need for co-production to achieve the priorities and the importance of engaging with the community to influence and design solutions-** The Family Hub Offer includes a Parent Voice network of parents and Carers that support the development and delivery of services. There are currently 257 individuals involved and may have received training to be Parent Champions and are active in our governance arrangements, acting as volunteers and undertaking surveys and participatory activities across the Family Hub Offer. We also have a Youth Inspectors Programme which includes young people inspecting each Family Hub annually and producing an action plan for the management, staff and partners to respond to.
- **Prioritising prevention:** our Supporting Families Team, use the Early Help Assessment all seek to understand and address the root causes of problems that families are experiencing, meeting children and young people and listening to their

wishes and feelings, and aspirations which form the Early Help Plan for that family. The family plan is outcome focused and is supported by the lead practitioner co-ordinating a team around the family to ensure that positive outcomes are achieved with the family and to help escalation of issues and then need for statutory services wherever possible.

- **Co-ordinating services:** The Family Hub Offer is delivered through a partnership approach with over 40 partner agencies delivering services. The Supporting Families Programme is based on a team around the family model, helping to co-ordinate services to work together in a whole family way to achieve positive outcomes for families. The 10 Early Help Outcome Groups, which as subgroups of the Early Help Strategic Partnership work together to address challenges such as financial instability, domestic abuse, and housing and homelessness at a system level to facilitate strategic and operational change.
- **Sharing responsibility:** through the Early Help Partnership, the Early Help Outcome Groups, the Family Hub & Start for Life Programme Board and the Family Hub Network many services across the health, care, social support, voluntary, community and faith-based sector work together with residents to transform the health and wellbeing of our communities.

Appendices

Appendix 1 ~ Role of the Statutory safeguarding Partners in Early Help and Prevention, as part of their safeguarding responsibilities.

Appendix 2 Single page summary of the Early Help Strategy (2022-2025)

Appendix 3 : The Early Help System Guide

Appendix 4: Children's Social Care Reforms as described by the Labour Government, Dec 2024 (including details related to the establishment of Family Help)

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Appendix 1

The role of the Statutory Safeguarding Partners in Early Help and Prevention, as part of their safeguarding responsibilities.

[“Keeping Children Safe in Education, 2024”](#) guidance also emphasizes the importance of early help in safeguarding children and the role that **educational staff** play in safeguarding children through early intervention and collaboration with other agencies through

1. Early Identification: All school and college staff should be prepared to identify children who may benefit from early help. This means providing support as soon as a problem emerges, at any point in a child’s life.
2. Vulnerable Groups: Staff should be particularly alert to the potential need for early help for children who are disabled, have special educational needs, are young carers, show signs of being drawn into anti-social or criminal behaviour, or are frequently missing/goes missing from care or home.
3. Multi-Agency Working: Effective early help relies on local agencies working together to identify children and families who would benefit from early help, undertake an assessment of the need for early help, and provide targeted early help services to address the assessed needs of a child and their family.
4. Role of Staff: School and college staff should be aware of the early help process and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, and sharing information with other professionals to support early identification and assessment.

[The Healthy Child Programme](#) outlines prevention and early intervention activities from preconception to 19 years of age (or 25 for those with statutory entitlements) undertaken by **Universal and targeted public health services** provided by health visiting and school nursing teams, who are crucial component of the ‘whole system’ of support for children and young people’s health and wellbeing. The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- **early intervention and targeted support for families with additional needs**
- health promotion and prevention by the multidisciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the joint strategic needs assessment, for example, support for children in care, young carers, or children of military families

Public health nursing services provide universal support and due to their close relationships with families or carers and community settings, including early years and

education settings, health visitors and school nurses are key in supporting the local authority area's early help system, which encompasses early intervention and the Supporting Families Programme .

Police play a crucial role in early help by working collaboratively with other agencies to identify and support children and families in early help and prevention, namely by

1. **Early Identification:** Police officers, through their interactions with the community, can identify children and families who may benefit from early help. This includes recognizing signs of neglect, abuse, or other risk factors¹.
2. **Information Sharing:** Effective early help relies on the timely sharing of information between police and other agencies. This ensures that all relevant parties are aware of the family's needs and can coordinate their support efforts.
3. **Multi-Agency Collaboration:** Police work alongside health services, education providers, social services, and other partners to provide a comprehensive support network for families. This collaborative approach helps to address issues before they escalate.
4. **Training and Awareness:** Police officers receive training to understand the principles of early help and how to apply them in their daily work. This includes recognizing risk factors and knowing how to refer families to appropriate services
5. **Community Engagement:** By engaging with the community, police can build trust and encourage families to seek help early. This proactive approach helps to create a safer and more supportive environment for children and families

West Midlands Police emphasize the importance of early intervention in several key areas:

1. **Youth Intervention:** The Early Intervention Youth Fund focuses on providing diversionary activities for young people at risk of involvement in crime. This includes targeted interventions, trauma-informed provision, and collaboration with other agencies to support vulnerable youth. There are a number of programmes of support funded by the Violence Reduction Unit including the My Tomorrow Programme.
2. **Domestic Abuse:** Through initiatives like Operation Encompass, West Midlands Police aim to reduce the long-term impacts of domestic abuse by providing early intervention and support. When police attend incidents of domestic violence involving children, they notify the designated safeguarding lead at the child's school to ensure immediate support.
3. **Community Engagement:** The police work closely with local communities to identify and address issues early, preventing them from escalating. This involves building trust and encouraging families to seek help before problems become more serious.

Appendix 2 : Early Help Strategy – One page summary

Summary

COVENTRY EARLY HELP STRATEGY 2023 – 2025

Our Vision

We want Coventry to be the best city in the UK for all our children, young people, and their families, to live and grow up in. We want children to be valued, feel safe, be healthy and have opportunities.

We aim to connect people together to provide the right help at the right time with the right people so that all children and families can thrive.

be & feel valued

be & feel safe

be & feel healthy

Have opportunities

Who we want to help

The Early Help Offer should support all children and families to get the help they need. We also especially want to help children and young people who:

1. are not in education or at risk of exclusion
2. may not achieve a good level of development by the end of reception
3. are physically or emotionally unwell
4. have been impacted by drug or alcohol misuse
5. may live in families with difficult relationships
6. have experienced trauma, abuse, or exploitation
7. are impacted by crime
8. have experienced the impact of domestic abuse
9. don't live in a safe or secure home that they can call their own
10. are living in poverty

Find the full Coventry Early Help Strategy at:
www.coventry.gov.uk/earlyhelpstrategy

Family Voice and Experience - listen and act on what families tell us

Support children and families to have their say and act on what they tell us

Shift decision making from services back to families

Listen carefully and build on the strengths of families

Include people with lived experiences who can help shape delivery of the early help offer

Workforce - Develop our shared language, culture, and practice

Ensure families know how and where to access help

Increase the range of partners who act as lead practitioners for families coordinating early help assessments and plans

Develop a workforce plan to strengthen the quality of practice

Early help will be seen as everyone's responsibility

Communities - Build capacity and resilience, help earlier

Work in partnership with the voluntary, community and faith-based sector and value everyone's contribution in providing early help

Connect services to work together in the Family Hub, in the community and by providing a virtual offer

Work with whole families to build effective teams of people who can support them

Leadership - Focus on our shared priorities

Develop an Strategic Early Help Partnership that will hold each other to account

Provide more help earlier

Establish a shared outcome framework with transparent performance measures that evidences positive impact on families' lives

Evaluate and learn what is working well and what we need to improve on

Data - Make better use of data and insights to plan and deliver better services

Use data to proactively offer early help to those that may need it

Share data so we can effectively plan, deliver, and evaluate the early help offer

All use the same case management system to record the help provided

Be innovative on how we can use data and what we know to help more families

Appendix 3: The Early Help System Guide

[The Early Help System Guide](#) provides a toolkit to assist local strategic partnerships responsible for their early help system in their area. Effective early help and prevention provision relies upon local organisations and agencies working together to:

- **identify** children and families who would benefit from early help Universal services are available to all children and families. They are provided by a range of agencies such as health and education. GPs, health visitors and school nurses are some examples of this type of service provision.
- **undertake an assessment** of the need for early help which considers the needs of all members of the family
- **ensure good ongoing communication**, for example, through regular meetings between practitioners who are working with the family
- **co-ordinate** and/or provide support as part of a plan to improve outcomes. This plan will be designed together with the child and family, and updated as and when the child and family needs change
- **engage effectively with families and their family network**, making use of family group decision-making, such as family group conferences, to help meet the needs of the child
The role of lead practitioner is to co-ordinate the activity around the family, ensure the assessment and the family plan responds to all needs identified, and lead on ensuring the family co-produce the plan. The plan might include the family network. The time commitment to deliver this role will vary family by family depending on the complexity of their needs. The lead practitioner role can be held by a range of practitioners. In Coventry the workforce table (of the Early Help system guide) describes the expectations of the workforce across the system.

A strong Early Help System is made up of many different types of practitioners and services who operate together to provide a coherent and coordinated offer. This table defines the likely role of different types of practitioners in the Early Help System when contributing to that early help offer, as agreed by the Coventry Safeguarding Children’s Partnership.

Role in delivering Early Help	What does this look like?	Expectations	Who is likely to undertake this role with a family?
Frequent and modelling – Lead Practitioner	<ul style="list-style-type: none"> • These practitioners support families with multiple needs and act as Lead Practitioner for most families they meet. • They provide whole family, sometimes intensive, support for families often in their home, being proactive to reach out to families where needed. • They are experts in processes to support 	<ul style="list-style-type: none"> • Be a lead practitioner for a family and convene the team around the family. • Identify children in need of early help. • Undertake Early Help assessments. • Develop Early Help plans. • Record on EHM, 	<ul style="list-style-type: none"> • Children’s Social Workers. • Supporting Families Practitioners. • Family Nurses Practitioners. • Pastoral Leads/ Learning Mentors in Education Settings.

	<p>families with multiple needs and help families, other professionals, commissioned organisations, and voluntary and community groups to understand those needs, advocating where necessary.</p> <ul style="list-style-type: none"> • These practitioners may support others with undertaking the lead practitioner role. 	<p>evidence early help and successful outcomes.</p> <ul style="list-style-type: none"> • Communicate confidently the Early Help offer to children and families. 	
<p>Regular and Promoting Early Help</p>	<ul style="list-style-type: none"> • These practitioners are often the first to identify a family's need for help or support, are able to assess the needs of all members of the family, and form the core of a team around the family (TAFs). • They connect families with support in their community. • They are well versed in processes to support families with multiple needs and help families to understand them. • They may be the Lead Practitioner to start the Early Help process and may retain this role if they are the most appropriate person. 	<ul style="list-style-type: none"> • Communicate confidently the Early Help offer to children and families. • Identify children in need of early help. • Initiate early help assessments. • Deliver single agency early help and record as a key agency on EHM. • Make an early help request if more support is required. • Be part of the Team around the family. 	<ul style="list-style-type: none"> • Family Hub practitioners. • Health visitors. • School nurses. • Safeguarding leads and SENCOs. in education settings. • Early years settings including nurseries – nursery SENCOs and designated safeguarding leads. • Community children's nurses. • Family Hub and School Police Community Support Officers.

<p>Sometimes and Active</p>	<ul style="list-style-type: none"> • These practitioners bring specialist expertise and therefore need to be part of a team around the family when required / involved. • They connect families with support in their community but also know how to start the process to bring wider support around a family where there are several needs. • They may act as the Lead Practitioner if they are the most appropriate person. 	<ul style="list-style-type: none"> • Be part of a team around the family and update the Lead Practitioner on progress towards identified actions. • Communicate confidently the Early Help offer to children and families. • Identify children in need of early help. • Make an early help request if more support is required. 	<ul style="list-style-type: none"> • Housing / tenancy officers and homelessness advisors. • Young people's substance misuse services. • Adult substance misuse workers. • Child and adolescent / primary mental health workers. • Midwives. • Youth Justice Team. • Neighbourhood police officers. • Supporting families employment advisers. • SEND practitioners. • Attendance and Inclusion Officers. • Members of the youth partnership. • Allied health professionals. • Debt/finance and legal advice services. • Prevent Service. • Specialist domestic and sexual abuse services. • Family relationship and advisory service.
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<p>Occasional and Aware/ Connected – Request</p>	<ul style="list-style-type: none"> • These practitioners or volunteers understand they are part of a system of support which ‘helps’ people. • They know how to ask questions to explore the wider needs families may have. • They know how to connect to other support for families. • These practitioners bring specialist expertise and need to be part of a team around the family when required • They don’t usually act as a Lead Practitioner unless this is in the family’s best interests. • They are active users of the local on- line directory of services to identify the right help for a family. 	<ul style="list-style-type: none"> • Communicate confidently the Early Help Offer to Children and Families. • Identify children in need of early help. • Make an early help request if more support is required. 	<ul style="list-style-type: none"> • Probation officers. • Adult mental health workers. • Adult social workers. • Faith community leaders. • Work coaches. • GPs, practice nurses and safeguarding leads. • Library staff. • Social prescribers. • Positive Parenting Team. • Uniformed services. • Family Learning/ Adult Education. • A&E staff. • Community Initiative to Reduce Violence Navigators (CIRV). • Voluntary and Community sector <ul style="list-style-type: none"> - Club leaders - School club providers - Sports coaches - Community staff and volunteers - Stay and Play leaders - Foodbank Teams - Social supermarkets
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Appendix 4: Children’s Social Care Reforms

The Labour Party Manifesto made a range of commitments related to children’s social care to support every child should have a loving, secure home. They committed to build opportunity for all, by giving every child:

- The best start in life
- Family security
- Helping every child to achieve and thrive
- Building skills for opportunity and growth

Policy statement – Keeping children safe, helping families thrive

On November 18, 2024, the government published ‘Keeping Children Safe, Helping Families Thrive’. This policy statement set out the government’s ambitious approach to rebalancing the children’s social care system toward earlier intervention through Family Help and strengthened multi-agency child protection. The policy statement, outlines the vision for the future children’s social care system and our core legislative proposals, built around creating a system which:

- works with the whole family so more children and young people can thrive in their family
- prioritises kinship care for children who cannot live safely with their parents
- supports children in care and care leavers to live healthy and happy lives
- provides a high quality of care, which all children deserve
- takes action to end excessive profit-making by care providers
- works effectively across agencies and empowers professionals working within it

The policy statement also builds on the National Framework for Children's Social Care, published in December 2023, which sets a clear vision for the outcomes for the whole system to achieve. This includes the establishment of the Families First Partnership Programme to support the delivery of reforms, with local areas beginning their transformation from April 2025. This will include the establishment of Family Help.

The vision for Family Help

Aim: We want families to receive **high quality support at the earliest opportunity**, so that they can overcome challenges, stay together and thrive

How: Creating a **seamless, non-stigmatising offer of support** underpinned by whole-family approach and working in a strengths-based way. This will be underpinned by the following key components:

- Merging the strengths of targeted early help and section 17 (Child in Need) work, with flexibility on who leads direct work with families to support relationship building
- Utilising multi-disciplinary teams, delivering support out of community-based settings
- Establishing the Family Help Lead Practitioner role – which can include Social Workers

❑ Creating new Family Help assessments and plans, to identify needs and capture the services to be provided for children and families

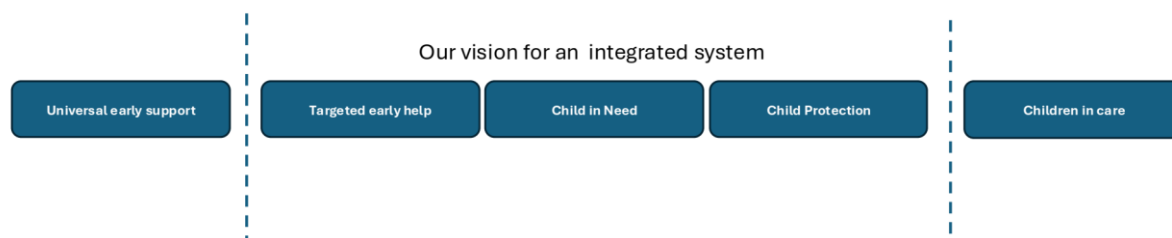
❑ Reform your approach to the front door, to support decision making and reduce stigma

This will form part of an end-to-end system of support – building out of Family Hubs (where they exist) through to the edge of care – recognising that families arrive at different parts of the system and their needs may increase or decrease over time

The Family Help model responds directly to the issues with family support that was highlighted by the Independent Care Review – and builds on evidence of effective practice from a range of programmes including the Supporting Families Programme, Family Safeguarding, Family Valued, Pause and Family Hubs.

Family Help and child protection reforms must be delivered as a single integrated system that supports the wellbeing of and protects all children from significant harm, inside and outside of the home. This will mean Family Help Lead Practitioners working alongside multi-agency child protection teams, as they continue to maintain relationships with the family.

By **multi agency**, we mean agencies with responsibilities for families working together within their agency remit to deliver support and services to families. By **multi-disciplinary** we mean teams of practitioners who bring specialist skills, knowledge and expertise and may be from the same agency or multi-agency in makeup.



Family help and child protection as an integrated system

Family Help and child protection must be delivered as a single integrated system that protects all children from significant harm, inside and outside of the home. Children will have different needs and vulnerabilities and, as such, the type of significant harm they experience and the context in which this happens will vary significantly.

We want to move to a reformed system where FHLPs, supported by expertise from a lead child protection practitioner (LCPP), **will be the main practitioner responsible for child protection direct practice with families**. When child protection matters arise, they will maintain the relationship with the family and continue to coordinate support and services. Where there are significant harm concerns, **the LCPP will be specifically responsible for statutory child protection decisions with input from the wider MACPT**. The FHLP will continue to be involved in direct practice throughout. To ensure that we keep changes of relationship to a minimum, it is only once a child protection plan is in place that the FHLP must be a social worker.

The Independent Review of Children’s Social Care and the National Panel Review: Child Protection in England (May 2022), set out a number of recommendations for strengthening the child protection system

Where children are at risk of harm, we should intervene decisively through an expert and multi-agency child protection response

Social work expertise	Multi-agency working	Extra familial harms	Parental engagement
<ul style="list-style-type: none"> • Direct work with children and families is often undertaken by inexperienced practitioners. There are no requirements for specific training or certified roles post qualification • Those responding to significant harm need to have the highest level of skill and knowledge 	<ul style="list-style-type: none"> • Multi-agency arrangements are more fragmented and fractured than they should be, and information sharing is poor • Key child protection agencies work together in a fully integrated way and information sharing is improved so that professionals have a clear and accurate picture of whether a child is at risk of harm 	<ul style="list-style-type: none"> • The child protection framework is unsuited for extra familial harms, doesn't identify and respond to risk well and too often blames parents • Multi-agency working is a particular challenge in this area • Extra familial harms get a bespoke child protection response 	<ul style="list-style-type: none"> • Parents report poor experiences and struggling to navigate child protection processes; poor parental engagement in child protection is a contributing factor to serious incidents. • Child protection effectively engages families when there are concerns

Child protection and family help should be **an integrated system** with practitioners co-working cases where the threshold for child protection investigation (Children Act 1989) is reached

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To: Health and Wellbeing Board

Date: 5th February 2025

Title: Early Help and Protection – Trauma Vanguard

1 Purpose of the Note

- 1.1 In August 2021, Coventry and Warwickshire CCG/ICS were awarded Trauma Vanguard status for the West Midlands via the NSHE Framework for Integrated Care been extended from March 2024 to March 2028, such has been the success of the initiative.

Our Framework was co-designed by Coventry and Warwickshire young people and was developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 8-19, including some of the most complex children who have been subjected to child exploitation and significant trauma(s) to provide early intervention to interrupt their potential future challenges. This funding has enabled the ICB and partners to pilot work with our young people to lead on designing the framework and offers a unique opportunity to respond to assess the impact of this new way of working to achieve cultural and organisational change.

The report will share the impact that this initiative is making for Coventry young people and our staff across all agencies and outline how the learning used to influence future commissioning intentions.

2 Recommendations

- 2.1 **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.**

3 Information/Background

- 3.1 In August 2021, Coventry and Warwickshire CCG/ICS were awarded Vanguard status for the West Midlands via the NSHEI Framework for Integrated Care September 2021 - March 2024, which has been extended to March 2028 such has been the success of the initiative. We are one of 12 nationally.

Our Framework was co-designed by Coventry and Warwickshire young people and was developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 8-19, including some of the most complex children who have been subjected to child exploitation and significant trauma(s) to provide early intervention to interrupt their potential future challenges. This funding has enabled the ICB and partners to pilot work with our young people to lead on designing the framework and offers a unique opportunity to respond to assess the impact of this new way of working to achieve cultural and organisational change.

The model has been designed by our young people for our young people. They told us:

- **Don't label us bad or diagnose us as mad.**
- **Connect us back to our communities** and our schools so we engage meaningful activities, have a sense of purpose, and make positive friendship groups.
- Make sure that people working with us, and our family, **don't judge, understand all of our lived experiences and are kind and approachable**

We listened to our young people, and responded, which formed the basis of our 3 pillar framework:

- **Trauma Informed System Training:** The production of a suite of 8 stakeholder developed Trauma Informed training modules endorsed by Coventry and Warwickshire Safeguarding Partnerships. We have developed a Trauma Informed reflective handbook and organisational self-assessment tool, all underpinned by a Community of Practice being established.
- **CYP Social Prescribing Approach:** We have developed an ICB hosted CYP Social Prescribing platform called 'Positive Pathways' [Happy Healthy Lives](#), established a Social Prescribing fund and assurance group, and commissioned enhanced social prescribing offers including Equine, Education and Sports therapy offer.
- **14 Pilot Positive Directions Service: Youth Workers** embedded into Children's Services plus Allied Health Professionals in Coventry, using **relationship-based** youth worker approaches underpinned by Trauma Informed Practice using *Social Prescribing*, supported by **Occupationally, Speech and Language and Case Formulation and Case discussion**. The project is focused on empowering young people by increasing their engagement in activities that build confidence, skills, and community connections. Through social prescribing, mentoring and personal development sessions, the project has supported young people overcome challenge and achieve their goals.

3.2 Between 1st April 2023 - March 2024, our service has worked with over 400 young people across Coventry and Warwickshire. All young people open to the service have a suite of data captured from entry to exit of the project, which is uploaded on a NHSE data landing portal, and has demonstrated the following impacts:

- 85% improvement in family connection and relationship with parent/care/siblings.

- 100% have accessed community-based activities, making friends, having fun and making friends.
- 65% have an improved school attendance.
- 83% report an improvement in their emotional and mental health.
- No young people admitted to a ward setting in crisis.

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

4.1 Vanguard: The aim of the project reflects the strategy with its mission to improve the lives and wellbeing of children and young people in the most complex situations who have experienced health inequalities and support them positively into adulthood, to adopt a social model of health connecting children and young people to their communities and responds to reduce health inequalities.

4.2 The Vanguard was a finalist in the 2024 Health Service Journal award in the category of 'Improving the Health Inequalities for Children and Young people'. In challenging market conditions, future commissioning investment is often determined by differentiators when making such decisions. Being a finalist for a HSJ award, the 'Oscars of the NHS', recognises the local, regional, and national impact of the learning from our project for children and young people that experience health inequalities.

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Public Health
England

Protecting and improving the nation's health

Health Equity Assessment Tool (HEAT)

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About HEAT

What is HEAT?

HEAT is a tool consisting of a series of questions and prompts, which are designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. It will also help you to consider the requirements of the Equality Act 2010.

When and why should I use it?

HEAT has similarities to other health equity assessment tools, but is unique in providing a lightweight yet still systematic framework for assessing and driving action on health inequalities.

It provides an easy-to-follow template which can be applied flexibly to suit your work programme. Its specific prompts ensure consideration of multiple dimensions of health inequalities.

How is it structured?

The tool has 4 stages:

1. Prepare.
2. Assess.
3. Refine and apply.
4. Review.

It is designed to be completed at the start of a work plan to help you consider its potential effects, but it can be used retrospectively. In practice, your assessment is likely to be iterative and will help you continuously improve the contribution of your work to reducing health inequalities.

Because tackling health inequalities at scale is likely to require 'buy-in' from senior leaders in your organisation or the system you work in, we recommend that the use of the HEAT process is sponsored by a senior leader.

This document provides a simplified version of the tool.

What should be considered when completing it?

There are a number of different dimensions or characteristics to consider when completing HEAT.

1. The protected characteristics outlined in the Equality Act 2010 are as follows:
 - age
 - sex
 - race
 - religion or belief
 - disability
 - sexual orientation
 - gender reassignment
 - pregnancy and maternity
 - marriage and civil partnership
2. Socio-economic differences by individual socio-economic position e.g. National Statistics Socio-economic Classification, employment status, income, area deprivation.
3. Area variations by deprivation level (Index of Multiple Deprivation), service provision, urban/rural or in general.
4. Vulnerable and Inclusion Health groups, for example people experiencing homelessness, people in prison, or young people leaving care.

What should be considered when completing it?

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

Health inequalities may be driven by:

- 1 Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.
- 2 Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.

- 3 Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.
- 4 Unequal access to or experience of health and other services between social groups.

People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

The tool

Programme or project being assessed:	West Midlands Trauma Vanguard – Coventry and Warwickshire ICB	
Date completed:	09.08.2023	
Contact person:	Lyn Ranson - lynette.parsons@nhs.net	
Name of strategic leader:	Tracy Pilcher	
Question	Issues to consider	Response
1. What health inequalities (HI) exist in relation to your work?	<ul style="list-style-type: none"> • Explore existing data sources (see resources section – not exhaustive) on the distribution of health across different population groups • Consider protected characteristics and different dimensions of HI e.g. socioeconomic status or geographic deprivation 	<p>The Framework was co-designed by young people and was developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 10-18, including some of the most complex children locally who have been subjected to child exploitation and significant trauma(s) and who are impacted by health inequalities. This funding has enabled the ICB and partners to pilot work with our young people to lead on designing the framework and offers a unique opportunity to respond to assess the impact of this new way of working to achieve cultural and organisational change.</p>

		<p>Our young people have told us that they want:</p> <ul style="list-style-type: none"> • Practitioners that are trauma informed and understand our story • Practitioners to take time to get to know us and what we like and are good at • Practitioners that are relatable • Practitioners and resources that are accessible and that connect us back with our community (Social Prescribing) • Don't label us as bad • Don't diagnose us as mad <p>One area of focus of the project is with CYP who are open to Youth Justice. We can evidence that reviewing children open to the Service across 2022/23, 35% had an Education, Health, and Care Plan (EHCP) and 65% some form of identified special education needs as identified through their assessment. This represents an increase of 3% and 14% on the previous year, which is likely to reflect that the Service now has a Speech and Language Therapist improving the ability to detect, assess and respond to a child's need. Overall, the need within the YJS cohort is much higher than the schooling population, which, as of January 2023, had 19.4% of pupils with Special Educational Needs and/or EHCP compared to CYJS's 67%.</p> <p>The outcomes relate to the health inequalities of this vulnerable cohort and are outlined below:</p>
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		<ul style="list-style-type: none"> • Decrease in the numbers of CYPS entering or returning to care • Reduction in the number of incidents of serious youth violence linked to gang involvement/affiliation • Reduction in hospital admissions due to mental health crisis/self-injurious behaviour • Increased confidence of Practitioners in being able to identify and respond to trauma • Reduction in the number of children and young people returning to custodial settings • Increase in GP registration • Reduction in school refusal/exclusion • Decrease in the number of young people from refugee/asylum seeking families becoming gang affiliated and involved
<p>2. How might your work affect HI (positively or negatively)?</p> <p>How might your work address the needs of different groups that share protected characteristics?</p>	<ul style="list-style-type: none"> • Consider the causes of these inequalities. What are the wider determinants? • Think about whether outcomes vary across groups, and who benefits most and least • Consider what the unintended consequences of your work might be 	<p>Our work involved targeted youth worker support using a social prescribing model to connect young people back to their communities and engage with meaningful educational and fun opportunities to assist them to feel good and make friends. Through a social prescribing fund, the project assists young people to access these opportunities and provide financial and practical support to help them to have the equipment, finances and support to maximise participating. These CYP are in complex situations, at risk of coming into care, involved or at risk of criminal exploitation and serious youth violence. The project uses research-based youth worker interventions underpinned by trauma informed approaches that will provide a</p>

		<p>suite of universal and enhanced social prescribing activities that seek to improve the health and well-being of young people open to the project.</p>
	<p>a) Protected characteristics</p>	<p>Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)</p> <p>Referrals will be accepted for the Positive Directions Service for any child and young person aged 10-18 years old who has been subjected to singular or cumulative incidents that have resulted in trauma and adversity and fall into one or more of the following categories:</p> <ul style="list-style-type: none"> • Edge of Care Team • Extended non-attenders of education (attendance less than 50%) • Open to Youth Justice • Children and young people transitioning from the secure estate into the community. <p>Whilst all referrals that satisfy the criteria above, priority will be given to those young people that also meet the criteria set out below:</p> <ul style="list-style-type: none"> • Not engaged with any specialist support service (including those young people who have been referred but are not engaging) and those with no statutory plan in place, for example no Education, Health and Care Plan (EHCP) or Child Protection Plan

		<ul style="list-style-type: none"> • Children and young people who are victims of domestic abuse (in line with the new Domestic Abuse Bill) • Children and young people from asylum seeking and migrant families • Children and young people who are gang affiliated and involved • Awaiting a neurodevelopmental assessment <p>Consent: The provider should ensure that there are adequate processes in place to assess for competence and capacity of the young person to ensure consent is in place, and to gain consent from the person/s with parental responsibility for the child/young person if Gillick Competence not met. A full initial assessment should be carried out with the young person once they have consented to access Positive Directions Service which captures not only their history and lived experience, but also their aspirations, hopes for the future, likes and dislikes. Assessments should be shared, with consent, to support any future further assessment should the child or young person be signposted to further services for additional support. A copy of the discharge/transition planning information will be given to the child and young person and with their permission and consent, their family and to any other involved professionals. The impact and efficacy of the</p>
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		<p>Positive Directions Service will be measured against the below set of outcome measures. Performance in relation to these outcome measures should be reported via contract monitoring and reporting, as well as the use of case studies with the young person’s consent.</p> <p>Safeguarding: the cohort of children that will receive support are all subject to safeguarding statutory intervention due to safeguarding and/or welfare concerns as they will all already have a social worker. The provider should be able to evidence that they have a clear policy in place to follow up cases where a child/young person was not brought to appointments as this may be indicative of wider safeguarding concerns, and any safeguarding concerns will be shared with the child’s key worker as per local safeguarding policies, underpinned by Working Together to Safeguard Children 2022.</p> <p>Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities</p> <p>The Provider shall not discriminate between or against children and young people on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other characteristics.</p> <p>It is known that a proportion of children will have learning disabilities and/or autism, as profiling</p>
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		<p>indicates that these children will form part of the cohort. The approach to support will be targeted to ensure that social prescribing offers will be tailored to meet these children’s needs, and the team are working in partnership with the Senior Joint Commissioner for Learning Disabilities and Autism to ensure that the commissioned support offer is shared with young people and parents/carers who would benefit from this support.</p> <p>Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.</p> <p>The Provider shall not discriminate between or against children and young people on the grounds of gender, age, ethnicity, disability, religion, sexual orientation, or any other characteristics, and this will include equity for any children or young people who identify as transgender.</p> <p>Marriage and civil partnership: A person who is married or in a civil partnership. N/A as this project works with under 18’s only</p> <p>Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it</p>
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		<p>is unlawful to discriminate against women breastfeeding in a public place.</p> <p>The project might work with young people under the age of 18 that are pregnant. All reasonable adaptations and support would be tailored to ensure that the young person can participate in the service if they would like to do so.</p> <p>Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.</p> <p>The Provider shall not discriminate between or against children and young people on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other characteristics. The service is open to all children from the cohort listed above and would be open to any young people irrespective of race, ethnicity or nationality. For children and parents/carers whose first language is not English they would have access to an interpreter to ensure they can participate in the service. Information about the service will also be made available in a range of different languages and formats.</p> <p>Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.</p> <p>The Provider shall not discriminate between or against children and young people on the</p>
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		<p>grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other characteristics. The service is open to all children from the cohort listed above and would be open to any young people from any religion.</p> <p>Sex: A man or a woman The Provider shall not discriminate between or against children and young people on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other characteristics. The service is open to all children, both male and female from the cohort listed above. The service will also work sensitively with children and young people who identify as gender neutral and non-binary and use they/them pronouns to refer to them if preferred.</p> <p>Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual). The Provider shall not discriminate between or against children and young people on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other characteristics.</p> <p>Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support</p>
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		<p>The service will work in partnership with young people and their families to ensure that interventions and appointments are tailored to have the minimal impact on family life.</p>
	<p>b) Socio-economic status or geographic deprivation</p>	<p>The cohort of children open to the Coventry Edge of Care Team and Youth Justice Team, as well as the FAST and Youth Justice Team in Warwickshire will include children that have been exposed to significant and cumulative trauma and may originate from lower socio-economic status groups, children from migrant families as well as unaccompanied asylum-seeking young people. Some children might be homeless, and “sofa surfing” if they are distanced from their birth family. The target cohorts may have a greater propensity of being exposed to domestic abuse, intergenerational trauma and parental substance and/or alcohol use.</p>
	<p>c) Specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care</p>	<p>The target cohorts are aged 10-18 years and are:</p> <ul style="list-style-type: none"> • Open to Edge of Care Teams • Disengaged from education/school refusal/electively home educated or exclusion • Not engaging with services or subject to a statutory plan (Education and Health Care Plan (EHCP) or Child Protection Plan) • Transitioning back from secure estate to community • At risk of gang affiliation • Refugees and unaccompanied asylum-seeking young people who are disproportionately represented in gang affiliation • Children that live in a home with domestic abuse

		<ul style="list-style-type: none"> • Young people on the neurodevelopmental pathway who have experienced trauma and adversity, with special priority given to those CYPs who are not engaged with any service provision
<p>3. What are the next steps?</p>	<ul style="list-style-type: none"> • What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics? • Is there anything that can be done to shift your work 'upstream' to make it more likely to reduce health inequalities? 	<p>See section 2.</p> <p>This work directly focuses on CYP and families that are disadvantaged and experience health inequalities.</p>
<p>4. How will you monitor and evaluate the effect of your work?</p>	<ul style="list-style-type: none"> • What quantitative and/or qualitative evaluation will be established to check you have achieved the actions you set? • What output or process measures will you use? 	<p>Monitoring and evaluation are central to the project as it is a test and learn approach to improve health outcomes influenced by health inequalities and influence future sustainability and commissioning intentions.</p> <p>Evaluation measures include:</p> <ul style="list-style-type: none"> • Case studies (circ 20 quarterly) to share a deep dive into the impact of the project from the CYP/Family and Practitioners perspective • NHSE data set that maps both the demographic, longitudinal pre intervention and post intervention qualitative and quantitative data quarterly. • Triangulation of CYP presenting in crisis to acute hospitals/ambulance service with self-injurious/youth violence presentations

		<ul style="list-style-type: none"> • Impact from the participant of the delivery of a suite of Trauma Informed Training modules endorsed by both Coventry and Warwickshire Safeguarding Partnerships. • Collation of the findings from the development of a Trauma Informed self-assessment tool for teams to use to track the impact of the embedding of the approach
<p>5. Review (To be completed 6 to 12 months after first completion)</p>	<ul style="list-style-type: none"> • Consider lessons learnt – what will you do differently? Identify actions and changes to your programme to drive improvement 	<p>As a test and learn project working with some of our most vulnerable young people and the impact of the interventions and evaluation data from the test sites are being collated to present to inform future commissioning intentions including the Mental Health strategy, Violence Reduction Partnership and ICS.</p> <p>In addition, as the project learns from what is working well or what might need to be strengthened, the project team and project board is agile and can iterate the modelling to respond to build on what’s working well, sharing the learning between two test and learn sites in Coventry and Warwickshire which will inform future sustainability decisions beyond March 2025.</p> <p>The Vanguard has also developed an exit strategy should the project or elements of the project not be commissioned beyond March 2025 to ensure there is a robust intervention plan and step down for the CYP open to the service well before the cessation of the project.</p>

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Briefing note

To: Health and Wellbeing Board

Date: 5th February 2025

Title: Update: Special Educational Needs, Disability and Alternative Provision Strategic Partnership Board

1 Purpose of the Note

At its meeting of the 13th December 2023, the Health and Wellbeing Board agreed to hold governance oversight of the Special Educational Needs and Alternative Provision (SEND and AP) Strategic Partnership Board and confirmed its reporting frequency.

<https://edemocracy.coventry.gov.uk/documents/s58887/SEND%20report.pdf>

This report provides an overview of the activity and focus of the SEND and AP Partnership Board during 2024. It highlights the strength of cross agency partnership working in Coventry, sets out partnership priorities and provides examples of Coventry's partnership response to the nationally recognised systemic challenges that all local areas face.

2 Recommendations:

- 2.1 **Note the progress made so far and advise on any further work required.**
- 2.2 **Consider and endorse the priorities identified by the SEND and AP Strategic.**

3 Information/Background

- 3.1 The SEND and AP Board is a high-level system leadership board which scrutinises the strategic impact of the partnership, against the local area SEND and AP inspection framework. <https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook>
- 3.2 The purpose of the SEND and AP Strategic Partnership board is to:
 - Improve outcomes and tackle inequalities for children and young people with SEND in Coventry
 - Ensure that co-production is embedded culturally across the local area and that the voice of children, young people and their families is 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 improves 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.

3.3 The partnership has agreed the following success measures:

- Children and young people with additional needs are identified at the earliest opportunity and receive the 'right help, right time, right place'.
- Co-production is culturally embedded, it is evident that children sit at the heart of all we do including service design, service review and commissioning.
- Children and young people with SEND secure increasingly improved outcomes and the disproportionate impact of the pandemic is mitigated.
- Children, young people, and their parents/carers are increasingly satisfied with the service they experience, feel that the services are designed with and for them and that they have some choice and control.

3.4 The partnership ordinarily meets on a six weekly basis. The Board includes senior representatives from across the wider partnership including parents, schools and colleges. It is chaired by the Director Children and Education Services. The vice chair is the Chief Nurse.

3.5 Key areas of work include the incorporation of the JSNA as an evidence base, within the revised self-evaluation framework (SEF). The SEF was well received by OfSTED and the CQC as part of the annual conversation (as set out in the SEND and AP Local Area Inspection Framework) which was held in June 2024 and was subsequently finalised by the Board, for the 2024/25 academic year. The SEF confirms the strength of partnership working across Coventry and exemplifies the local areas response to systemic challenges, specifically the impact of demand growth on both the sufficiency of specialist practitioners (across all services) and placements, specifically capacity within the special school sector.

3.6 A strong focus has been placed on developing a workforce strategy, to support the capacity of mainstream schools to meet a growing level of special educational needs. A review of the support available for speech and language development is informing innovative practice delivered through a new approach to joint commissioning. Data

sharing has been strengthened with the intent of securing an integrated cross agency dashboard.

- 3.7 Next steps include the completion of a 'dry run' in gathering the information that will be required by Ofsted and the CQC at the point Coventry Local Area is informed that they will be inspected. The current SEND and AP strategy is under review, its development which will focus on coproduction, will be overseen by the Board alongside the finalisation of the supporting action plan and progress.

4 National Context

- 4.1 The current SEND statutory system was enacted in 2014. In 2019 an All Party parliamentary committee published its report, concluding that the system was not fit for purpose. In response the Government committed to a major review. Consultation on reform to the system began in March 2022, "SEND Review: right support, right place, right time" and a SEND and alternative provision improvement plan was published in March 2023.
- 4.2 In December 2024, the current Education Committee launched a new enquiry, focused on "finding solutions to the crisis in special educational needs and disabilities (SEND) provision." <https://committees.parliament.uk/committee/203/education-committee/news/204487/solving-the-send-crisis-education-committee-launches-https://publications.parliament.uk/pa/cm201919/cmselect/cmeduc/20/20.pdfmajor-inquiry/>
- 4.3 It is evident that system reform will take time. Within this context demand for support across the system, but particularly for children and young people with an Education Health and Care Plan has surged year on year nationally. Consequently, the system has become financially unsustainable.

5 Local Context

- 5.1 The SEND and AP Partnership Board retains strategic oversight of demand growth across the City. Agencies continue to work together to secure the best possible services for children and families, by maximising the impact of finite resources. This has demanded creativity and innovation, examples include an integrated speech and language offer working with Speech and Language UK, the implementation of an integrated workforce strategy that targets training for school-based staff (including both teaching assistants and teachers) and the development of specialist bases within mainstream schools (enhanced resource centres) supported by outreach from special schools.
- 5.2 It is noted that Coventry's strategic response reflects the Government's direction of travel.

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

- 6.1 Part 3 of the Children and Families Act 2014, provides a framework to support children and young people from birth to up to 25 who have additional education, health and care needs as set out in the Act. From an educational perspective, this covers circa 20% of the population nationally at any point in time,

6.2 The intent of the Act and its supporting statutory framework aligns with all of Coventry's health and wellbeing strategy intentions and priorities of:

- Children and young people fulfil their potential - (removing barriers to learning and 'lifting the cloud of limitation')
- People are healthier and independent for longer - (promoting an 'ordinary life' and enabling independent living and meaningful employment)
- People live in connected, safe and sustainable communities - (inclusive places to go, positive accessible activities and meaningful employment)

Name: Jeannette Essex

Job Title: Head SEND & Specialist Services

Organisation: Coventry City Council

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Briefing note

To: Health and Wellbeing Board

Date: 5th February 2025

Title: Corporate Parenting

1 Purpose of the Note

1.1 The purpose of this note is to:

- 1) Share information with the Health & Wellbeing Board in relation to the role of Corporate Parents and Corporate Parenting Board.
- 2) Provide feedback from children and young people in relation to services and areas they identify as gaps.
- 3) Update on the work undertaken linked to meeting the needs of children and young people in care and those who have left care (care leavers).

2 Recommendations

2.1 **Health and Wellbeing Board are recommended to**

- 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**

3 Information/Background

3.1 As off the 23 January 2025, there are 708 children in care, 77 of whom are identified as an unaccompanied asylum-seeking child (UASC). In addition, there are 666 care leavers open to social care.

3.2 Just over 70% of our children in care live with foster carers (including kinship), under 9% live in a children's home, the remaining children live with either parents (some through reunification), in supported accommodation, custody or are placed for adoption.

3.3 The Children Act (2004) placed a duty on the local authority to promote co-operation with partners and other agencies in order to improve the wellbeing of children in their area. It also placed duties on a range of organisations and individuals to ensure they too give sufficient regard to children in need of help and safeguarding. Amendments made by the Children and Social Work Act (2017) to the Children Act (2004) strengthened this already important relationship by placing new duties on the police, integrated care boards (ICBs) and the local authority, as statutory safeguarding

partners. Safeguarding partners are under a duty to make arrangements to work together, and with other partners locally including education providers and childcare settings, to safeguard and promote the welfare of all children in their area.

- 3.4 In addition, the Children and Social Work Act (2017) also states that when a child or young person comes into the care of the local authority or is under 25 and was looked after by the authority for at least 13 weeks after their 14th birthday, the authority becomes their corporate parent.
- 3.5 Additional statutory guidance for local authorities was published in February (2018). on applying corporate parenting principles to looked-after children and care leavers ¹.
- 3.6 There are 7 Corporate Parenting principles applying to children in care and care leavers:
 1. To act in their best interests, and promote their physical and mental health and well-being
 2. To encourage them to express their views, wishes and feelings
 3. To take into account their views, wishes and feelings
 4. To help them gain access to, and make the best use of, services provided by the local authority and its relevant partners
 5. To promote high aspirations, and seek to secure the best outcomes for them
 6. For those children and young people to be safe, and for stability in their home lives, relationships and education or work
 7. To prepare them for adulthood and independent living
- 3.7 It is not one person who is the corporate parent but the whole of the local authority, which includes relevant partners who have a collective responsibility for children in care and care leavers in a corporate parenting role.²
- 3.8 In their response to the Care Review, the Government confirmed that it will extend corporate parenting duties. As the change will require new legislation, the Government is now refining which public bodies corporate parenting will be extended to and how this will be implemented, as well as considering adding a new corporate parenting principle for organisations to reduce the stigma and discrimination that children in care and care leavers face.
- 3.9 Our role as Corporate Parents is to ensure that we strive for our children in care and care leavers to experience the care, love and support that we would hope all children would receive and that we take steps to ensure that we advocate for them and continue to challenge the disadvantage that these children and young people experience.

¹https://assets.publishing.service.gov.uk/media/5a93eb3ae5274a5b87c2fde4/Applying_corporate_parenting_principles_to_looked-after_children_and_care_leavers.pdf

²<https://www.local.gov.uk/publications/corporate-parenting-resource-pack-councillors#working-with-partners>

- 3.10 It is of note that the Childrens Services ILACS Ofsted inspection report from June 2022 identified as an area for improvement' *The mental health and emotional well-being provision for care leavers*'.
- 3.11 Further to this our Joint Targeted Area Inspection (JTAI) which focused on serious youth violence in March 2024 identified an area for improvement as '*Children wait too long to receive mental health assessments from the child and adolescent mental health services crisis teams, and children who become looked after wait too long for their initial health assessment*'.

4 Corporate Parenting Board

- 4.1 Our Corporate Parenting Strategy (appendix 1) and Pledge to our children in care (appendix 2), focuses on the importance of hearing and acting upon the direction they give us to continuously improve, be inclusive and asks all professionals to commit to work with them as requested through the Pledge.
- 4.2 Our Corporate Parenting Board is one of the ways in which we ensure we listen to children in care and care leavers to make improvements, based upon what they tell us. Board is chaired by Cllr Seaman, with a young person as vice chair and attended by foster carers, health, education and social care professionals. Children and young people attend board to share their views and experiences and an action tracker 'you said, we did' evidence's what we have done in response to any issues raised.
- 4.3 A common theme that has been raised by young people relates to access to services in relation to mental health and emotional wellbeing.
- 4.4 Some actions have been taken by the Board to address these, including the development of the 'It's Ok, Not to be OK' with a QR code flyer, providing a link to resources in multiple languages. A young person had raised the issue with the board of the stigma attached to mental health within certain cultures and stated that their experience was that they weren't allowed to talk about it. As English had not been her first language, she felt it was important that all children and young people knew they could get help and support.
- 4.5 A presentation was shared with the board to reflect commissioned services that meet the needs of children and young people in relation to mental health and emotional wellbeing.
- 4.6 This included Coventry's Children and Young People's Emotional Health and Wellbeing Service jointly commissioned with the ICB, 'Compass Shine', which supports children and young people from 5 to 18 years, and up to 25, if they have special educational needs and disabilities (SEND) or are a care leaver, contract runs until October 2025. ³ Recent data suggests that there is an average 18 week waiting list for access to direct support for children and young people.
- 4.7 We have a jointly funded service for children in care the through CAMHS Children in Care team (formerly CAMHS LAC), which can be referred into by professionals.

³ <https://www.compass-uk.org/services/compass-coventry-children-and-young-peoples-mental-health-service/>

There are some challenges with data collection, however analysis of access to the service current data for this year from April to September is below:

- Accepted referrals:
 - 2023/2024 – 124
 - 2024/2025 – 40 (Q1 and Q2)
- Referral to consultation:
 - 2023/2024 – 0 to 4 weeks – 92% average
 - 2024/2025 – 0 to 4 weeks – 85% average
- Gender
 - 2023/2024 – 56% males, 44% females
 - 2024/2025 – 48% males, 53% females (Q1 and Q2)
- Training / consultations
 - 2023/2024 – 78 sessions
 - 2024/2025 – 40 sessions (Q1 and Q2)

- 4.8 The service also offers drop-in session to foster carers and professionals for consultations and our children's homes have a dedicated CAMHS worker assigned to work with each of them.
- 4.9 However, despite there being a jointly funded dedicated CAMHS service for children in care, alongside Kooth⁴, (an online service offering 1-1 support and signposting) and Compass Shine, our young people continue to tell us that access to services is difficult, and parents/ carers and children continue to raise this as an issue that they need more timely support.
- 4.10 Recent Information received regarding a drop in service that has been established with the Children's Society (though health inequalities funding) will be shared at the next board, that does offer some support to young people up to the age of 25 ' *Time for young people* ', however information relating to this has only recently been shared and it is unclear if children in care and care leavers have accessed it.
- 4.11 Coventry's Children's Commissioning & Partnership service are undertaking a mapping exercise to fully understand the scope of services currently being offered to all children and young people in Coventry in relation to mental health and emotional wellbeing. There are ongoing discussions with the ICB in terms of reviewing current services, existing contracts and needs analysis. This is a complex area and it is recognised that the ICB also work with Warwickshire, with services being offered jointly to or individually with each local authorities.
- 4.12 Care leavers have access to mental health and wellbeing support via 'Ask Jan'. 'Ask Jan' provides 24/7 access to mental health and wellbeing support and guidance as well as access to counselling support, wellbeing online content, life coaching and legal advice.
- 4.13** Coventry has benefited from being host to one of the NHS England and NHS Improvement (West Midlands) Vanguard for the Framework of Integrated Care. Coventry Children's Services has worked in partnership with the ICB, as one of its 'test and learn' sites, to support the progression of the Trauma Informed Recovery Support framework that has been designed by young people who have experienced

⁴ <https://www.kooth.com/parent-faqs>

trauma and adversity, telling us to not label them as bad, or diagnose them as mad, but instead to connect them back to their community and ensure professionals working with them are trauma informed, are kind and know their story. The Trauma Informed Recovery Support framework has been renamed 'Positive Directions' by our young people, and the team of youth workers and occupational therapists are based in our Edge of Care team and a speech and language therapist in our Youth Justice Service, adopting a strengths and relationship based social approach to trauma, using a suite of universal and bespoke social prescribing offers, all underpinned by psychologically informed case formulation.

- 4.14 The Health of children in care (HeCIC- formerly HeLAC) operational group feeds into the HeCIC strategic group which has a number of priorities. These priorities include several key points: identifying essential health data for collection and exploring the use of ICR for input and gathering health data to inform commissioning and strategic planning; exploring funding options for Health Navigator for Care Leavers and reviewing the scoping exercise for health transition pathways to ascertain benefits and risks; completing data collection to identify the impact of FAS on Coventry Children in Care; strategic members reviewing identified barriers to accessing services or gaps in services escalated by Operational HeCIC; and reviewing statutory data and providing feedback to operational teams, as well as meeting with YP to discuss implementation and gather insights from other areas already implementing similar initiatives.
- 4.15 Our duty to meet the holistic health needs of children in care is reported to the DfE on an annual basis, reviewed regularly by HECIC and includes the following:

Description (timeliness)	Dec-24	Statistical Neighbors Av. 2023/24	All England Av. 2023/24
% Children in Care Review Health Assessments Completed (OC2)	93.5%	90.1%	89.0%
% Children in Care (Under 5) Review Health Assessments	92.3%		
% Children in Care (5 and Over) Review Health Assessments	96.0%		
% Children in Care Review Health Assessment Completed (Total Children in Care RHA)	95.3%		
% Children in Care Dental Checks Completed (OC2)	86.0%	83.8%	79.0%
% Children in Care SDQs Completed (OC2)	89.3%	73.4%	77.0%
% Care Leaver Health Summaries completed [^]	95.1%		

% Children in Care Immunisations Completed (OC2)	85.3%		

4.15 There are some challenges with the initial health assessment timeliness, as noted in the JTAI, when children enter care, which are being addressed by HECIC, which are linked to the process of referral to request the health assessment.

5 Support to Care Leavers

5.1 A West Midlands ADCS letter from January 2025, states: *Care Experienced Young People in our region have been consistent throughout this programme that their top 3 priorities are: **accessible and cheap travel and transport, easy access to emotional and mental health provision and discounts on utilities.***

5.2 Based upon feedback, ‘ask me what matters’ our Care leavers tell us that they struggle with loneliness and emotional well-being and mental health. They also report that it is positive that they have access to gym membership across the city.



5.3 There is duty on local authorities to consult on and then publish their ‘local offer’ for care leavers, which sets out both care leavers’ legal entitlements and the additional discretionary support that the local authority provides.⁵

5.4 Our commitment to our children in care and Care Leavers was amplified in September 2024 when Coventry City Council unanimously approved new

⁵ <https://www.coventry.gov.uk/childrens-social-care/care-leavers>

protections for young people who have spent time in care, with Care Experienced (care leavers) being ratified as a locally recognised protected characteristic.

- 5.5 In addition to writing to the Secretary of State and to the city's three MPs to call for care experience to be treated as a national Protected Characteristic, CCC committed to writing to all public bodies represented in the city and the Chamber of Commerce to make them aware of this motion and issues facing care experienced to understand what corporate parenting means for them.
- 5.6 It was noted in the motion presented by Cllr Seaman to full council, that care leavers experience discrimination and can be disadvantaged as a result of being in care. Many will have experienced trauma and challenges with establishing strong networks of support, as they transition into adulthood at the 'early age' of 18.

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

- 6.1 *Provide a brief description of how this work contributes to the delivery of the [Health and Wellbeing Strategy 2023-26](#)*
- 6.2 ***Improving mental health for all.*** As captured within the report there is a need to collaboratively map and review service offered to children and young people in care and care leavers, with regards to their mental health and wellbeing. Despite there being a range of services, as referenced within the report, our children and young people tell us they need more or perhaps need alternatives to those currently being offered.
- 6.3 ***Focus on employment and homelessness as a prevention opportunity.*** Our Care leavers have identified that these factors are fundamental to their well-being. The Health and Social Care Employability Academy (H&SCEA), led by CWPT and UHCW Talent for Care Leads, provides ringfenced and focused training and employment opportunities for children in care, care leavers, asylum seekers and those with a disability. Working in partnership with our virtual schools, more flexible opportunities are created, with additional support to enable these vulnerable groups to access employment and training within the NHS.
- 6.4 ***Strengthen work with communities & the need for co-production to achieve the priorities.*** Working collaboratively with partners, we continue to review the broad range of services offered to our communities to support our children and young people and their families. We know that getting the 'right help at the right time', by the right services is imperative.

Appendices

Appendix 1



Corporate Parenting
Strategy 2023-26 fina

Appendix 2



Angela Whitrick- Strategic Lead for Corporate Parenting & Sufficiency

Matt Clayton- Strategic lead for Children in Care, Care Leavers and Children with disabilities services

Childrens Services


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Corporate Parenting Strategy 2023 – 2026





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Foreword

Cllr Patricia Seaman

Cabinet Member for Children and Young People



I am proud to be the Chair of the Corporate Parenting Board in my role as Lead Member for Children's Services. I believe that our looked after children and care leavers are a key priority for Coventry City Council and our partners.

Our corporate parenting strategy has been informed by the voice of our children and care leavers and it embraces the One Coventry approach.

Children and young people are at the heart of everything that we do. It is crucial that we hear their voices, both as part of individual care planning, but also to shape our services.

Following consultation with children and young people there is a 'new pledge' and collaboratively, we will strive to achieve the outcomes of this. Our looked after children and care leavers are central to our practice and we must all make sure that we

use their voice to inform their outcomes and make changes to the wider system.

We will continue to strengthen corporate parenting responsibilities through 'Child Friendly Cov' and the ambitions of the corporate parenting board to effect change, with a young person now in the role of Vice Chair and through our family valued approach of working with children and young people.

P. Seaman

Councillor Pat Seaman

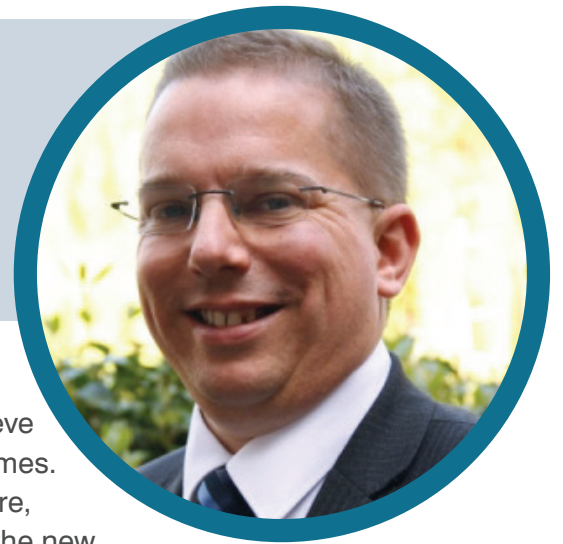
Lead Member for Children's Services



Foreword

John Gregg

Director of Children's Services



In Coventry, I am proud that we all have children at the heart of our practice. This is particularly the case regarding our looked after children, where commitment from politicians, partners and colleagues across Children's Services is key to improving their outcomes. This is consolidated further in the One Coventry approach, which is fundamental to making sure that our services for looked after children and care leavers are joined up and meet the needs of each individual.

Having achieved 'Good' in our Ofsted Inspection in 2022, work continues to strengthen key strategies and plans to inform our work with looked after children.

I am pleased to see that these strategies form part of the Corporate Parenting Strategy. Voices of Care, our children in care council, has been involved in developing the Children's Services Strategic Plan.

A new Participation Strategy means that the views of looked after children are held very close to inform our work. Our children tell us that stability is key for them to achieve all they want in life. They want to live with carers where they can build close bonds and attachments. This will mean that they

are more likely to achieve better outcomes.

I am, therefore, excited that the new Corporate Parenting Strategy has a focus on how we can improve placement stability for all our children. The strategy brings together several other policies that impact upon this. Coventry's permanence policy and the new sufficiency strategy all contribute to helping children remain with carers for as long as they need. This is the golden thread that runs through our work in the city.

Together we can improve the lives of our looked after children so that they can live fulfilled and happy lives that will sustain them into adulthood with their own families.

A handwritten signature in black ink, consisting of stylized, cursive letters that appear to read 'JG'.

John Gregg
Director of Children's Services



Introduction

Coventry City Council and all its partners, always put children at the very heart of practice.

This is especially so regarding our looked after children and care experienced young people, where corporate parenting is a strong feature of all organisations. The Coventry Corporate Parenting Strategy is a key document that outlines the way in which all partners will work together to make sure our looked after children achieve positive outcomes. This is reflected in the One Coventry approach to delivering services to children across the city and our 'Child Friendly Cov' aspirations.

Children and young people in Coventry should always:



be & feel valued



be & feel safe



be & feel healthy



Have opportunities

www.coventry.gov.uk/childfriendlycov

Coventry City Council has a strategic lead for corporate parenting, with a focus on relationship-based practice with partners to enhance and build positive working relationships. Operational leads for each part of the looked after service work closely to provide seamless services for children,

their carers and professionals that work with them, which includes the members who are part of the Corporate Parenting Board. This collaborative approach to providing services for looked after child means that they receive good quality services that promote their individual outcomes.

Voice of the Child

The views of our children and young people are fundamental to the Coventry Corporate Parenting Strategy. The Children and Young People's Participation Strategy details how their views are incorporated from services within Early Help, Children in Need, Child Protection and Looked After Children.

Following the ILACS Ofsted inspection in June 2022, Ofsted reported

“The voice of the child is important in Coventry and there is a strong participation offer that ensures that children's voices are heard and listened to at all levels of the local authority.”

In Coventry, children and young people's views inform policy, practice, service design, development and evaluation. All children and young people have the opportunity to be involved:

- At an individual level through care planning
- At a service level by feeding back about their experiences of existing services and
- Strategically by helping to commission new services

Children and young people also have opportunities to get actively involved with:

- Voices of Care (our local Children in Care Council)
- Corporate Parenting Board
- Care Leavers Forum
- Youth Council
- Surveys, such as 'Your Life, Your Care' (Coram Voice)
- Commissioning of Services
- Feedback forms
- Development of publicity
- Training of their peers, Coventry City Council staff and foster carers
- Recruitment and selection of staff
- Events

The City Council's Corporate Parenting Board includes membership of young people with care experience.

The Participation Strategy monitors progress across Coventry Children's Services to ensure the voice of the child remains at the heart of all that we do.

Outcomes from the surveys, undertaken with Coram Voice and looked after children, young people and care experienced young adults in early 2022 identified a number of 'bright spots'. Two surveys were completed- 'Your Life, your Care' and 'Your life after care', which enable us to consider areas where we can improve, comparing outcomes to other local authorities and the 'general' population. An example of a bright spot is:

Nearly all children (8-11yrs) and young people (11-18yrs) had a trusted adult in their lives

Young people are encouraged to tell us where we could do better when meeting their needs. These comments are collated by the Participation Team and an action plan put together with all partners involved in providing services. These plans are presented to the Corporate Parenting Board which makes sure that organisations carry out improvements in their services: 'You said: We Did.' For example, a care leaver raised how difficult it can be moving from a care placement into his own property. In response to this, the

Corporate Parenting Board spent some time focusing on improving care leavers experience of moving into their independence accommodation. We have launched the House Project, which supports young people who are approaching independence to move to their own tenancy sooner and equips them with skills and a peer support network to achieve this.

In addition, views have been sought through the consultation of the One Coventry Strategic Plan, which will be considered within the development of the Children's Services Strategic Plan.

What is Corporate Parenting?

The term Corporate Parenting has been enshrined into legislation through the Children and Social Work Act 2017. It clarifies corporate parenting principles which local authorities and partners are required to adhere to.

When a child becomes 'looked after' the role of parenting is shared with parents and becomes the corporate responsibility of the council. This is known as corporate parenting and is a term used to describe how the city council and its partners collectively carry out their support and responsibilities to all children and young people who are in our care, by seeking the same positive outcomes that all parents would want for their own children.

Corporate parenting is a whole local authority enterprise. It places collective responsibility on the local authority to achieve good parenting for all children in care.

Specifically corporate parenting requires the Council and its partners:

1 to act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people

2 to encourage those children and young people to express their views, wishes and feelings

3 to take into account the views, wishes and feelings of those children and young people

4 to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners

5 to promote high aspirations, and seek to secure the best outcomes, for those children and young people

6 for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and

7 to prepare children and young people for adulthood and independent living

As well as local authority responsibilities towards children and young people looked after, the Children Act 1989 placed a duty on partners including health, education and housing services to assist Children's Services to fulfil its functions under the Act – providing help, support and services in order to meet its corporate parenting responsibilities. This was reinforced further under the Children Act 2004, which requires the local authority to make arrangements to promote cooperation with relevant partners to improve the well-being of children.

Effective corporate parenting needs a commitment from elected members and all council employees as well as an authority wide approach. It also requires ownership and leadership at a senior level within the council. This is demonstrated by the work of the Corporate Parenting Board.

In June 2022, following the ILACS inspection Ofsted reported

“There is a strong political commitment to children's services across the whole council..... Strong partnership arrangements have led to strong joint working relationships”

Bringing agencies together has meant that a full range of opportunities and support can be considered. Working with each young person means that agencies can be creative in coming up with ideas to help people back into positive activities.



Coventry Pledge

The Coventry Pledge is a list of promises made by the corporate parent to all of Coventry's looked after children and care leavers. The list of promises was created by a diverse range of young people, in conjunction with their carers and other adults who work with them and ratified by elected members. It is a fundamental part of the city's commitment to looked after children across the city and is overseen by the Corporate Parenting Board. The Pledge was reviewed by the Board in 2022 to make sure that the promises made were delivered. Outcomes for children improved with some examples as follows:

Fit for life

The annual survey has demonstrated that children feel safe where they live. Independence work has been reviewed and reinvigorated by young people to make sure that it helps prepare them for adulthood.

Your views count

Children are involved in decisions in their life through looked after reviews and all looked after children can have an independent advocate if they want one. Voices of Care have designed posters for councillors, social workers and carers about how they want to be treated by the adults in their lives. Children from our children's homes have also produced a video of the A-Z of Social Work, highlighting how they want to work with social workers and ways in which they can feel valued.

Safe and Sound

In the 2022 surveys, most children and young people reported that they feel safe where they live and are happy in their placement. Any issues identified by children are responded to promptly to make sure they are and feel safe.

Investing in your future

A looked after savings policy has been developed and implemented. Young people and care leavers are offered a vast array of apprenticeships in the Council and with partners.

You can do it

The annual looked after celebration event and the care leavers awards celebrates all aspects of our children's and young people's achievement. The Corporate Parenting Board has been able to make sure that all children are able to participate in a vast array of hobbies and interests.



91% of children and young people (4-18yrs) in Coventry 'always' felt safe where they lived – higher than compared with children (81%) in the general population*

Coventry cares about you - a life story practice guide has been produced and rolled out so that all staff have clear guidance on how to complete this important work with children and young people. Lifelong Links is offered to looked after children, to enable them to identify trusted adults that they want to remain in contact with and to create an ongoing network of support.

Children and young people who are unaccompanied asylum seekers are supported by a dedicated team of professionals, to ensure they receive the right support at the right time, enabled to build peer networks and engage in activities such as football & cricket teams

Each year looked after children and care leavers, are asked their views about how well the promises within the Pledge are being met. In late 2022 and early 2023, extensive consultation was undertaken with children, young people and care leavers to inform a 'new pledge'. They identified a number of 'asks' under two areas: 'What children and young people want' & 'what children and young people expect from professionals and carers'.

At each Corporate Parenting Board, we will consult with the children and young people attending as to how they feel we are or are not meeting these and gather information on how we can do better.

The feedback will produce an action plan, which will be reviewed at each meeting under the agenda item 'You said, We did'. An annual report will be submitted, to collate evidence of achievements, setting goals for the following 12 months. The pledge will be reviewed and updated prior to the next Corporate Parenting Strategy, to ensure that goals remain high and aspirational, continue to drive forward improvements, based upon what children and young people tell us and ask for.

Following analysis of this survey an action plan is developed which identifies areas for development. Individual issues are followed up for each young person where appropriate and

themes are identified. This means that the voices of young people are listened to and their views inform service development.

The Coventry Pledge forms the basis of the looked after celebration event. This is an annual event which makes sure the achievements of looked after children are celebrated. This is very much dependent upon the needs of each individual child and is judged with this in mind. This is a high-profile event across the city and is attended by members of the Corporate Parenting Board, senior leaders, partners, social workers, carers and other people who are important to each child.



Placement Stability

Placement stability is key for producing good outcomes for children and young people who are looked after. Evidence and research demonstrate that children need to build trusted and sustained relationships with carers, social workers, teachers and health professionals. If children build enduring relationships with trusted adults who offer unconditional support, children feel valued. This allows children to achieve to the best of their ability.

Coventry's Corporate Parenting Strategy places placement stability as the key focus for improving the outcomes for our children. It is the 'golden thread' that runs through our work. Links with family members are promoted to make sure that young people are supported into their adulthood. This means that young people have a better understanding of their history and this, in turn, promotes stability in their living arrangements. This is facilitated through the Family Group Conference/ LifeLong Links services where additional investment means that all young people get access to this service where appropriate.

Support with worries

Coventry has a number of aspects that demonstrate its commitment to improving placement stability, and in turn, outcomes for children.

+ Permanence strategy: Coventry City Council has a comprehensive Permanence Strategy. This is the bedrock for social work practice and creates a foundation to improve relationship-based practice. This means that all workers across the whole of Children's Services understand the need for children to have permanency at the earliest opportunity. This is monitored through the Permanence Panel and children are matched to permanent carers at the earliest opportunity.

https://coventrychildcare.proceduresonline.com/p_perm_tracking.html?zoom_highlight=Permanency+Strate

100% of children aged 8-11yrs who reported that they worried about their feelings or behaviour were getting help from an adult to cope with their worries.

+ Sufficiency: Placement stability is informed by a good understanding of the placement needs of the Coventry looked after population. Coventry has a Sufficiency Strategy- 'Homes for Looked after children' that is regularly refreshed. This means there is an understanding of the placement requirements of our children. Children benefit from this understanding by having the best possible range of placements available to enhance matching. This means children will live with matched carers at the earliest opportunity.



+ **Matching:** Homes for Looked after Children (Placements) have the best chance of meeting children's needs into the future if they are planned, have an element of choice and there are good introductions. It is crucial that children are consulted at the earliest opportunity and have a voice that is respected in the matching process as far as possible. To improve matching of children to the best possible carer, a Placement Referral Form has been implemented throughout Children's Services. This is a strength based, outcome focused referral which means that staff who search for placements fully understand the needs for each individual child. Discussion between allocated social workers and potential carers means that the best possible match can be made, and the placement is likely to be successful.

+ **Local provision:** Children generally do better when placed close to their families, communities and the professionals that offer them support. When children are placed locally, relationships between the authority and the carer can be closer. Support can be provided by local partners through a 'team around the child' approach. Coventry City Council is intensively recruiting foster carers and now has 4 children's homes for looked after children, with approval and plans to open a further 2 more. This will mean that children are more likely to be placed in or close to Coventry. Working in partnership with the National House Project and Citizen Housing, young people are being supported to move to their own tenancy sooner and therefore experience fewer moves as they become adults.

During the last two years there has been an increase in the number of children who live in Coventry.

As of October 2022, 61.1% of children live in the city with another 21.9% living in neighbouring authorities.

Corporate Parenting Board

The Coventry City Council Corporate Parenting Board is constituted as a Cabinet Advisory Panel for looked after children. This Board is part of the quality assurance process to make sure that Coventry City Council is delivering on the promises made in the Pledge.

The Board is made up of elected members and co-opted people including young people, officers of the City Council and colleagues from partner agencies. This includes foster carer representatives.

The Board has a schedule of meetings across the year with a focus on various aspects of looked after children's lives.

The Board takes its role as a corporate parent very seriously and this is a keystone in making sure outcomes for looked after children are the best they can be. The Corporate Parenting Board champions outcomes for looked after children and these are documented in an annual report published through the Cabinet Member Briefing for Children and Young People.

<https://internaldemocraticservices.coventry.gov.uk/ieListMeetings.aspx?CId=583&Year=0>



Partners

Coventry City Council works closely with partners to make sure that all aspects of their work promote stability for our children. The impact of this can be seen in areas such as the number of young people who go on to university. Stability across all aspects of children's life is crucial. This includes their education. It is important that children remain in the same school wherever possible. This means that children can build

relationships with teachers and education staff that will help them to achieve the best possible education outcomes. Schooling for all our looked after children is overseen by the Virtual Head who reviews stability in school as part of each child's education plan. Education partners are part of and accountable to the Corporate Parenting Board. An annual report is presented to the Board which monitors qualifications attained, attendance, exclusions and the additionality that education brings to our children.

NHS Coventry and Warwickshire Integrated Care Board (ICB) and Local Authority Public Health work in partnership with Coventry City Council to promote the health needs of looked after children across the health and social care economy. Both the Designated Doctor and Designated Nurse for looked after children attend Corporate Parenting Board meetings. The agenda for Corporate Parenting Board is themed

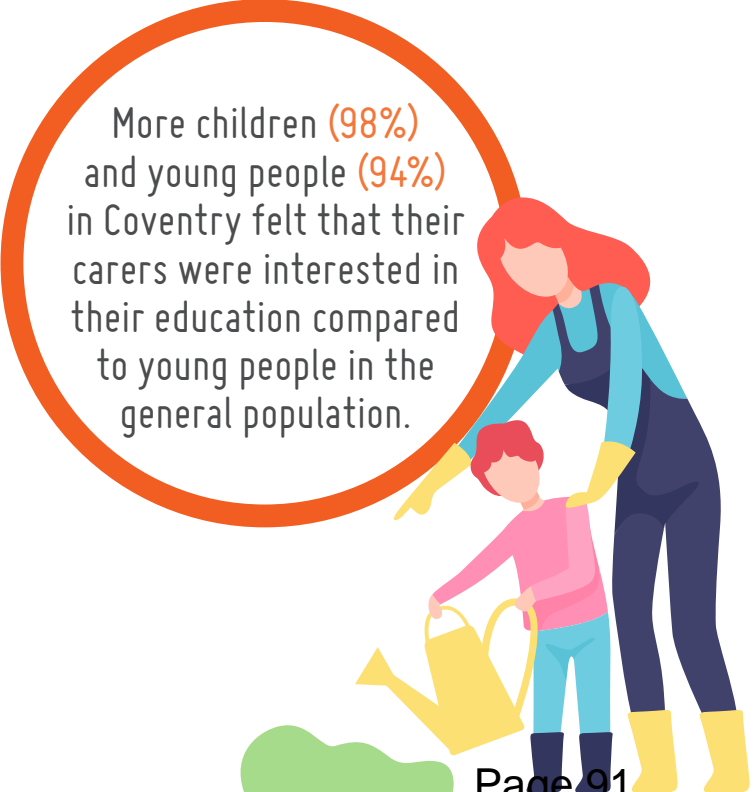
on a key health priority for looked after children at least once per year. The health priorities are aligned to the looked after children health action plan and presented to Corporate Parenting Board. The action plan also sets the priorities of the Health of Looked after Children (HeLAC) meeting and task and finish groups ensure that the City Council, Health Commissioners and health providers are moving towards shared goals in improving the health outcomes of looked after children.

For a summary of the looked after children action plan and key health priorities [click here](#)

A Coventry CAMHS Looked After Children service is established and provides mental health and emotional wellbeing support for children and young people looked after. It is jointly commissioned by the City Council and the ICB

and delivered by Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire Mind. The service has recently been expanded to support care leavers up to the age of 21. As well as providing support to individuals and groups of young people, consultations are offered to social workers, residential staff and foster carers to enable the professionals and carers to support the emotional wellbeing of the looked after children they care for. Nurturing training is also offered to foster carers to support placement stability and promote attachment with looked after children with complex needs and who have faced significant trauma in their lives, and now have the chance to form stable and secure relationships with their carers. Support is also offered to social workers to enable them to support looked after children with therapeutic life story work.

The authority has close relationships with police colleagues. This brings a focus to placement stability by concentrating on reducing the criminalisation of our looked after children, making sure that children who go missing get a high priority police response. Each children's home in the city has a close working relationship with PCSOs with a dedicated named officer linked to each home. This supports restorative practice in the homes and means that children can build trusting relationships with police officers.



More children (98%)
and young people (94%)
in Coventry felt that their
carers were interested in
their education compared
to young people in the
general population.

Care Leavers

Good parents continue to support children as they become adults. Coventry has very high aspirations for its care leavers. This is demonstrated in the local offer for care leavers. This is a requirement under the Children and Social Work Act 2017. The local offer is crucial for making sure that care leavers experience stability into adult life.

The local offer has been co-produced with partners and has been led by the young people themselves and what they want and believe will help them as adults. Six key initiatives underpinning the offer include:

- Coventry City Council pays apprentices the national living wage
- Care leavers get free leisure passes which include gym membership. In addition to this each care leaver can take a friend so that they feel more motivated to attend
- Council tax exemptions are paid for all care leavers regardless of whether they live in Coventry city or not
- Coventry does not make care leavers intentionally homeless as long as they are working with the City Council to resolve their housing situation
- Increases in the number of young people going on to access higher education at university
- High level of support to young adults in custody, ensuring they have access to LifeLong Links

Coventry has very high ambitions for all our care experienced young people. We are seeking to embed the Five missions from the Care Review into our practice these are:

- No young person should leave care without at least two loving relationships, by 2027
- Double the proportion of care leavers attending university, and particularly high tariff universities, by 2026
- Create new well paid jobs and apprenticeships for care leavers each year
- Reduce care experience homelessness now, before ending it entirely
- To increase the life expectancy of care experienced people, by narrowing health inequalities with the wider population

As part of our commitment to this, the local offer is currently being reviewed and updated with a focus on removing cliff edges which can exist at 18 and 25 for care experienced young people.

Care experienced young adults are offered a wide range of social activities, including football, BBQ's and a residential trip to Doly-Moch. All young people have a Personal Advisor. And access to support around education, training and employment. These include apprenticeships and the EET panel who can signpost young people to additional opportunities in employment and training.

Significantly more young people (95%) aged 11-18yrs in Coventry reported that they regularly practiced life skills compared to young people (89%) looked after in other local authorities*.

These aspects of good practice have been endorsed and highlighted by the Department for Education, the Ministry for Housing, Communities and Local Government and the National Benchmarking Forum.

<https://cdn.catch-22.org.uk/wp-content/uploads/2019/11/Local-Offer-ThematicReport.pdf>

www.centreforsocialjustice.org.uk/library/12-by-24

The service also works closely with local businesses to negotiate what they can offer to care leavers. Current examples of this include water bill exemptions for care leavers, employability options such as preparation for interviews and access to sports facilities.

The care leavers awards are sponsored by businesses who actively get involved on the evening and through the year. In 2022, EON were the lead sponsors of the Care Leaver awards, alongside Positive Youth Foundation, ValPak and the REES Foundation.

https://www.coventry.gov.uk/downloads/file/29100/through_care_local_offer

Measures of success

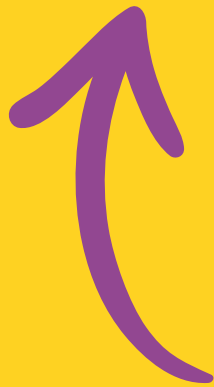
Coventry is committed to improving outcomes for looked after children across the city and young people who have left our care to transition to adulthood. There are several measures that will be considered to evaluate how we are doing:

- + Young people will say they are loved and supported in their 'homes'. This will be reflected in casework records and what our children and young people tell us
- + The bi-annual survey will demonstrate that children and young people are happy with the services that they are offered
- + Children and young people will move less often. This will be reflected in the short and long-term stability performance measures. Coventry will have good performance against statistical neighbours, West Midlands and England averages
- + Individual audits of children's records will show improved outcomes for children through being in care
- + Foster carers will feel better supported to continue to care for children even through difficult times
- + Children will only live in a children's home if they have an assessed need to do so. Children's Services aspires for all children to live in good or better children's homes as judged by Ofsted. However, this will always be balanced against a child's needs, wishes and a requirement only to move children when necessary
- + Young people will be supported through 'Staying Put' and 'Staying Close'.
- + Young people will be prepared for independence and move on appropriately
- + Less children will have to move on an immediate basis
- + Children's outcomes at school and in education will improve
- + Children and young people will have improved health outcomes
- + Care experienced young people will have at least 2 ongoing relationships with supportive and trusted adults



The majority (86%) of children in care (8-18yrs) felt that their lives were improving.

**If you need this document in another format or language
please contact communications@coventry.gov.uk**





Coventry City Council

Briefing note

To: Health and Wellbeing Board

Date: 5th February 2025

Title: Public Health, Insights and Migration Business plan for 2025 - 2028

1 Purpose of the Note

- 1.1 This is an internal business plan to the PHIM team which helps to shape the priorities the team will be focusing on going forward. It starts by discussing the work of the team and the principles the team has used to identify the priorities going forward. It then identifies five areas of work that the team will prioritise in terms of improving the population for Coventry residents.
- 1.2 The plan is a high-level plan, work is still ongoing to determine what the workplans under the priority areas will look like.
- 1.3 We would like to give the board an opportunity to comment on the plan and help us shape the specific actions.

2 Recommendations:

- 2.1 **This report is for discussion. Board members are invited to comment on the plan components and help us shape the future direction of our priorities.**

3 Information/Background

The plan is an overarching document which captures elements of all our directorates work, Public Health, Migrant Health, Business Insights and the HDRC. It does not capture all we do but focuses on the overlap between our teams.

The Objective of the plan is to set out where Public Health will be focusing in the next few years. The main statutory responsibility of Public Health is to Improve public health outcomes and reduce health inequalities in Coventry. We do that by using the Public Health Grant effectively.

This document is an internal document for the Public Health team which can be shared with other directorates of the council, so others understand our priorities. It does not include our "Business as Usual". It will be reviewed regularly, and the document will be adapted as our direction becomes clearer and as we deal with Public Health priorities that arise from national, local and system pressures.

The plan outlines specific areas of focus for strategic development as well as specific areas for prevention work. We will do this across the range of services, using data, intelligence and performance to drive our direction, being agile to manage new challenges.

Our Key Areas of Focus will be:

1. Children and Young People, starting with a focus on Infant Mortality.
2. Adolescence, starting with a focus on healthy choices including a transition to adult services and a whole systems approach to obesity
3. Prevention offer, building further on work around the wider determinants including a whole council approach to prevention and using data to target our activity
4. Developing a whole systems approach to a healthy weight.
5. Ensuring that we use the data we have effectively

Our approach will be:

- Evidenced based and data driven.
- Collaborative and promoting co-production.
- Using evaluation to demonstrate effectiveness.
- Structured oversight of public health contracts and funding.
- Active communication and feedback collection to enhance service delivery.

It is important to recognise that this document, focuses on the immediate work of the PHIM team. There are other pieces of work which will complement it, others which will shape its future and unknown factors that are yet to be fully understood. The most important of these workstreams are:

- **Marmot 2.0** is another stream of work that will drive the priorities within this plan, The Marmot Partnership is a city wide initiative which promotes the principles of proportional universalism, that when we all pull in the same direction reduces Health Inequalities. Marmot 2.0 is Coventry City Councils contribution to the Marmot Partnership. It is a cross council initiative which brings together all directorates to work together for maximum impact. Public Health's role in this, is not to lead the workstream but to facilitate cross council working, joining up directorates and led in a way that creates the best value for money for the resources that we have
- **Public Health** also has a **statutory role** within the **NHS**. Public Health is required to support the MHS with Public Health Advice. We ensure that due regard is given to under served groups. We provide constructive challenge, evidence and data to help shape the direction of the work of the NHS locally.
- Finally, we know that the **NHS** is developing its **prevention plans** which will no doubt, impact on Public Health thinking and shape some of the work we do going forward. These plans are in an early development stage, and we will adapt our work to take into consideration the priorities once they become clearer.

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

4.1 *Provide a brief description of how this work contributes to the delivery of the [Health and Wellbeing Strategy 2023-26](#)*

This plan outlines the Public health contribution to the Health and Wellbeing Strategy. It aligns itself, with this plan, with One Coventry and with the ICB prevention plans.

Appendices

1. *Summary business plan 2025-2028, a full version is available on request.*



Summary PH
business plan 2025

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Job Title - Director of Public Health, Consultant in Public Health

Organisation – Coventry City Council Public Health Team

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A summary of the Public Health
Business Plan doe 2025-28

Public Health, Insights and Migration Business Plan 25/28 Summary

Created October 2024

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Executive Summary

This summary sets out the high level detail of our plan, what the plan includes and what it doesn't include. The plan is an overarching document which captures elements of all our directorates work, Public Health, Migrant Health, Business Insights and the HDRC. It does not capture all we do, but focuses on the overlap between our teams,

The Objective of the plan is to set out where Public Health will be focusing in the next few years, our main aim is to Improve public health outcomes and reduce health inequalities in Coventry. We do that by using the Public Health Grant effectively.

This document is an internal document for the Public Health team which can be shared with other directorates of the council, so others understand our priorities. It does not include our "Business as Usual" and it is meant to be a living document that changes as our direction becomes clearer and as we deal with Public Health priorities that arise from national, local and system pressures.

The plan outlines specific areas of focus for strategic development as well as specific areas for prevention work. We will do this across the range of services, using data, intelligence and performance to drive our direction, being agile to manage new challenges.

Our Key Areas of Focus will be

- Reducing Infant mortality to improve outcomes for our Children and Young people.
- Working with Adolescents to improve their health by influencing the choices that they make.
- Further developing and ensuring that all council services are underpinned by Prevention strategies, this includes primary prevention, stopping people becoming ill in the first place.

Our approach will be

- Evidenced based and data driven.
- Collaborative and promoting co-production.
- Using evaluation to demonstrate effectiveness.
- Structured oversight of public health contracts and funding.
- Active communication and feedback collection to enhance service delivery.

We will strengthen our Governance processes to ensure that we achieve our objectives, developing further a meeting structure that ensures we do the work we need to do and improving communication across the team so that we as a team are more joined up. We will create a system of linking with others, both internally and externally to reduce "siloes" working and increase communication/co-production.

1.0 Introduction

Good physical and mental health are important at both an individual level with regards to improved quality and length of life, and at a community level as health is a vital component of local community cohesion, social mobility and prosperity. The complex link between health and wealth has long been known within public health circles but has recently been made more prominent by the COVID-19 pandemic, which laid bare the difference between those with the best and the worst health in the UK.

For the last 10 years or more, Coventry City Council has focused its efforts on reducing inequalities. Health Inequalities are defined as unfair and avoidable differences in health across the population, and between different groups within society. Within our Marmot City work, we have explicitly outlined the inequalities experienced in Coventry and have worked to reduce and eliminate this unjust variation in life chances. This is a complex task – the things that influence our health and wellbeing outcomes (also known as the wider determinants of health) are many and varied.

Improving health therefore requires action to be taken by a range of organisations and businesses - as well as by individuals and communities themselves - at different geographic levels and using a variety of interventions. In Coventry, we have gathered our allies through the Marmot Partnership to help deliver and hold all partners to account for addressing Health Inequalities.

This new Public Health Business Plan outlines a new way of working for the local public health team to meet these challenges and calls on wider public services, the voluntary and community sector and local businesses to contribute. We want to make public health everyone's business.

The plan has been developed in collaboration with the teams which sit under the Director of Public Health in Coventry. It is a living document, which will develop as the work takes place, topics are explored, and the need become clearer.

The plan outlines specific areas of focus for strategic development as well as specific areas for prevention work. We will do this across the range of services, using data, intelligence, evidence and performance to drive our direction, being agile to manage new challenges.

Many of the areas of focus and ways of working outlined are grounded in public health first principles, but we will seek to deliver support and services in new and innovative ways - working with local academics, through the HDRC, regional and national subject matter experts and those affected most by local inequalities to shape the offer.

We present this, as a team, as our intentions to amplify the work of the council to improve the health of the population of Coventry. It is our contribution to the City's One Coventry Plan and furthers the values in which we work to.

2.0 What does Public Health Do?

Traditionally, public health is defined as ‘the science and art of preventing disease, prolonging life and promoting health and wellbeing through the organised efforts of society’. There are three main disciplines or ‘pillars’ of public health, each of which requires a range of specialist skills and experience to effectively deliver.

Every local authority is statutorily required to have a Director of Public Health (DPH) to oversee the delivery of a set of statutory and mandated functions, as defined in the Health and Social Care Act 2012.

Many services are universal however local data and insight must be used to ensure the specific needs of a population are met. Discretionary services can also be commissioned and/or directly delivered to meet any need not included in the mandated functions below.

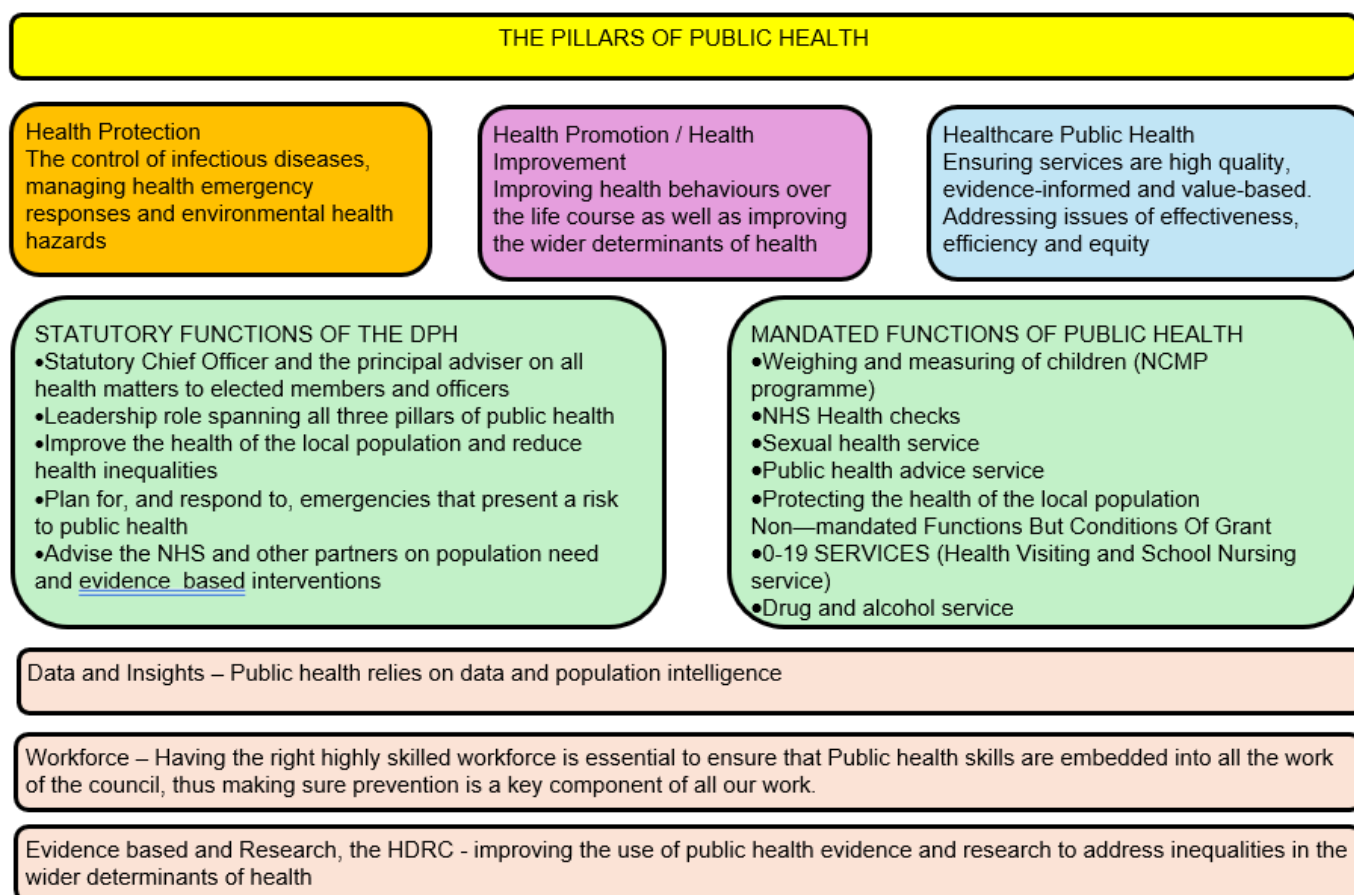


Figure 1 - Pillars of Public Health created from [Key areas of work - FPH - Faculty of Public Health](#)

At Coventry City Council, the Public Health and Insights function brings together a range of services that contribute to the delivery of the Council’s statutory and wider responsibilities regarding improving public health outcomes, protecting our most vulnerable and reducing health inequalities.

3.0 Coventry, A Marmot City/

In 2013, Coventry became the first place to announce that it would become a “marmot city”. Coventry pledged to create a fairer society by addressing the social determinants and improving the lives of its citizens. Since coining the phrase “marmot city,” many other places and regions followed. The marmot approach is a way of thinking so that processes and services are designed to reduce inequalities. Change is driven by systems working together towards common goals.

At present, around 26 Coventry partners come together to champion the marmot approach. Teams from Coventry City Council, the voluntary and community sector, and statutory services like the NHS, police, and fire meet every two months, with overall functioning supported by local authority public health. The Marmot function in Coventry is not a funded programme of work, instead partners work together to champion a philosophy and ethos that can make a difference to reduce health inequalities. In 2020, an independent evaluation reported that Coventry had demonstrated commitment to making fairer decisions to improve the health of residents in the city. Proportionate universalism was used widely, and Coventry was doing well compared to similar places elsewhere in the UK. However, there were also examples of inequalities getting worse, and of challenging contexts. Since the 2020 report, there have been more challenges locally and globally, including the covid-19 pandemic.

In 2023, Coventry produced the marmot monitoring tool to describe the work done to tackle the eight “marmot principles”. The tool lists areas of work related to each principal, plus the delivery partners, measures, and statistics that can help track change.

Alongside these measures and indicators, which may not tell the full story, it is important to reflect about the direction of travel and change in the city. This report, which was prepared with support from the HDRC, presents key reflections from Marmot partners on the journey so far and next steps into the future. The Coventry HDRC is helping develop the infrastructure and use of evidence and research to address inequalities in the wider determinants of health.

Currently, Coventry City Council, is working internally to define what its contribution to this wider partnership should be. There is an opportunity to consolidate the council’s current work programmes to maximise the impact we can have on inequalities and make a more tangible impact on addressing inequalities across the city.

Our Marmot City work is firmly embedded in the City Councils main strategic plan, One Coventry, not only as a specific priority, improving outcomes and tackling inequalities within our communities, but also as a enabler for the other two priorities, improving the economic prosperity of the city and region and tackling the causes and consequences of climate change.

4.0 Our overall Approach

We will work in a collaborative way with all partners across the system to achieve our specific objectives using the big six risk factors approach.



Figure 2 – the Big 6 prevention risk factors

So, for each topic, we will need to consider the six risk factors to improve health in a holistic way. This strategy is not about improving health, or indeed other statutory services, its focus is on helping people make healthy and sustainable lifestyle choices to improve health. Whilst we might assume healthy choices is an individuals responsibility, it isn't that easy! If your only accommodation is damp or the only food you can afford is of poor nutritional value, your choices are limited. By giving people the support they need to improve their standards of living, we improve their health.

Our prevention strategy needs to

- Understand the root causes of harm including trauma informed approaches, understanding the interdependencies between connecting workstreams and seeing harmful behaviour as symptoms of underlying issues
- Develop the knowledge base so that all professionals are informed, using an agreed and consistent approach, including consistent language, awareness and signposting.
- Better understanding the barriers that stop people from accessing help, these could include a lack of trust in professionals, stigma associated with services, accessibility and misinformation around service models
- A well-defined system wide policy which brings together prevention action
- Use Coventry's grant funded research collaboration (HDRC), to gain a better understanding about what interventions are effective and cost effective, providing the best value for money to benefit the people of Coventry.

5.0 Three Priorities for 2025-2028

5.1 Children and Young People, starting with a focus on Infant Mortality.

In Coventry for 2020-2022, infant Mortality is 5.9 crude rate per 1000 births. In England this rate is 3.9 per 1000 births and in the West Midlands the rate is 5.6 per 1000 births. This means that Coventry, is statistically higher than England and the West Midlands. When compared to our statistical neighbours, Coventry, alongside Derby is the worst.

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	3.9	3.8	4.0
Neighbours average	-	-	-	-	-	-
Coventry	-	-	-	5.9	4.6	7.4
Derby	-	1	-	5.9	4.4	7.7
Bolton	-	2	-	5.2	3.9	6.8
Leeds	-	4	-	4.9	4.1	5.9
Peterborough	-	3	-	4.6	3.3	6.4
Sheffield	-	5	-	4.2	3.3	5.3

Source: OHID, based on Office for National Statistics data

Figure 3 – OHID Fingertips – Infant Mortality

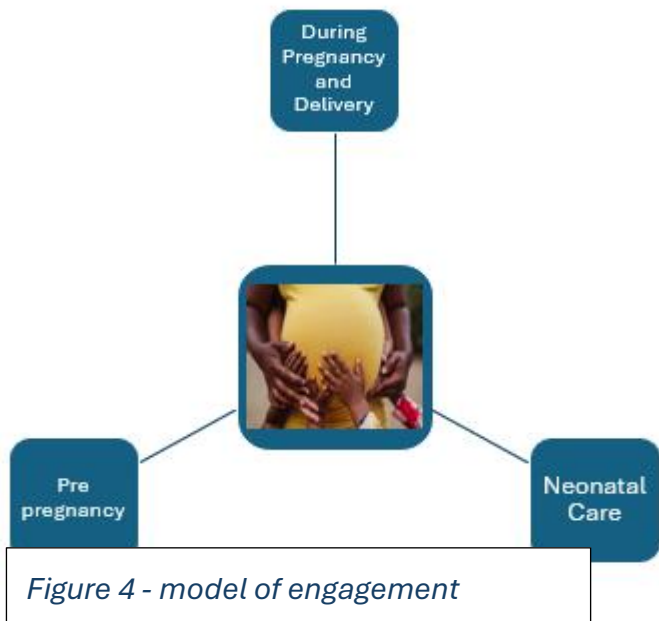
Infant mortality rates are associated with higher levels of deprivation and low-income, and most of those who die, are born extremely prematurely, before 28 weeks of pregnancy. We have completed analytical work of all the babies that died within the first year of life in 2022. This showed us that

- There were 39 deaths in the first year of life in 2022. 29 of those deaths happened in the first day of life. 25 of these babies were born before 28 weeks gestation. 50% came from white British heritage and 50% came from a variety of other ethnic backgrounds.
- 37% of mothers, either smoked, had just given up smoking or lived with a smoker, 23% consumed Alcohol during pregnancy.
- 19 of the 39 mothers were from the 30% most deprived backgrounds. 6 came from the 30% least deprived backgrounds.
- Of the mothers that had a BMI recorded, (24) 18 had a higher than normal BMI (over 25) with 12 either obese (over 30) or morbidly obese (over 40).

5.1.1 Where do we want to be?

As a starting point, we want to be at or below the national average for infant Mortality. We want to be able to monitor the number of premature deliveries within Coventry and see this number fall.

5.1.2 How will we get there?



There are three elements that impact on Infant Mortality.

- Care pre pregnancy, the health of the women, when she becomes pregnant.
- The care and health of the mother during pregnancy and at birth including immunisations.
- The care of the baby post-delivery and in the neonatal period.

There is much work going on within the Local Maternity and Neonatal System (LMNS) to improve the services that mothers and babies receive, this is part of the NHS Long Term Plan.

However, midwives are not able to influence the health of women before they become pregnant.

There is not a single professional group that sees all women pre pregnancy, some mothers, particularly those with Long Term Conditions will seek help, but the ones we can make the most difference too are those who do not seek help, until they are pregnant. This means to impact on the health of these women we need a conversation with a broad range of professionals, including school nurses, teachers, GPs etc.

Co-Production – we need to design a campaign with all women who could become pregnant. We want the co-production to cover multiple communities from different cultural backgrounds. We want to focus on those who are the most deprived, as they are the women who are most likely to deliver prematurely and for whom a campaign needs to be most impactful for.

Marmot 2 – We want to focus on the women living within the most 30% deprived wards of Coventry. These women need information and support that helps them become pregnant ready. Any work must be accessible and achievable for these women.

Insights and Intelligence – we need to develop proxy measures which help us understand how infant mortality is changing, this includes, number of pregnancies, number of terminations, number of premature deliveries and outcomes for preterm babies.



Figure 5, Infant Mortality Our Approach

Workforce and Training – No single workforce has contact with this population, although several will be key to delivery. Firstly, School Nurses play a key role in the health of adolescents, both girls and boys. Understanding how young people can ensure that they are healthy for a parenting journey is a key concept that can be introduced here. Family Planning Nurses and Sexual Health Workers are also key in supporting people to understand the importance of being healthy pre pregnancy. Finally, an important message that we need to address is the importance of early booking and early care once women become pregnant. This is particularly important for women who may have no recourse to Public Funds, as they are at higher risk of adverse outcomes at delivery, for both themselves and their child.

Target Population - whilst the overarching group is women who have yet to conceive, there are groups within that where we can have a bigger influence, these are

- Women living in the 30% most deprived areas of the city
- Women living in the 30% most deprived areas of the city and come from an ethnic minority background
- Women who have no recourse to public funds
- Women who are sex workers, work in the nighttime economy

Evaluation – this is a tricky thing to measure as it is a whole population intervention with a specific focus on the groups ahead, but success will see a reduction in late bookings, healthier women in pregnancy and women with a better understanding of how their preconception health impacts on the outcomes of a pregnancy.

5.1.3 Next Steps

There is already a lot of work going on across a wide range of partners, such as Parenting Strategy, LMNS improvement plan and Health Access for Refugees Programme (HARP).

We will bring partners together in November 2024 to map the work already underway, agree communications between those programmes to ensure that we are getting the most out of our resources. This will enable us to develop a plan on a page and undertake some specific work.

The plan on a page will be developed and agreed by January 2025.

5.2 Adolescence, starting with a focus on healthy choices.

The [Child Health Profile for 2024](#), shows that we have significantly more children and young people living in Poverty. We have more children who are not ready for school, with less children vaccinated. Our children suffer from higher levels of obesity than national and statistical neighbours and more children are admitted to hospital for both tooth decay and A&E attendance.

On the positive side, more children are breastfed than other areas, less children are admitted to hospital because of substance misuse or alcohol. More children aged 16/17 yr. olds are in employment, training or education with fewer children seen as NEET. A Needs Assessment is being undertaken to understand more about the needs of

adolescents.

Behaviour Change – is the science of getting people to make small changes in their habits and their behaviours. Small changes make the biggest differences to health outcomes and life expectancy. Behaviour change theories work on the principles that by turning unconscious behaviour into conscious behaviour people will make better healthier decisions. If the behaviour you want is easier than the “bad” behaviour, then the good behaviour becomes the new habit.

Several services work together to support this population, school nurses provide a universal service to all school aged children, they can see children in groups or individually and are able to signpost to other more specialist services.

Within School there are Mental Health Support services, which support young people with mental health issues.

We currently have a risky behaviour service, which covers a range of behaviours, such as sexual activity, alcohol, smoking and drug services. This service supports adolescents make healthier decisions. This service has seen a rise in referrals since its inception. The service now has waiting lists because of its success.

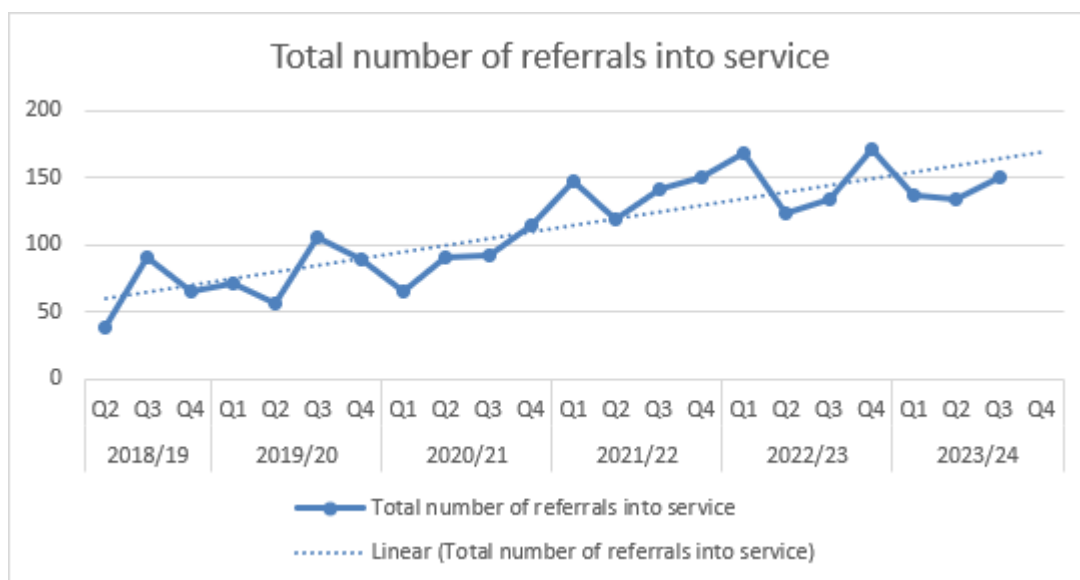


Figure 6 – Performance Data from Positive Choices showing upwards trend

Parental problem drug use can and does cause serious harm to children at every age, from conception to adulthood. Within Coventry, there were 327 parents in treatment out of a projected number of 3780 (9%). Analysis of hidden harm data shows that there are opportunities to develop the response in Coventry. Compared to our nearest statistical neighbours, the number of parents in treatment as a rate of the projected number of children affected by parental alcohol/substance misuse is low. In addition, the number of parents entering treatment has decreased.

A broader needs assessment of people misusing substances made the following recommendations:

- To develop the approach to prevention for school-aged children.
- To evaluate current diversionary activities for children and young people.

- There is a potential gap in community services for early adolescents.
- To review the local response to the 'hidden harms' caused by adverse childhood experiences, such as parents with a drug or alcohol issue.
- To review treatment services to explore the potential for expansion and collaborative working (includes positive choices).

Children and adolescents that experience Domestic Violence also have higher levels of need than others. The WISH Service works with children aged 5-18 who have been victims or who have witnessed domestic abuse and who are known to Children's Services. Children who are referred into the WISH Service must be managed on a Children in Need Plan or be known to Children's Social Care as a Looked After Child. This leaves a gap for those who do not meet this threshold. The most common age group that the WISH service works with are aged 5 – 11. Teenagers are less likely to engage in the service. We know that Children and Young People in homes affected by DA are more likely to become perpetrators and victims in the future.

Serious Violence, youth Violence and gang violence is a real issue for this adolescent population. VWI, knife, gun, and possession of weapon crimes show an increase when comparing 2022 against the previous two years and whilst the number of victims has increased or remained the same over the 3-year period, the number of suspects shows a decrease meaning fewer people are causing more harm. 31-34% of victims and suspects of knife crimes are between the ages of 15-24. This is compared to 17% of the population.

Compared to 2021, assault and admissions and attendances to A&E during 2022 both show a decrease. Sharp objects admissions have seen a 22% increase, 41% of sharp object A&E admissions were between the ages of 15-24. As a rate per 1,000 population, sharp objects admissions for males were 12 times greater than females.

Children who were cautioned or sentenced for a serious violence offence were more likely to have had an Education, Health and Care (EHC) plan before their first serious violence offence. In 2021-22, 1,979 (3%) of the pupils in Coventry had an EHC plan. It was more common for children who were cautioned or sentenced for a serious violence offence to have been permanently excluded before their first serious violence offence.



Figure 7 Picture from freepik

Between Spring Term 2016-17 and Autumn Term 2021-22, there were 220 exclusions and 13,920 suspensions in Coventry. Keeping children in school, is a key preventative measure.

5.2.1 Where do we want to be?

Child Friendly Cov, wants Coventry to be the best city for children to grow up in. This programme of work can be explored in detail here [Child Friendly Cov](#). Public Health will continue to support Child Friendly Cov, supporting analytical approaches to surveys and

drawing links between Child Friendly Cov and the Parenting Strategy.

For Coventry to be the best city for children to grow up, we need parents to have the right support to be the best parent that they can be. We need to ensure that our services link up in a way that creates a seamless system that provides results which are a greater than the sum of the parts.

5.2.2 How will we get there?

We want to continue helping parents make the best of their parenting journey through implementation of the parenting strategy

We will continue to improve and develop the risky behaviours offer through development of the positive choices service offer, this will include completing the needs assessment and then recommissioning the service with a view to supporting children make healthier choices.

We will develop an adolescent health steering group to coordinate effort from across the system, this will include pulling together the wider intelligence that we have around adolescence. The steering group will oversee the programme of work, which in the first year will develop a wider five-year action plan to go forward.

We will create an adolescence health dashboard, which includes physical, social and emotional indicators

We want to also support children and young people to further develop their mental wellbeing by being resilient to and supportive of mental ill health. We want our young people to be able to understand and cope with the pressures of life by developing techniques to deal with everyday stresses.

5.2.3 Next Steps?

This work needs some planning, as a newly focused workstream. Initial conversations show that there is a real desire to take this work forward. We will

- Create an internal Public Health Steering group to pull together all the existing data work and needs assessments into one place
- Map all the existing public health services across the public health family of services. Broaden this out to a wider audience within the system
- Explore whether implementing i-Thrive as a model would support our objectives.
- Identify issues and needs from across the system including uptake of immunisations for those at school.
- Create an action plan focusing on adolescent health with clear key deliverables and actions
- A plan agreed by partners will be in place by June 2025

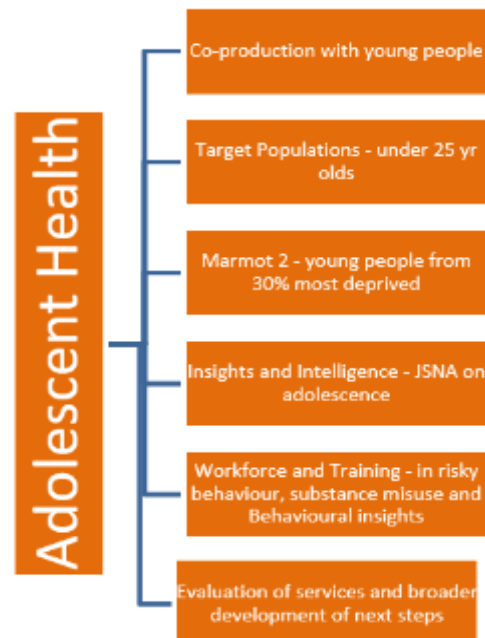


Figure 8, Adolescent Health, Our Approach

5.3 Prevention offer, building further on work around the wider determinants

The prevention offer must be clear in everything we do. We deliver prevention through several routes,

- Indirectly through the services we provide. We currently have a wide range of Public Health Services which are commissioned through our small commissioning team.
- Through leadership, such as leading strategies and strategic subgroups such as the parenting strategy, SEND data subgroup and leading streams of work around serious violence, domestic abuse and through our contribution to the health and wellbeing Strategy.
- Through collaboration and influencing such as advocating for underserved communities and groups who we are particularly keen to link with. This is particularly pertinent to our work around the NHS and prevention agenda.

We measure the health of our population using fingertip indicators which can be found here. [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care \(phe.org.uk\)](#). These do not change as often as we would like and so we also use proxy measures to assure ourselves that we are moving in the correct direction.

Our commissioning team is small and there is a lack of clarity about the roles other public health team members play in reprocurring contracts. We need to redesign our teams so that the commissioning function is adequately supported and that services, and their contracts, benefit from the knowledge expertise within the team.

Using evidence and developing an evidence base through new research are important factors in our prevention offer. This is now more achievable than ever through our Coventry Health Determinants Research Collaboration.

HARP - Aligned with Core20Plus principles, the HARP project aims to reduce health disparities among refugees and asylum seekers by improving access to healthcare, enhancing understanding of health services, and raising awareness among health professionals about the challenges faced by this group. Aligned work includes improvements to maternal health pathways for pregnant asylum seeking women, efforts to reduce Do Not Attend appointments and using green space and sports activities to improve mental health and wellbeing.

Adult Intensive ESOL Support - The wider determinants of health are equally important improving the health and wellbeing of migrants. Working with Adult Education, the team have developed an intensive support programme to assist individuals who are closer to the labour market in understanding the UK employment culture and language support to enable them to access employment opportunities at the earliest time.

5.3.1 Where do we want to be?

Directly delivered Prevention

We need to have key messages for each of the topics so that we are clear about the messages we wish to deliver to the public.

We need to have dedicated support from the Comms team to ensure that key messages are delivered to the population through a variety of methods, for example online, through newsletters and via media campaigns

Contracts and procurement

We want a series of needs assessments which are available in a shared space so that we can ensure we can effectively link the intersectionality between the recommendations, the data, the research evidence and the findings.

We need to have a clear understanding of all the contracts we have, with performance data and clear timelines for ensuring timely re-procurement/tendering. We need to have the evidence of what works easily at hand to ensure our service proposals are evidenced based.

Through Leadership

We will maximise opportunities to work together on strategies, research, boards and in partnership with other organisations are clearly defined and that we all have opportunities to bring our own knowledge to the table, whilst recognising that everyone cannot attend.

Through the HDRC Research function

We now have stronger links with our universities and can connect university researchers to all relevant areas within the council. We are currently connecting and working with housing, employment and skills, economic development, sustainability and digital inclusion.

Through Partnership Working with the NHS

In the NHS, the efforts that we have make to improve the populations health, the services and the health outcomes from our interventions is termed Population health Management. We use data to identify those most at risk, adapt and deliver services to better match the needs within a specific population and then monitor outcomes. For example, by identifying people at risk of hospital admission for pneumonia, we can identify those at risk, ensure that prevention is in place, such as Vaccinations, additional flags to ensure early warning if becoming poorly with care plans which identify actions to be taken, we can prevent some admissions, this saves money, is better for the patient and ensures that health is not adversely impacted.

To achieve this all effectively, we need to redesign our approach to be more strategic with a clearer understanding of everyone's agenda's and with multiple ownership.



Figure 9, Our Approach to data and intelligence

5.3.2 How will we get there?

This change is fundamental to how we do our work, how we deliver across the council and wider system partners including ICS, so we need time and space to recreate our approach. This will not change what we do, but how we do it. We believe that we are doing the right things, but that more traction could be obtained if the public health team worked more closely on our key priorities.

We need to have time as a senior leadership team, a wider development team and a whole Public Health Team to work more effectively. This includes looking at how we can use the direction set by the Health and Wellbeing team to galvanise action.

5.3.3 Next steps?

Arrange an away day to explore in more depth how we achieve the changes we need to deliver.

5.4 Delivering our Priorities

We need to use the enablers which are at our disposal to ensure that we achieve our goals, these are clearly set out in our full business plan but include

- Using evidence and shared data to drive improvement
- Innovative and cost effective public health interventions which are designed with communities which the intervention is for
- Exploring further the use of technology to support effective interventions
- A well trained and knowledgeable workforce across the spectrum of disciplines, both our own staff and our stakeholders so we are working together with a common language
- Well thought out research and evaluation of programmes which ensure our service delivery is robust.
- Using the councils policies and governance systems to ensure we are contributing to the broader work of the council
- High levels of communication and trust across the system

We will measure impact to ensure we are able to see the changes that we have made, where things are working, we will amplify, where things can be improved we will work with the community and others to make things more effective, and where things are not working, we will change direction to get the results we need.

We will use existing governance processes to assure our work, and we will use the Public Health Grant to support our work programme, delivering against our targets.

6.0 Stakeholders

The Public health team works closely with the HDRC, who provide an evidence based function for the council, supporting the integration of research into council practice, the Public Health insights team who provide us with intelligence around need and the migration team who are co-responsible for some of our most vulnerable residents. For this reason, our priorities are joined and therefore our action plan is a joint action plan.

Our stakeholders can be divided into specific categories,

- Internal stakeholder such as other council directorates
- External NHS stakeholders such as ICB, NHS provider organisations
- External non-NHS stakeholders such as Police, community Safety etc.
- Coventry based non statutory organisations and third sector organisations.
- Our service users and the populations within Coventry.
- Other LA's and WMCA
- ADPH, OHID, UKHSA and other regional national bodies

To engage effectively with stakeholders, we will:

STAKEHOLDER ENGAGEMENT

Tips for Successful Stakeholder Engagement



Figure 10 - Our Engagement Strategy

1. Begin conversations early to build trust between our team and other stakeholders.
2. Set a schedule for communicating with stakeholders particularly when things are changing.
3. Be honest and consistent with our messaging, using the same words so that we do not cause confusion.
4. Communicate often so that people know who we are and can come to us with issues early.
5. Listen actively and seek compromises where necessary.

The Public Health team will develop new ways of working to ensure we are able to deliver on the ambitions outlined in this strategy. The team will work in a matrix way but there will be clear leads for each area so internal directorates and wider system partners will know who to ask if they want advice and/or support. We have identified a programme of development for the team in order they can fulfil their new responsibilities. The key new approaches to our work include having:

- A defined senior management team who provides an expert consultancy function, supported by the wider delivery team
- DPH link to NHS England regional teams and to OHID regional and national team
- Named representatives aligned to each internal Coventry City Council directorates to improve internal collaboration
- Clear thematic leadership responsibility for the public health areas.

7.0 Next Steps

This plan will is currently being shared and consulted on with stakeholders, partners and population groups across Coventry. It will be formally approved, once complete in March 2025 prior to full implementation.

This doesn't mean that we will do nothing until that time. Between October 2024 and March 2025, we will hold further consultation with our external partners, we will develop detailed plans for our specific priorities, and we will ensure our baseline data so that we can effectively monitor progress.

We hope this plan excites you as much as it does us, please comment to PublicHealth@coventry.gov.uk

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

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