
Coventry Health and Well-being Board

Time and Date

10.00 am on Wednesday, 15th October, 2025

Place

Job Shop, West Orchard Way, Coventry, CV1 1QX

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 3 - 14)
 - (a) To agree the minutes of the meeting held on 2nd July 2025
 - (b) Matters Arising
4. **Chair's Update**

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

Verbal report of the Director of Public Health & Wellbeing
6. **ICB Update on the Model Blueprint and Clustering Arrangements**

Verbal report of the Chief Integration Officer, Coventry and Warwickshire, ICB.
7. **The Mental Health Concordat - Report** (Pages 15 - 28)

Report of Consultant in Public Health, J Fowles.
8. **Suicide Prevention - Annual Report** (Pages 29 - 32)

Report of Consultant in Public Health, J Fowles.
9. **Sports and Physical Activity Strategy**

Presentation of the Head of Sport, Physical Activity and Wellbeing, J Hunt.

10. **Coventry's application for HIV Fast Track Cities status under the Joint United Nations programme on HIV/AIDS (UNAIDS)** (Pages 33 - 36)

Report of Public Health Consultant, L Makurah and HIV Consultant, Dr Hannah Church.

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

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

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

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

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

Tuesday, 7 October 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), A Duggal, Councillor G Duggins, P Fahy, A Hardy, D Howat, P Joyce, S Linnell, Councillor B Mosterman, G Perkins, 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, 2 July 2025

Present:

Members: Councillor K Caan (Chair)

Councillor L Bigham
A Duggal, Director of Public Health and Wellbeing
Councillor G Duggins
P Fahy, Director of Adults & Housing
P Gibson (substitute for M Stanton, West Midlands Fire Service)
Councillor G Hayre
P Johns, CE, ICB
P Joyce, Commander of Policing, Coventry
J Richards (substitute for A Hardy, UHCW)
Councillor P Seaman
S Sen, Director of Children and Education

Employees (by Directorate):

Law and Governance C Taylor

Public Health V Castree, K Thomas

Others present: B Taylor, Settlement Support CIC
N Ndlovu, Coventry Asylum and Refugee Action Group (CARAG)
P Stevenson, Coventry and Warwickshire ICB

Apologies: Councillor B Mosterman, A Hardy, D Howat, C Meyer

Public Business

1. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed everyone to the meeting, in particular, representatives of the voluntary and community sector, B Taylor from Settlement Support CIC and N Ndlovu from Coventry Asylum and Refugee Action Group (CARAG).

2. Declarations of Interest

There were no declarations of interest.

3. To agree the minutes of the meeting held on 24th March 2023

Minutes of the meeting held on 24th March 2025 were agreed and signed as a true record.

There were no matters arising.

4. **Chair's Update**

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

- The Pharmaceutical Needs Assessment was closing today; feedback from which would be analysed and the report circulated to the Health and Wellbeing Board.
- The new 'building blocks of health' online training course developed by HDRC with other teams.
- The forthcoming Godiva Festival and the August Sports Fest in Broadgate: both fantastic opportunities to engage with people in Coventry and encourage them to get active.
- The Coventry Mile in Memorial Park, which 1,000 children had taken part in last week.

The Board requested the online link to the HDRC Building Blocks of Health training course.

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

5. **Director for Public Health Update**

The Board received a verbal update of the Director of Public Health and Wellbeing who advised that Public Health had been working with the Children's team on the Families First Programme, to bring in a new model of working meaning everyone would have a named person to link with. Migrant week had taken place successfully and the Healthwatch and the Substance Misuse contracts had now gone live, both of which would contribute to improving health and wellbeing in Coventry.

Significant change had been seen within the system since the previous Board Meeting and the officers would be looking at partnership working in the forthcoming NHS 10 Year Plan.

The Annual Public Health report for Coventry had won a prize with the Association of Directors for Public Health, which focused on the contribution of migration to Coventry's communities, the health and wellbeing of the city and the vulnerabilities within the migrant communities.

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

- There had been some recent IT issues which meant that accessing the new sexual health service for young people had been difficult however, officers were working in partnership to resolve this.

The Board requested:

1. The Annual Public Health Report for Coventry be circulated with the minutes of this meeting.
2. A response regarding the C-Card contract be provided to the Corporate Parenting Board.

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

6. ICB Update on the Model Blueprint and Clustering Arrangements

The Board received a verbal update of the Chief Executive of the Integrated Care Board (ICB) who explained the following:

- There had been a number of changes announced within recent months including the abolishment of NHS England with a move across to the Department of Health and Social Care, and the requirement for the ICB to reduce costs by 50% which had led to a piece of work to explore options which were:
 - The preferred clustering option would be within the West Midlands Combined Authority, although the ICB would be guided by the independent advisors, Price Waterhouse Coopers.
 - Clustering with Hereford and Worcestershire had scored the highest and despite Coventry's concerns, this had now been signed off by the Secretary of State.
- Information regarding timescales was not forthcoming however, the go ahead had been given to commence works in the next few months.

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

- The ICB had been asked to produce a medium-term financial plan within the next 3 months, which would embed place-based working. Concerns had been raised regarding different funding arrangements
- If possible, a report would be brought back to the Board regarding transitional arrangements. Resources and protection around funding were key.
- The ICB was clear that more progress was required around the children's agenda and ICB officers were clear that SEND and safeguarding commitments would be maintained.
- Cuts of 50% were to the administrative function of the ICB only. More information regarding how the ICB retained focus at a local level would become apparent as transitional arrangements were worked through with staff.

The Board also received and noted a letter, which was circulated at the meeting, to the Secretary of State from the Leader of the Council and the Mayor of the West Midlands regarding concerns relating to the proposed clustering of Integrated Care Boards.

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

7. Vaccination Rates and work to increase uptake in Coventry

The Board received a Briefing Note and presentation of the Head of Immunisations, Coventry and Warwickshire Integrated Care Board regarding vaccination rates and project work to increase uptake in Coventry.

Immunisations protected people and communities from serious infectious diseases, enabling people to live healthier lives. Improving uptake of vaccinations could help to reduce hospital admissions and demand on the NHS.

Responsibility for immunisation was fragmented with both NHS England (NHSE) and Coventry and Warwickshire Integrated Care Board (ICB), holding lead roles on NHS immunisation delivery.

The NHSE West Midlands Screening and Immunisations team provided system leadership, support and oversight of ICB commissioning and delivery of NHS vaccinations. The ICB commissioned services including managing the introduction of new programmes, monitoring providers against national performance indicators, quality improvement and reduction in inequalities. This included leading on the management of clinical queries and incidents.

The main providers of immunisations in Coventry were GP practices (including practice nurses). Pharmacies, Maternity and School Age Immunisation Services (SAIS). Coventry City Council public health team had an assurance function and influencing role in local commissioning and ensured that the plans, approach, communication and delivery mechanism were community focused to maximise uptake across the diverse populations within the city.

For Coventry and Warwickshire, assurance was provided through the Health Protection Committee.

The ICB held a regular immunisation board with local system partners to monitor uptake rates, review service delivery plans and ensure the programme was meeting the needs of the communities. Monitoring of vaccine coverage was essential to identify possible drops in immunity and take action before levels of disease increased.

Immunisation was a key priority set out in the recently published Coventry and Warwickshire Health Protection Strategy 2025-2030. The ambition was to improve coverage across the life course. The ICB also had a local immunisation Strategy, setting out the future direction of work including key priorities, performance indicators and targeted actions.

Data showed that vaccine uptake in Coventry across all age groups could be improved. Coventry consistently underperformed compared with the national averages for vaccination uptake, particularly for boosters and second doses. Rates reflected a broader UK-wide decline in vaccine coverage.

Inequalities in immunisation uptake still persisted. In Coventry, low vaccination rates were linked to areas of higher deprivation. GP practices with larger list sizes and practices located in areas with higher proportions of ethnic minority groups.

The most up to date published immunisation uptake data in Coventry had been circulated in the Appendix attached to the report. The level of uptake needed for herd immunity depended on the vaccine – primarily due to differences in effectiveness and the disease's transmissibility.

Childhood vaccine uptake fell below the recommended level of 95%

Pneumococcal (PPV) and respiratory syncytial virus (RSV) vaccines protected against infections that were both leading causes for hospital admission. Vaccine uptake for PPV in adults had improved and met or exceeded England averages in all age groups. A mixed picture was seen for the shingles vaccine with rates in those over 75 being higher than the England average but falling below in those aged 65-70 years.

Vaccination coverage for Flu for over 65s, at risk individuals and for children had been declining since 2021-22. Data had shown a low uptake in frontline health and care workers. This rate had been decreasing since the pandemic and was at concerning levels.

The rate of uptake in vaccines administered in pregnancy (flu, pertussis and RSV) was lower in UHCW than in other maternity services in the ICB. For flu, the uptake among pregnant women in 2024-25 was 29% at UHCW compared to 61% and 53% at the South Warwickshire Foundation Trust (SWFT) and George Eliot Hospital (GEH) respectively. The rate in Coventry was slightly lower than the UK average. All three trusts saw significant increases in maternal pertussis vaccination rates compared to the previous year in 2024-25 with UHCW at 41% compared to 72% (SWFT) and 60% (GEH). A similar trend was seen for RSV vaccination, with uptake ranging from 25% at UHCW to 56% at both SWFT and GEH. Contributing factors to the lower rates at UHCW included its larger patient population, local demographic challenges, problems with the vaccination booking and tracking system and difficulties in recruiting dedicated vaccinators.

In response to the vaccination rates in Coventry, the ICB and Public Health team worked collaboratively with partners to deliver co-ordinated, community-focused interventions/approaches, designed to raise immunisation levels across the city. These initiatives were based on the evidence of what works to improve uptake of vaccinations and take into account the needs of Coventry's communities:

- Engaging schools to embed opportunities that promoted vaccinations
- Tailoring vaccination sessions in Coventry Family Hubs to respond to specific needs
- Co-ordinating Winter Plans to optimise uptake of seasonal vaccines
- Engaging grass roots organisations to increase local understanding of the importance of vaccination
- Collaborating with Warwickshire to increase vaccination in pregnancy
- Training professionals and community influencers to promote immunisations

Representatives from Settlement Support CIC and Coventry Asylum and Refugee Action Group (CARAG) relayed their communities' concerns regarding the barriers to accessing health services and in particular, immunisations. The barriers included language, cultural taboos and religious beliefs and the ways in which the communities were overcoming these barriers which included the use of translation services, bespoke videos/social media advising why immunisations were important and flyers placed in African markets in the city. A forthcoming sport for social integration event on 26 July was an opportunity to reach out to the community.

The representatives also advised the Board that the asylum seekers and migrants with no recourse to public funds had a distrust of the health service and were reluctant to access services, resulting in some members of the communities not availing of TB and HIV medicines.

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

- Grant funding was only available as and when it was received.
- Migrants with no recourse to public funding were still able to receive medication.
- Funding continuity instead of one-off funding, would increase migrant communities use of health services.
- Due to cultural and religious norms, some members of the migrant community held cultural beliefs meaning they only used alternative medicine, much of which was not available in Coventry.
- Awareness campaigns which advised scientists helped patients with remedies would help members of the migrant community access health services.
- Many organisations within the city accessed the Coventry Health Protection grant including a day centre for older adults. Transportation was provided from home to the centre for vaccinations.
- Officers worked closely with the digital inclusion team on inclusive projects however, work to be still to be done to reach the physically and digitally isolated member of the community.
- A monthly immunisation board meeting took place where immunisation was a standing agenda item on the Health Protection Committee. An offer to GP practices to contact Public Health to engage communities with vaccination uptake had been made.

The Board requested:

1. Officers contact the Settlement Support CIC regarding provision of support for the sports for social integration day.
2. The Chair and Director for Public Health and Wellbeing investigate future ways in which to support to the Coventry Asylum and Refugee Action Group (CARAG).
3. A further report be brought back to The Health & Wellbeing Board to include data from statistical neighbours and immunisation success rates.

4. Officers explore support and guidance regarding vaccinations to the physically and digitally isolated communities.
5. Officers explore pathways for improved medication uptake in the migrant community including partnership work through the Care Collaborative.

RESOLVED that the Health and Wellbeing Board:

- 1) Identify opportunities to support improved uptake across the partnership.**
- 2) Endorse and actively promote key immunisation messages, while challenging and countering anti-vaccination narratives.**
- 3) Support collaborative efforts with local partners to improve vaccination uptake, particularly through targeted engagement with communities that have historically lower access or uptake.**

8. Health and Wellbeing Board Development Day

The Board received a verbal report of the Director of Public Health and Wellbeing regarding the forthcoming Health and Wellbeing Board Development Day scheduled for the morning of 25 September 2025.

The Chair encouraged all Members to prioritise attendance.

RESOLVED that the Health and Wellbeing Board note the update from the Director of Public Health and Wellbeing regarding the Health and Wellbeing Development Day on 25 September 2025.

9. Better Care Fund (BCF) - Planning 2025/26

The Board received a report of the Director of Adult Care, Health and Housing regarding the Better Care Fund – 2023/25 review and 2025/26 planning approval.

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

It was based on the concept of a pooled budget between Integrated Care Boards and Local Authorities with one party agreeing to 'host' the pool which was managed by a s75 legal agreement. The Coventry BCF pool was hosted by Coventry City Council and overseen by the Coventry Care Collaborative.

The pooled fund associated with the 2023/25 plan totalled approximately £148m, which delivered against 104 separate lines of expenditure across Health and Social Care. Areas of expenditure included social care, learning disability support, dementia, carers, disabled facilities grant and support to enable effective hospital discharge.

The agreed priorities to support the 2 BCF objectives to 1) enable people to stay well, safe, and independent at home for longer and 2) provide the right care in the right place at the right time, were as below along with a summary of progress over the plan period:

Priority One: further implementation and take up of the Integrated Care Record in Social Care – will improve information sharing and access to records held in health and social care and ultimately enhance patient/resident experience.

Priority Two: improvement on Disabled Facilities Grant (DFG) processing and activity to improve ability to support people at home through adaptations, including those to temporary accommodation.

Priority Three: further development and implementation of the 'Improving Lives for Older People' programme focussed on a whole pathway improvement from admission avoidance through to discharge. A core objective of this programme was to provide health care and support to people at home and prevent issues of 'flow' through reducing the need for people to transfer to hospital in the first place through greater integrated working and approaches.

Delivery against the metrics at the end of 2024/25 was as follows:

- Rate of avoidable admissions per 100k population – target met
- Emergency hospital admissions due to falls in people aged 65 and over per 100k population – target met
- Percentage of people, resident in the HWBB area, who were discharged from acute hospital to their normal place of residence – target met
- Long term support needs of older people (aged 65 and over) met by permanent admission to residential and nursing care homes, per 100k population (65+) – target met

Summary of the 2025/26 BCF Plan

The Better Care Fund Plan for 2025/16 required submission to NHSE by 28th March 2025. As there was not an available Health and Wellbeing Board meeting to correspond with this timescale, this update on the 2025/26 plan is retrospective. Once submitted, the BCF plan goes through a regional assurance process before confirmation of approval is received. As at 18 June 2025, no communication had been received from the regional BCF team to confirm approval or otherwise. As it was a 12 month plan for which 3 months had now elapsed, it was assumed that the plan had been approved.

The key points in relation to changes to the BCF for 2025/26 were:

- The minimum NHS contribution for Coventry was £554,636 (1.53%) which all had to go to minimum contribution to ASC. This was slightly less than the 1.7% which was partly driven by NHSE setting an ICB discharge fund amount per ICB and the impact of the locally applied Cov & Warks split.
- The additional £554K was mostly consumed by inflation on services funded via BCF.

- The Discharge Fund was no longer ringfenced for discharge but would continue to be used for that purpose (as per 2024/25) until reviewed in the context of other BCF priorities.

Although BCF plans covered distinct periods of time, much of the work did not sit neatly within a 12 or 24 month cycle, so there was a large degree of continuity between plans. Progress as a set of Health and Care partners did progress and as such, the key changes since the 2024/25 plan were:

- The emerging system governance had now been established. The Care Collaborative had been established as a sub-committee of the ICB with a Care Collaborative Forum in place to support. The system responsibility for BCF plan delivery is within these forums.
- The Improving Lives programme had been delivered and was now Business as Usual with a programme of continuous improvement required in order to ensure that benefits were maximised and service models embedded.

For 2025/26, the total value of the BCF fund was £137m which was deployed to deliver 81 separate lines of activity and services.

The 2025/26 plan contained the following priority actions against the 2 overarching BCF objectives:

- Objective 1 – reform to support the shift from sickness to prevention.
- Objective 2 – reform to support people living independently and the shift from hospital to home.

The BCF plan priorities were:

- The work completed under the previous BCF plan through the Improving Lives programme had a demonstrable impact on preventing avoidable hospital admissions. This work would be built on and further embedded over this BCF plan.
- Integrating P3 and Fast Track approaches with the D2A discharge capacity in order to ensure people are supported in the most appropriate manner and to achieve more timely and effective discharge from acute and community, including end of life care.
- Reviewing our commissioning capacity to ensure this was appropriately sized and resourced to support demand. The Improving Lives programme had reduced the numbers of people requiring ongoing residential care following discharge from hospital, so ensuring the changes were embedded and the benefits maximised will form a key part of this plan.

BCF metrics formed a significant part of the quarterly reporting requirements. For 2025/26, the metrics were as follows:

- Emergency admissions to hospital for people aged 65+ per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of: Proportion of adult patients discharged from acute

hospitals on their discharge ready date (DRD). For those adult patients not discharged on DRD, average number of days from DRD to discharge.

- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

For the 2025/26 BCF plan, the Coventry Care Collaborative would be the primary place of oversight for Coventry with reports to the Coventry Health and Wellbeing Board to correspond with quarterly submissions of NHSE.

Changes to the BCF in respect of areas of spend would be kept under review as services develop and demands changed.

The Cabinet Member for Adult Services commented on the discharge fund, advising it was no longer ring-fenced for discharge, but would continue to be used for that purpose.

The Chair, Councillor K Caan, commended the Director of Care, Health and Housing, P Fahy on his focus on unpaid carers and the work they undertake across the city.

RESOLVED that the Health and Wellbeing Board:

- 1) Note the review comments regarding the 2024/25 Better Care Programme.**
- 2) Endorse the 2025/26 Better Care programme submission to NHSE.**

10. Health and Wellbeing Board Membership 2025-26

The Board received a report of the Population Health Policy Officer, V Castree regarding the Health and Wellbeing Board Membership 2025/26.

The Health and Wellbeing Board had the power to amend their discretionary membership to reflect the evolving Health and Wellbeing Partnership across the city.

To enable voluntary and community sector representation at the meetings, an appropriate organisation, based on the agenda items, would continue to be invited to each HWBB meeting. This approach enabled the Board to hear a wide range of VCSE partner voices.

The quorum was one half of the members plus one member and updating the membership would help the meetings to be quorate.

Members of the Board were able to nominate substitutes to attend the meeting, providing notice of one hour prior to the meeting start time was given.

RESOLVED that the Health and Wellbeing Board:

- 1) That the Health and Wellbeing Board agree the membership for 2025/26 outlined in Table 1 and that Voluntary and Community Sector representation continues to be through invitations to organisations with links to agenda items.**

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

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

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

There were no other items of public business.

(Meeting closed at 11.30 am)

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 15 October 2025

Title: Mental Health Concordat Report

1. Recommendations:

- 1.1. Note the contents of the Coventry and Warwickshire Prevention Concordat for Better Mental Health
- 1.2. To support the key areas of development for 2025 as outlined in report section 2.10 below.

2. Background information:

- 2.1. Coventry and Warwickshire Prevention Concordat for Better Mental Health is a [national approach](#) to bring organisations together to promote mental health and wellbeing and prevent mental illness.
- 2.2. Taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.
- 2.3. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach is enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.
- 2.4. It represents a public mental health informed approach to prevention, promoting relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as 'making every contact count'.
- 2.5. In November 2023 Coventry and Warwickshire Integrated Care System (ICS) signed up to this approach locally. This means that a wide range of organisations - including the NHS, local councils, and Voluntary, Community, Faith, and Social Enterprise groups (VCFSE) - have come together to:
 - Support good mental health and wellbeing for everyone.
 - Help prevent mental health problems before they happen.
 - Improve the lives of people who are living with or recovering from mental health issues.
 - Tackle inequalities in mental health across different communities.

- 2.6 The Prevention Concordat shines a light on mental health inequalities and supports us as a health and care system to identify areas in which we can take action to reduce the risk factors and strengthen the protective factors.
- 2.7 This report is a recap of the last year of work, and will continue to build and progress. The concordat is not reflective of all work related to Mental Health and Wellbeing across Coventry and Warwickshire, but highlights key areas of work that are positively impacting specific areas of focus.
- 2.8 The Prevention Concordat for Better Mental Health provides basic principles in five 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
- 2.9 A steering group meets quarterly to discuss progress and direction of the concordat. The key focus areas are:
- 2.9.1 Embedding mental health and wellbeing into policies and processes
- 2.9.2 Children and Young People's mental health and wellbeing
- 2.9.3 Reducing mental health inequalities
- 2.9.4 Physical activity and mental health
- 2.10 The key areas for development for 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 will be showcased at the Health and Wellbeing Board by a colleague from Mind. There is also work happening within lifestyles interventions for people with mental health conditions, such as better referral pathways to offer more support with reducing, or stopping, smoking.
- 2.11 The steering group will continue to update Coventry Health and Wellbeing Board with progress and share relevant case studies.
- 2.12 The Coventry and Warwickshire Mental Health Concordat webpage is:
<https://www.happyhealthylives.uk/our-system/our-vision/health-and-wellbeing-concordat/>
- 2.13 The annual report showcases a number of programmes that have aimed to reduce mental health inequalities and positively impact communities.

3. Financial Implications

- 3.1. None

4. Environmental Implications

- 4.1. None

Report Author(s):

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Enquiries should be directed to the above person.

Appendices: Coventry and Warwickshire Prevention Concordat for Better Mental Health

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Coventry and Warwickshire Prevention Concordat for Better Mental Health



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What is the Concordat and why we've signed up

The Prevention Concordat for Better Mental Health is a national approach that brings together different organisations to promote mental health and wellbeing and prevent mental illness. In November 2023 Coventry and Warwickshire Integrated Care System (ICS) signed up to this approach locally.

Locally this means that a wide range of organisations - including the NHS, local councils, and Voluntary, Community, Faith, and Social Enterprise groups (VCFSE) - have come together to:

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

A Concordat Group has been established to co-ordinate and drive the work. The group includes members from the NHS, local authorities and VCFSE organisations across Coventry and Warwickshire. We also work with many other partner organisations and people with lived experience.

To find out more please visit the Coventry and Warwickshire Prevention Concordat webpage:

[Prevention Concordat for Better Mental Health – Happy Healthy Lives](#)

Good mental health makes life easier.

It can help us to cope with daily life, manage stress, keep learning as well as make, and keep, good relationships with others.

Each year in England: **1 in 4 people** will experience a mental health problem of some kind.

Mental ill health costs the NHS around **£150 billion**.

The estimated economic and social cost of mental ill health is **£300 billion**.



What good looks like:

A five domain framework for local action

The Prevention Concordat for Better Mental Health provides basic principles in five key areas to embed good mental health into organisations.

We have included some examples from 2024-2025 of good practice in Coventry and Warwickshire under each of these five key areas:

1. Effective use of data and intelligence - recent Joint Strategic Needs Assessments (JSNAs)

- [Mental Health and Wellbeing of 0–25-year-olds \(Warwickshire, 2023\).](#)
- [Coventry Citywide profile \(2023\).](#)
- [Healthy Ageing JSNA \(Warwickshire, 2024\).](#)
- [Special Educational Needs and Disabilities JSNA \(Coventry, 2024\).](#)
- [Adults with a Learning Disability JSNA \(Warwickshire, 2025\).](#)
- Working to create an Adults JSNA dashboard, which will include mental health and wellbeing data – due for completion 2025.

2. Partnership and alignment

- [Alignment with West Midlands Mental Health Commission recommendations](#)
- Coventry and Warwickshire Prevention Concordat for Better Mental Health Delivery Group takes a collaborative approach, led by Coventry and Warwickshire Public Health teams and Coventry, Warwickshire and Worcestershire Mind.
- Alignment with new systemwide [Prevention Framework.](#)
- System wide communications plan, branding and webpages have been developed. Launch of [Mental Health and wellbeing and Concordat for Better Mental Health webpages](#) on Coventry and Warwickshire ICS webpages during Mental Health Awareness Week 2025.



3. Translate need into deliverable commitments and tackle inequalities

- [Mental health inequalities work programmes](#) established and delivering projects across Coventry and Warwickshire (see Spotlight article).
- Community connectors programme to support people with severe mental illness with healthy lifestyles (especially smoking cessation) launched.
- Mental health and wellbeing are now incorporated into [Health in All Policies \(HiAP\) in Warwickshire](#) and Equity in All Policies in Coventry.
- Systemwide commitment to i-THRIVE approach through recommissioning of Child and Adolescent Mental Health Service (CAMHS).
- Young Black Men's Mental Health Project being delivered by Coventry, Warwickshire, and Worcestershire Mind (see Spotlight article).
- [Coventry and Warwickshire Partnership Trust – Patient and Carer Race Equality Framework \(PCREF\) ethnicity data improvement project.](#)

4. Defining success outcomes

- Mental Health Inequalities Programmes have Key Performance Indicators (KPI).
- Concordat Delivery Group are developing measures of success to demonstrate outcomes of projects, activities and programmes.

5. Leadership and accountability

- The Concordat Delivery Group is led by Coventry and Warwickshire Public Health teams and Coventry, Warwickshire and Worcestershire Mind.
- The Concordat Delivery group is accountable to [Coventry and Warwickshire Mental Health Provider Collaborative](#), and provides monthly reports on progress.



Spotlight on: Mental Health Inequalities Programmes

Background

- Mental health inequalities lead to poorer physical health and reduced life expectancy compared to the general population. Mental health inequalities are increasing.
- People more at risk of mental health inequalities include those living in deprived areas, individuals experiencing poverty and those who are unemployed. Certain demographic groups, like racialised communities, LGBTQ+ individuals, and people with disabilities experience greater inequalities.
- There are a range of protective and risk factors for mental health that are unequally distributed across our local communities and for those with existing mental health conditions.
- **Protective factors include** quality education, decent work, living in safe neighbourhoods and good quality housing, access to nature or green spaces, feeling connected to a community, and our individual social and emotional skills.
- **Risk factors for mental health problems include:** poverty, violence or other trauma, experiencing discrimination or stigma, isolation and loneliness, homelessness or poor housing, unemployment or losing your job, having a long term physical health condition, and individual psychological and biological factors such as emotional skills, substance use and genetics which can make people more vulnerable to mental health problems.
- The Prevention Concordat shines a light on mental health inequalities and supports us as a health and care system to identify areas in which we can take action to reduce the risk factors and strengthen the protective factors.
- We are actively working to tackle mental health inequalities, and this includes projects providing enhanced support for those who face a higher risk of poor mental health, including the following three projects:

Some groups of people have far poorer mental health than others.

Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

[Click here to find out more](#)

The life expectancy of people living with severe mental illness (SMI) is **15–20 years shorter** than that for the general population. They face some of the greatest health equality gaps in England and this disparity is largely due to preventable physical illnesses.

[Click here to find out more](#)



Sahil & Cruse

Sahil & Cruse are working to address mental health disparities within South Asian communities in Rugby, Leamington Spa, Warwick and Coventry.

- Working with individuals with Post Traumatic Stress Disorder (PTSD), those experiencing cultural isolation, workplace discrimination, and the unique challenges faced by LGBTQ+ individuals. The programme also provides vital support to those grieving due to suicide.
- Offering a range of interventions and activities including group workshops, bereavement sessions, and multilingual support resources.
- Project aims to empower individuals, strengthen family structures, and create lasting, positive change in the community. The project ultimately aims to foster a resilient and mentally healthy society.

Impact:

- Participants report that activities including meditation and exercise help with sleeping as well as keeping away from distractions.
- Participants valued being in a group to share/talk about experiences or listening to others and the practical support.
- Many of these individuals experience overlapping needs within the **Core20PLUS5** priority areas, including mental health conditions, long-term physical illnesses, and socio-economic disadvantages.
- The project's continued expansion and targeted support services directly contribute to addressing these health inequalities, further aligning its outcomes with NHS England's Core20PLUS5 strategy.



Number of people involved:

Total number of service users is **162**.

Increase in participant numbers across all sites.

Feedback from a group member:

“Meditation and sharing with others helped me sleep and stay away from distractions.”



Rugby Borough Council

Rugby Borough Council is delivering On Track youth club, which provides tailored programmes to young people living in Rugby in areas with high levels of deprivation.

- Weekly programmes delivered to vulnerable young people.
- These positive interventions for young people and families are delivered through schools or in the community centre.
- The programme aims to promote positive mental health, reduce mental illness and divert young people away from crime, gang culture, and nuisance behaviour.

Impact:

- Pre-and post-session surveys show a **25% increase** in participants reporting a greater awareness of mental health issues and available resources.
- Group discussions had an average attendance of **15 participants** per session, with a retention rate of **85%** for repeated sessions, showcasing commitment and interest.
- Peer support initiatives reported that **70%** of participants actively engaged in follow-up discussions outside of scheduled sessions.
- Participants report that activities such as mindfulness and group discussions have significantly impacted their overall mental wellbeing.
- Many expressed that these sessions provided them with tools to manage stress and anxiety more effectively. *"I now feel more comfortable talking about my feelings,"* and *"The mindfulness reflections help me focus and calm down during stressful times"*.



Number of people involved:

Total Attendance:
3,762 (Total Youth Clubs Attendance:
2,880; Total Mentoring and Group Work Attendance: **882**)

Feedback from the Student Support and Welfare Officer at a secondary school in Rugby:

"On Track are supporting our students by giving them an opportunity to share their thoughts, feelings, and challenges with a 'change of face'. This information is then relayed back to us and we are able to put support plans in place to help ensure students are successful. The service also provides students with an opportunity to reflect on their behaviours, which works alongside our school values, and set weekly targets. The feedback from On Track is imperative, especially when working with our vulnerable students and helps to support in creating next steps"



St Oswald's Church

St Oswald's Church are delivering a mental health support group for men (MEN'S SPACE), especially those out of employment due to long-term physical illnesses and severe mental illnesses in Tile Hill, Coventry.

- Men's mental health is supported through meaningful activities including a programme of guest speakers, art, sport, reminiscence, cooking, trips, and celebrations.
- The programme aims to improve mental health and reduce the number of men triaged for mental health conditions because of suicide caused by loneliness, addictions, and unemployment.

Case studies

Male – Aged 50+

He has been coming to Men's Space for the last year and a half. His confidence has grown, and he led a session in drama.

"I do drama at the Belgrade. It's one of my favourite things to do so it was good to share that with the other fellas. My dad's just died and so Men's Space has been a place where I can come and share updates. Also, I have diabetes and have ongoing problems with mobility. The team who run it meet with me to see how I'm doing. I come to Nourish community kitchen as well."

Male – Aged 80+

He has been coming to Men's Space for 1 month. He was brought by a social prescriber after his wife died.

"Glad to find a group where I can be myself. The BBQ and games were fun. The Easter egg was a kind gesture. It's hard at my age to reconnect so glad I came to this group. I intend to go on all the trips too."

Male – Aged 70

He has been coming for a month and a half. He has been proactive at the group, getting involved with all the activities and suggesting trips

"I enjoy the weekly meetups and have been thinking of ways to support the group. My son is a children's book author and so I'm arranging for him to come along to speak at one of our sessions."



Number of people involved:

Of the target **50 men** expected to be impacted throughout the project, **40 men** in Tile Hill have currently signed up to Men's space, with regular attendance ranging **between 8 and 15 men**.



Spotlight on: Young Black Men's Mental Health Project

Coventry, Warwickshire and Worcestershire Mind are delivering a Young Black Men's Mental Health Project, designed to address the historically low engagement of young Black men with preventative mental health services. The project takes a culturally informed and community-based approach, recognising the need for targeted, accessible, and meaningful support.

Over the past year, a range of interventions have been delivered, including 1:1 therapeutic support for young Black men and/or their parents and carers, targeted workshops, taster sessions for professionals, stakeholder presentations, resource distribution, community engagement events, and multidisciplinary team meetings.

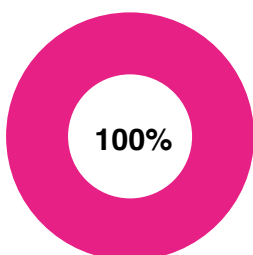
The project has delivered direct therapeutic and targeted support to **65** young Black men, and engaged a further **675** individuals – primarily from Black communities – through indirect activities such as workshops and community events.

Key outcomes from Year 1 of the programme include:

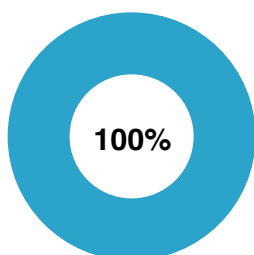
In year 1, **90.77%** people who complete short [WEMWBS](#) improved their mental wellbeing. Of the remaining six participants, four experienced no deterioration.

Service user feedback, self-reported at the end of the intervention, was overwhelmingly positive, with **100%** of respondents stating that their mental health had improved and that they felt listened to and respected. Additionally, **96.9%** reported feeling less alone or isolated as a result of the support they received.

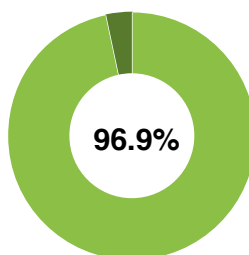
My mental health
has improved
(n=32/32)



I felt listened to and
respected (n=32/32)



I felt less alone or
isolated (n=31/32)



*"I have learned to
be more comfortable
in my own skin
and to realise the
potential I have".*

Young black man, age 15

The full year one report
can be viewed [here](#)



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Concordat focus for 2025:

Key priorities for 2025 have been agreed. These include:

- Increasing physical activity levels to boost mental health and wellbeing.
- Supporting people with mental health conditions and severe mental illness to reduce / quit smoking.
- Focussing on housing as this is a [key wider determinant](#) of health and can significantly impact on mental health and wellbeing.
- Reducing inequalities (with a particular focus on young Black men and LGBTQ+).

The Concordat Group are also supporting delivery of several recommendations outlined in the [West Midlands Mental Health Commission Report](#) (published in 2023), including:

- Supporting the [i-THRIVE approach](#) within the recommissioning of Child and Adolescent Mental Health services (CAMHS) across Coventry and Warwickshire.
- Developing inclusion of mental health and wellbeing in [Health in All Policies](#) and Equity in All Policies.
- Greater involvement in activities and programmes of people with lived experience.

If you'd like to know more or keep up with activity you can visit
<https://www.happyhealthylives.uk/staying-happy-and-healthy/keeping-yourself-happy-and-healthy/looking-after-your-mental-health-and-wellbeing/prevention-concordat-for-better-mental-health/>





Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 15 October 2025

Title: Suicide Prevention Annual Report 2024

1. Recommendations:

- 1.1. To note the key highlights of the Coventry and Warwickshire Suicide Prevention Annual Report 2024
- 1.2. That organisations review the offer of support available to their workforces about suicide prevention
- 1.3. That organisations engage with the key areas of activity for 2025 with a focus on partnerships and communications

2. Background information:

- 2.1. Coventry and Warwickshire Suicide Prevention Strategy 2023-2030 highlights the importance of having a local Real Time Surveillance System (RTSS).
- 2.2. RTSS for suicides refers 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.
- 2.3. A specialist Real Time Surveillance Coordinator collects, analyses and disseminates the data gathered from Coventry and Warwickshire Coroner Offices, where appropriate. This includes to the C&W Suicide Prevention Steering Group, C&W Suicide Prevention Network and through thematic Learning Panels.
- 2.4. An Annual Report has been produced to detail specific data that has been captured during 2024. The report is a tool for partners to use to help shape suicide prevention activity across Coventry and Warwickshire, align priorities and work together to reduce duplication and strengthen partnerships.
- 2.5. The information included in the report is based on anonymised data submitted for inquest to the Coventry and Warwickshire's respective Coroner Offices. The Coventry RTSS system uses information from the Coroner's Office and produces real-time data updates as well as quarterly and annual reports on numbers, demographics, circumstances and wider learning around suspected suicides.

- 2.6. It is important to note that Coventry and Warwickshire's RTSS system is highly regarded due to the positive collaborative working with partners. The positive relationship with Coventry and Warwickshire Coroner offices allows the Real Time Surveillance Officer to analyse up to date data, meaning potentially the reduction in risk to residents. Understanding any change in trends, numbers, demographics, methods and/or geographies, can directly influence suicide prevention activity across the patch. The data captured through RTSS is shared across the Suicide Prevention Partnership so other agencies and services can align their work to meet the need of the local community.
- 2.7. There were 92 suspected suicides in Coventry & Warwickshire during 2024, a 10% decrease compared to the 106 suspected suicides in 2023.
- 2.8. The report includes a specific focus on:
- 2.8.1. Local picture
 - 2.8.2. Demographics
 - 2.8.3. Mental Health
 - 2.8.4. Physical Health
 - 2.8.5. Method
 - 2.8.6. Wider circumstances
- 2.9. Learning panels are conducted every quarter on a subject matter that is agreed by the Suicide Prevention Steering Group, informed by the quarterly data report. Partners are invited to attend and share learning on the specific topic, and a highlight report is shared. Learning Panels for 2024 have included deaths by overdose, deaths by drowning, suicide prevention considerations for education settings and jumping from height. The report also details the cluster response that was carried out in September 2024 in Coventry.
- 2.10. There are key recommendations from the report that will inform suicide prevention activity and focus over 2025:
- 2.10.1. Partnership and communications: increasing spring and winter wellbeing campaigns, partnership campaigns around working with drug and alcohol services
 - 2.10.2. Service Delivery: accessibility for women into mental health services, early referrals surrounding major life events, creating awareness for mental health professionals around risks of novel methods and continuing to engage with partners to promote suicide awareness and resources as part of daily routine operations.
 - 2.10.3. Information sharing: Utilising the RTSS annual report, proactively sharing data and information between partners and organisations and to continue the RTSS programme of work and ensuring data is disseminated to help inform local practice and activity.
- 2.11. The Annual Report will be signed off by the Coventry and Warwickshire Suicide Prevention Steering group on 16th October.

3. Financial Implications

3.1. None

4. Environmental Implications

4.1. None

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board

Date: 15 October 2025

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

1. Recommendations:

Health and Wellbeing Board are recommended to

- 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:
 - access HIV testing which meets national guidance
 - access HIV prevention treatments
 - seek HIV treatment as soon as possible, including for those who are new to the city
 - maintain treatment to reduce the spread of infection in the city.
 - 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.

2. Background Information

2.1 Human Immunodeficiency Virus (HIV) attacks the immune system and weakens the body's ability to fight infection. If left untreated HIV can progress to life-threatening infections and illnesses (AIDS) within about a decade. The virus is transmitted via body fluids, such as semen and mother to child during pregnancy and birth. With early diagnosis and treatment, most people live a near-normal lifespan, treatment is prevention as it reduces the viral load to a level where it cannot be transmitted. Late diagnosis is the most important predictor of morbidity and mortality with more than a 7-fold increased risk of death within a year of diagnosis than those diagnosed promptly. This also increases the risk of onward spread of infection.

- 2.2 In 2023 Coventry had the second highest prevalence of HIV in the West Midlands and a higher new HIV diagnosis rate than national and regional rates. There were 101 new HIV diagnoses in Coventry residents first made in the UK between 2019 and 2023 increasing from 15 in 2022 to 24 in 2023. Of the 101 new HIV diagnoses first made in the UK between 2019 and 2023 approximately 30% were late diagnoses. Between 2019 and 2023 the number of Coventry residents diagnosed abroad and newly accessing HIV treatment increased from 19 to 38. It is currently unknown how long it took for the individuals to engage with local HIV treatment.
- 2.3 There are clear HIV testing guidelines which outline 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) demonstrated some areas of good HIV testing practice, missed opportunities to test, or situation unknown.
- 2.4 The England HIV Action Plan 2022-2025 aims 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 demonstrates that Coventry will not meet this target. Please note that a new action plan is expected to be issued later in the year.
- 2.5 The Joint United Nations programme on HIV/AIDS (UNAIDS) HIV Fast-Track Cities is an international initiative which brings together stakeholders including political leaders, affected communities, health and social care officials alongside service providers, to coproduce city-wide responses to end HIV as a public health threat by 2030.
- 2.6 Signing up to be a HIV Fast Track City sends a message that Coventry is 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
- 2.7 Led by the Coventry City Council Public Health, a range of partners have explored local support for Coventry to become a UNAIDS HIV Fast Track City. Consultation with community leaders and services working with those most at risk of HIV infection has demonstrated that there is an appetite for co-production of new ways of working (including normalisation of HIV conversations) and joint action to meet HIV Fast Track City targets.

3. Prospective costs of not progressing to HIV Fast Track Cities status.

- 3.1. Coventry has 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 can be illustrated by considering the costs (health, social, legal) of continuing with the status quo:

- A. An audit covering two urban hospitals over a 12-month period demonstrated that 7 patients were admitted to Intensive Therapy Unit (ITU) with extremely late AIDS defining conditions. The ITU bed days ranged from 2-15 and the average stay was 6 days. Sadly, 5 of the 7 died and 2 were left with significant long-term disabilities. The 2 surviving patients had an average 61.5 inpatient bed days. The ITU and Ward costs for all 7 was £123,900.
- B. In 2023-2024 there were 19 new HIV diagnoses made at University Hospital Coventry and Warwickshire (UHCW); 6 of these were diagnosed due to acute admissions with AIDS defining conditions. These all resulted in in-patient stays ranging from 7 days to 3 months. One patient died after a short hospital stay which included some time on ITU.
- C. A late HIV diagnosis audit in the North East of England demonstrated that 28 of 45 patients had missed opportunities for HIV testing as the patients had HIV indicator conditions. Of those 62% occurred in primary care.¹
- D. A Freedom of Information request demonstrated that between 2009 -2017 several claims were settled via NHS resolution at a cost of £632,638 where it was demonstrated that a failure to perform an HIV test caused harm to the patient.²

3.2 The Fast Track City (FTC) in promotes testing, treatment and prevention. Two recent case studies of Coventry residents living with HIV further illustrate the impact on individuals, the community and wider society:

1. Case One is X

A female from sub-Saharan Africa who moved to Coventry in 2018. She has a developed social network.

X had Covid at the end of 2021 and was slow to recover. During spring and summer 2022 she contacted multiple health care professionals (such as pharmacy, General Practice and Out of Hours providers) for a range of conditions. After experiencing significant weight loss, she presented to her GP and was sent for urgent outpatient investigation which led to a stay in hospital. Whilst in hospital she was tested for HIV which was positive. By this point she was severely immune-compromised and required prolonged and intense inpatient care. On discharge from hospital, she had lost her full-time job due to prolonged sickness and was unable to work for some time due to extreme frailty.

X's HIV is now well controlled. The financial and social consequences felt by this patient are ongoing. With an earlier diagnosis X would have avoided an AIDS defining condition and would likely have maintained her financial independence.

¹ [Late HIV diagnosis and missed opportunities for testing: piloting a standardised, multi-source review process - J Horsley Downie, M Pegler, J Widdrington, DA Price, N Premchand, DR Chadwick, 2020](#)

² Litigation and HIV medicine: what's going on? M Philips. Lancaster University Medical School

2. **Case Two** is Y

A Coventry born male, was employed and married to his male partner. He has an active social life and provided ad hoc childcare for close family.

Y presented to a pharmacy with a peri-anal itch and was provided over the counter treatment for threadworm. Three months later, after his symptoms did not improve, he visited his GP and was referred to hospital for investigation. He was diagnosed with a pre-cancerous condition and commenced treatment. After 6 months he re-presented to his GP with weight loss and easy bruising. He had a low blood platelet count and was referred to haematology where an HIV test was positive. At this point he was frail and required absence from work with a financial impact. He started HIV treatment and his viral load is now well controlled.

- 3.3 Both case studies involve patients with protected characteristics and highlight presentations to healthcare that should have prompted HIV testing. They also had networks of support that may have also supported testing. Fast Track Cities have a particular focus on closing health inequalities including prevention informed approaches to support vulnerable and marginalised resident and/or patient cohorts.

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