

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am
on Wednesday, 15 October 2025

Present:

Members:

Councillor K Caan (Chair)

A Cartwright, Chief Integration Officer, ICB
A Duggal, Director of Public Health and Wellbeing
P Fahy, Director of Adults & Housing
A Hardy, UHCW
J Hodge, Warwick University
D Howat, Coventry University
L-A Howat, Healthwatch Coventry
S Linnell, Healthwatch Coventry
Councillor B Mosterman
M Mumvuri, C&WPT
N Murray, West Midlands Police
J Richards, UHCW
Councillor P Seaman

Employees (by Directorate):

Law and Governance C Taylor

Public Health V Castree, V de Souza, L Makurah, C Aldridge, I Boldis

Others present: Z Hutchinson, CW Mind

Apologies: Councillors L Bigham and G Duggins, P Joyce, S Sen, S Trickett, C Waring

Public Business

13. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed everyone to the meeting, in particular, Professor Gavin Perkins, Dean of Medicine at Warwick University, who had taken over from Professor Caroline Meyer, Leigh-Anne Howart, the new lead for Healthwatch Coventry and VCSE partner Zoe Hutchinson from CW Mind. It was noted H Newton from Ampara (VCSE partner) was unable to attend.

The Chair extended thanks to Danielle Oum and Phil Johns for their contributions to the Health and Wellbeing Board as ICB representatives, both having moved to new roles, and also to Professor Caroline Meyer, in her new role as Provost at Warwick University.

14. Declarations of Interest

There were no declarations of interest.

15. **Minutes of Previous Meeting**

Minutes of the meeting held on 2 July 2025 were agreed and signed as a true record.

16. **Matters Arising**

Further to Minute 5/25 - headed Director for Public Health Update, the Board noted that the C Card had been discussed at Corporate Parenting Board however, there were further questions and an update was requested by the Cabinet Member for Children and Young People.

17. **Chair's Update**

The Chair, Councillor Caan, updated the Board on the following matters:

- The Pharmaceutical Needs Assessment (PNA) was circulated to Health and Wellbeing Board Members over the summer and no comments were received. It had been signed off on behalf of the Board and published as required by 1 October 2025.
- Neighbourhood Health. Coventry was one of 43 local areas successful in obtaining funding for Neighbourhood Health, which would draw together a range of professions to develop a neighbourhood health team. This would enable residents to obtain easier access to the right care and support on their doorstep. Patients would receive end-to-end care and tailored support, looking beyond the condition at the wider causes of health issues.
- The Big Issue. The Institute of Health Equity had been invited to do a 'guest edit' of The Big Issue with a focus on Coventry, as one of the longest running Marmot cities, and this was published on 2 October 2025.
- Marmot Video. The Health Equity Network had requested a short video clip on what it meant for Coventry to be a Marmot place. This video was played at the Health Equity Network national conference.
- Coventry HDRC had developed a new research governance framework in collaboration with UHCW. This aimed to ensure all research projects conducted by, or with the Council, met ethical and legal standards, whilst supporting research active staff, protecting participants' safety and well-being, and ensuring research findings were reliable and applicable to the Council's work.
- An integral part of the framework was the Research Ethics Panel, which comprised Council colleagues, Coventry residents and research governance specialists from Coventry University, University of Warwick and UHCW. The panel recently received research ethics and integrity training in September and would begin reviewing submitted research projects by October 2025.

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

18. Director of Public Health & Wellbeing Update

The Board received a verbal update of the Director of Public Health and Wellbeing highlighting the following:

- A very successful HDRC meeting took place this week regarding working with communities.
- A successful meeting had taken place with the Prevention network looking at how prevention can be weaved into the neighbourhood health work.
- Over the past few weeks, planning had taken place for possible pandemic scenarios involving partners.
- An evaluation meeting was taking place this week looking at health access for refugees and asylum seekers. This was an ongoing programme to ensure people in the asylum system and refugees receive good access to health and health services.

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

19. ICB Update on the Model Blueprint and Clustering Arrangements

The Board received a verbal update of the Chief Integration Officer of the Integrated Care Board (ICB), advising the Board of the Coventry & Warwickshire ICB which had recently clustered with Hereford & Worcestershire ICB and she made the following points:

- There would be joint executive teams across the cluster and that process had already started.
- Engagement in Coventry would continue as it had previously, with engagement in the Health & Wellbeing Board, NHS plans and neighbourhood plans too.
- The future direction of the ICB was being signalled around the combined authority. It was understood that the cluster would be in place for 3-5 years and the ICB would actively engage with the Combined Authority and push for a good deal for Coventry residents.
- There would be a Board in Common for ICBs with representatives from local authorities and partner members on the Board and would begin in January 2026.

RESOLVED that the Health and Wellbeing Board note the update from the ICB.

20. The Mental Health Concordat - Report

The Board received a report and presentation of the Consultant in Public Health, J Fowles, regarding Coventry and Warwickshire Prevention Concordat for Better Mental Health.

Coventry and Warwickshire Prevention Concordat for Better Mental Health was a national approach to bring organisations together to promote mental health and wellbeing and prevent mental illness.

Taking a prevention-focused approach to improving the public's mental health had been shown to make a valuable contribution to achieving a fairer and more equitable society.

The concordat promoted evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach was enhanced by the inclusion of action which impacted on the wider determinants of mental health and wellbeing.

It represented a public mental health informed approach to prevention, promoting relevant NICE guidance and existing evidence-based interventions and delivery approaches.

In November 2023, Coventry and Warwickshire Integrated Care System (ICS), signed up to this approach locally, meaning a wide range of organisations had come together to:

- Support good mental health and wellbeing for everyone.
- Help prevent mental health problems before they happen.
- Improve the lives of people living with or recovering from mental health issues.
- Tackle inequalities in mental health across different communities.

The Prevention Concordat shone a light on mental health inequalities and supported us as a health and care system to identify areas in which action could be taken to reduce the risk factors and strengthen the protective factors.

The concordat was not reflective of all work related to Mental Health and Wellbeing across Coventry and Warwickshire but highlighted key areas of work that were positively impacting specific areas of focus.

The Prevention Concordat for Better Mental Health provided basic principles in 5 key areas to embed good mental health into organisations:

- Effective use of data and intelligence
- Partnership and alignment
- Translate need into deliverable commitments and tackle inequalities
- Defining success outcomes
- Leadership and accountability

A steering group, which met quarterly to discuss progress and the director of the Concordat's key areas of focus were:

- Embedding mental health and wellbeing into policies and processes.
- Children and Young People's mental health and wellbeing.
- Reducing mental health inequalities.

- Physical activity and mental health.

The key areas for development in 2025 included working with housing associations to contribute to conditions for better mental health and wellbeing, and developing mental health and wellbeing support for young, black men. The Young Black Men's project would be showcased at the Health and Wellbeing Board by a colleague from Mind. Work was also ongoing with lifestyles interventions for people with mental health conditions, such as better referral pathways to offer more support with reducing or stopping smoking.

The Board also received a presentation and verbal update from the Head of Operation, Z Hutchinson, Mind regarding the Young Black Men's Project.

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

- The workforce supporting the Young Black Men's Project were representative to ensure authenticity and trust.
- Officers engaged with young black men via community venues and via school referrals.
- Sometimes when support workers met the young black men, they were met with resistance. This has been overcome by having face to face conversations with no commitment. The support workers were very skilled at linking culturally. It was rare that the young men would not engage however, if they were not ready, they were signposted to the right support.
- Services such as the peer mental support service, key worker support service and community autism support service were available in Coventry. Mind ensured their focus was through these services, communication, planning and collaboration, working through the challenges using data.

The Board requested:

- Pathways to employment to be included in the slides.
- Collaboration through the HDRC on motivational interview training.

RESOLVED that the Health and Wellbeing Board:

- 1) Note the content of the Coventry and Warwickshire Prevention Concordat for Better Mental Health.
- 2) Support the key areas of development for 2025 as outlined in the report.

21. Suicide Prevention - Annual Report

The Board received a report and presentation of the Consultant in Public Health, J Fowles, regarding the Suicide Prevention Annual Report 2024.

The report advised that Coventry and Warwickshire Suicide Prevention Strategy 2023-2030 highlighted the importance of having a local Real Time Surveillance System (RTSS).

RTSS for suicides referred to a system designed to capture data on suspected suicides in near real-time, enabling quicker intervention, support for bereaved individuals, and detection of potential clusters.

A specialist Real Time Surveillance Coordinator collected, analysed and disseminates the data gathered from Coventry and Warwickshire Coroner officers, where appropriate. This included to the C&W Suicide Prevention Steering Group, C&W Suicide Prevention Network and through thematic Learning Panels.

The Annual Report is for partners to use to help to shape suicide prevention activity across Coventry and Warwickshire, align priorities and work together to reduce duplication and strengthen partnerships. The report was based on anonymised data drawn from the Coventry RTSS system, submitted for inquest to the Coventry and Warwickshire Coroner Officers.

The Coventry and Warwickshire RTSS system was highly regarded due to the positive collaboration with partners and the positive relationship with the Coroners offices enabled the Real Time Surveillance Officer to analyse up to date data, meaning potentially the reduction in risk to residents.

Across Coventry and Warwickshire during 2024, there were 92 suspected suicides, a 10% decrease compared to 106 in 2023.

It was noted that Amparo, who delivered a suicide bereavement service across Coventry and Warwickshire, were unable to join the meeting however, access to Amparo was free and they offered emotional support and practical support to navigate the coroner system. Amparo also offered training for professionals regarding how to refer into the system and to Councillors around engagement. Quarterly monitoring meetings took place between Public Health officers and Amparo.

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

- New learnings and information organisations should take note of relating to identifying triggers would be included in the full published Annual Report which would contain recommendations on suicide prevention.
- Work was ongoing at a national level using RTSS to see if trends or patterns could be identified which may be applied locally.
- Exploration work for people who have co-occurring substance misuse and mental health issues was taking place with the Substance Misuse Service to see what might be done differently.
- Coventry had been working with RTSS for a while but nationally, it was still in its infancy.
- Suicide awareness training, ensuring employers, friends and family were aware of signs and triggers of suicide was of paramount importance.
- Awareness of the rise of suicide in women was vital in order for the right support to be provided.
- Cultural stigmas prevented some people from accessing mental health services.
- Loneliness within particular communities ie. LGBTQ+ was a factor which required further consideration.

The Board requested:

- Case studies from Amparo to be shared with the Board.
- Creation and circulation of suicide awareness information for partner organisations.
- Circulate Annual Report to the Board once signed off which includes learnings and recommendations.

The Chair, Councillor K Caan, welcomed the work of Amparo and thanked officers for the presentation.

RESOLVED that the Health and Wellbeing Board:

- 1) Note the key highlights of the Coventry and Warwickshire Suicide prevention Annual Report 2024.**
- 2) Note that organisations review the offer of support available to their workforces about suicide prevention.**
- 3) Note that organisations engage with the key areas of activity for 2025 with a focus on partnerships and communications.**
- 4) Promotion of the Suicide Prevention Strategy through partnership organisations.**
- 5) Partners to work in collaboration to reduce and understand attempted suicides.**

22. Sports and Physical Activity Strategy

The Board received a verbal report and presentation of the Head of Sport, Physical Activity and Wellbeing, J Hunt regarding the Sports and Physical Activity Strategy.

The Director of Care, Health and Housing, gave an introduction to the Strategy, highlighting the following:

- This was the next phase of sports development in Coventry bridging the gap into community-based movement which would be available to all residents.
- Feedback from residents regarding barriers to movement was important to develop the strategy.
- Progress of the strategy, including challenges, would be brought to the Board for oversight in the future.

The Head of Sport, Physical Activity and Wellbeing, circulated a leaflet 'Let's Talk Movement' which was a survey for residents to help officers to develop the strategy. The survey was open for feedback until 2nd November 2025 and partners were encouraged to take part in and share the survey.

Representatives of UHCW, an anchor organisation within the city and with footfall of over 1m patients per year, welcomed the survey; it being an opportunity to connect with people in a more direct way.

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

- Opportunities existed and should be maximised with neighbourhood health teams across the city.
- Strategy success would be measured by increased community movement and improvements in health.
- Issue of unmaintained footpaths and cycleways to be raised with the Highways Department

The Board requested:

- Partners to share the Let's Talk Movement survey widely.
- All network links for walking, wheeling, cycling to be looked at regarding use of overgrown footpaths and cycleways.
- Partners to sign up to the Strategy at a future Health and Wellbeing Board.

The Chair, Councillor K Caan, thanked officers for their work on the Sports and Physical Activity Strategy, emphasising the vision of health and intervention and movement as a prevention to health issues.

RESOLVED that the Health and Wellbeing Board:

1) Note the Sports and Physical Activity Strategy.

23. Coventry's application for HIV Fast Track Cities status under the Joint United Nations programme on HIV/AIDS (UNAIDS)

The Board received a report and presentation of the Consultant in Public Health, L Makurah and HIV Consultant, Dr H Church regarding Coventry's application for HIV Fast Track Cities status under the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The report provided information on the following:

- The background to the HIV disease.
- Diagnosis rates in Coventry
- Data regarding Coventry residents diagnosed abroad and newly accessing HIV treatment.
- HIV clear testing guidelines outlining who should receive a test and under what circumstances for primary care, secondary care and services more likely to engage with those with HIV infection.
- A HIV rapid Needs Assessment (2025) which demonstrated some areas of good HIV testing practice, missed opportunities to test, or a situation unknown.
- Details of the England HIV Action Plan 2022-2025, which aimed to achieve an end to HIV transmission, AIDS and HIV-related deaths by 2030,

including an 80% HIV transmission reduction by 2025 focusing on prevent, test, treat and retain. The data demonstrated that Coventry would not meet this target and a new action plan was expected to be issued later this year.

- The Joint United Nations Programme on HIV/AIDS (UNAIDS) HIV Fast-Track Cities being an international initiative, bringing together stakeholders, including political leaders, affected communities, health and social care officials and service providers, to co-produce city-wide responses to end HIV as a public health threat by 2030.
- Signing up to be an HIV Fast Track City, sending a message that Coventry was committed to reaching beyond the national ambition by working towards meeting the following targets:
 - 95% of people living with HIV infection diagnosed
 - 95% of people diagnosed with HIV receiving treatment
 - 95% of people receiving HIV treatment being virally suppressed to a level that the virus is untransmittable.
 - Zero stigma and discrimination related to HIV status.
 - Led by the Coventry City Council Public Health, a range of partners had explored local support for Coventry to become a UNAIDS HIV Fast Track City.

Prospective costs of not progressing to HIV Fast Track Cities status

Coventry had the opportunity to become the 10th UK City to achieve HIV Fast Track status and has UNAIDS team encouragement to take this step. The added value of progressing to HIV Fast Track City status could be shown by considering the costs (health, social, legal) of continuing with the status quo.

Two recent case studies in Coventry living with HIV further illustrated the impact on individuals, the community and wider society.

A Hardy, UHCW paid tribute to the developments in medicine since the 1990's, expressing concerns that Coventry was behind the curve.

The Chair, Councillor K Caan, welcomed the application, giving the full commitment of the Board to Coventry becoming a UNAIDS HIV Fast Track city.

RESOLVED that the Health and Wellbeing Board:

- 1) **Support progress towards Coventry becoming a UNAIDS HIV Fast Track city to enable services and community leaders to co-produce new ways of working which enable residents to meet the following aims:**
 - a. Access HIV testing which meets national guidance
 - b. Access HIV prevention treatments
 - c. Seek HIV treatment as soon as possible, including for those who are new to the city
 - d. Maintain treatment to reduce the spread of infection in the city
 - e. Normalise HIV conversations to reduce stigma and discrimination

- 2) Nominate a relevant member of staff from each organisation, of sufficient seniority, to attend a HIV development day which seeks to identify new, more efficient and effective ways of working and to thereafter progress these new ways of working.
- 3) Sign a Coventry HIV Fast Track City Pledge document on behalf of their agency.

24. **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.

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

There were no other items of public business.

(Meeting closed at 11.35 am)