

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm**  
**on Monday, 27 July 2020**  
**This meeting was held remotely**

Present:

Board Members: Councillor Blundell  
Councillor Caan  
Councillor Duggins  
Councillor Seaman

Dominic Cox, Coventry and Warwickshire Partnership Trust  
Pete Fahy, Director of Adult Services  
Liz Gaulton, Director of Public Health and Wellbeing  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Ruth Light, Coventry Healthwatch  
Stuart Linnell, Coventry Healthwatch  
Mike O'Hara, West Midlands Police  
Mark Price, West Midlands Fire Service  
Gail Quinton, Deputy Chief Executive  
Dr Sarah Raistrick, Coventry and Rugby CCG (Deputy Chair)  
Adrian Stokes, Coventry and Rugby CCG

Other representatives: Laura Crowne, UHCW  
Rachael Danter, Coventry and Warwickshire Health and Care  
Partnership  
Justine Richards, UHCW  
Rose Uwins, Coventry and Rugby CCG

Employees: G Holmes, Law and Governance  
N Inglis, Public Health  
L Knight, Law and Governance  
R Nawaz, Public Health

Apologies: Councillor M Mutton  
Professor Lisa Bayliss-Pratt, Coventry University  
Simon Gilby, Coventry and Warwickshire Partnership Trust  
Julie Grant, NHS England  
John Gregg, Director of Children's Services  
Professor Caroline Meyer, Warwick University  
Sue Ogle, Voluntary Action Coventry

Also Professor Sir Chris Ham, Coventry and Warwickshire Health  
and Care Partnership

## **Public Business**

### **1. Declarations of Interest**

There were no declarations of interest.

## 2. **Minutes of Previous Meeting**

The minutes of the meeting held on 13<sup>th</sup> January, 2020 were agreed as a true record. There were no matters arising.

## 3. **Chair's Update**

The Chair, Councillor Caan, referred to Coventry, in partnership with Solihull and Warwickshire, being one of 11 beacon areas who were leading on Test and Trace and that this was an endorsement of the successful health partnership that existed in the city. He acknowledged all the very hard work being undertaken by lots of colleagues in this area.

Councillor Caan also reported on the impact of lockdown on the health and wellbeing of many individuals. He referred to the importance of partners working together to help reduce the spread of covid-19 amongst residents so avoiding the requirement for a local lockdown. He highlighted the importance of communication, with all partners helping to spread health protection messages.

## 4. **Covid-19 Outbreak Control Plan Update: Health and Wellbeing Test and Trace Sub Group and Local Outbreak Plan**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, which provided an update on the development of a Local Outbreak Control Plan for Coventry as part of the wider Coventry, Solihull and Warwickshire pilot. This was to be a key part in the next steps for managing Covid-19 locally. Copies of the Coventry Solihull Warwickshire Covid-19 Outbreak Plan and the Coventry Local Outbreak Implementation Plan were set out at appendices to the report. Endorsement was sought for the establishment of the Health and Wellbeing Test and Trace Sub Group and its membership.

The report indicated that the next phase of the response to Covid was critical. To avoid a second peak and to enable the gradual and phased return to a more normal way of life, it was key that social distancing was maintained; measures such as hand washing continued; that cases were rapidly identified and people took the right steps to self-isolate; and that any emerging outbreaks were managed quickly. Contact tracing and outbreak management would only be effective if case numbers and the transmission rate remained at a manageable level.

The NHS Test and Trace service was launch on 28<sup>th</sup> May and formed a central part of the Government's coronavirus recovery strategy. Anyone with symptoms would be tested and their close contacts traced who must then isolate for 14 days. It was part of a wider test, trace and isolate approach. The report provided detailed information on this approach which included the following four elements:

- rapid testing at scale to control the virus and stop its spread;
- an integrated contact tracing service to follow up and advise any contacts of positive cases and support people to self-isolate;
- using data to identify and target any outbreaks at local level; and
- using our knowledge of the virus and how it behaves to inform social and economic decision making.

The importance of bringing the public with us was also highlighted. This needed strong communication and engagement at a local level so that people were willing to participate, know what steps they could take and understand why certain measures were being introduced and comply with these. In order to be successful, this required a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public.

Reference was made to £204,100 of funding allocated to Coventry from the Department of Health and Social Care to develop tailored outbreak control plans. This would be used to increase capacity and capability in order to manage outbreaks, provide preventative training and analyse data.

Eleven Local Authorities areas had been selected as Beacons to work with national leaders to rapidly develop and test outbreak control plans at a local level; identify common themes, and share best practice; as well as innovating to develop faster approaches to testing and tracing and identifying opportunities to scale the programme rapidly. Warwickshire had been selected as the lead authority for a pilot with Solihull and Coventry, which would also work with the NHS, Public Health England and the West Midlands Combined Authority.

The report set out the local governance arrangements for Coventry which included the establishment of a Covid-19 Health Protection Board, who would develop and oversee the delivery of Coventry's Local Implementation Plan led by the Director of Public Health and Wellbeing. This Board would report at regular interval to the public facing Health and Wellbeing Test and Trace Sub Group. The Terms of Reference for the Sub-Group were set out at a further appendix. A Shadow CSW Leader's Group brought together senior executive and political leadership from across Coventry, Warwickshire and Solihull to provide senior leadership across the CSW sub-region. In addition, a Coventry Member's Panel had been set up providing political leadership and maintaining a Council strategic oversight of the implementation and operation of Covid-19 Test and Trace in the City.

The Local Coventry Implementation Plan was developed by the COVID-19 Health Protection Board and published, alongside the wider Coventry, Solihull and Warwickshire plan in June. Both plans include the following priority areas:-

- Community engagement to build trust and participation
- Care homes and schools
- High risk places, locations and communities
- Track cases at local level to spot any trends by time, place or location
- Contact tracing in complex settings
- Data integration
- Vulnerable people
- Local Boards.

The report also detailed the Coventry, Solihull and Warwickshire combined response.

Members discussed slight increase in daily infections that had occurred over the previous two weeks that corresponded with a relaxation in the rules and more people socialising. Clarification was sought over how people were contacted by Test and Trace with concerns being raised about bogus calls with people being

asked to give payment card details to finance the testing. It was acknowledged that Test and Trace was a free service with no intention to charge for services.

**RESOLVED that:**

**(1) The setting up of the Health and Wellbeing Test and Trace Sub Group to provide a strategic steer to the Covid-19 Health Protection Board be endorsed.**

**(2) The membership of the Sub Group, as detailed in an appendix to the report, be endorsed.**

**(3) Communications be requested to extend the Covid-19 messages to include warnings about scam callers requesting funding in connection with Test and Trace.**

**5. Improving Immunisation Uptake in Coventry**

The Board considered a joint report of Liz Gaulton, Director of Public Health and Wellbeing and Nadia Inglis, Consultant Public Health, which provided an update on the work being undertaken to increase the uptake of vaccinations in Coventry.

The report indicated that a recent Coventry and Warwickshire Immunisation and Screening Review (2019) assessed the uptake of routine childhood and adult/older people's vaccinations against national targets. Of the 12 routine childhood vaccinations, Coventry met the 95% target in one area and had met one of two targets for adult/older people's vaccinations. In 2018/19 the range of immunisation uptake in Coventry and Rugby GP practices for the key childhood vaccinations was between 51%, and 97.9%, with the lowest uptake being shown in pre-school vaccinations (from 3 years 4 months to 5 years).

Primary care and the school-based Immunisation and Vaccination Service (IVS) were responsible for delivery of the routine vaccination schedule. A Task and Finish group had been convened with representatives from Public Health, Clinical Commissioning Groups and the regional Screening and Immunisations teams to increase uptake of vaccinations. The report set out the work completed or in development which included:

- Development of a childhood vaccination uptake database by GP practice and the results of a GP Practice consultation, which would be used to gather good practice and offer support to relevant GP practices
- Public facing/stakeholder consultation, which had been developed, but was on hold during the COVID-19 pandemic
- An awareness-raising campaign emphasising the importance of vaccination was currently running and included working with migrant communities
- Half of the Coventry and Rugby GP practices had signed up to an enhanced national MMR vaccination schedule which would target children who have not been vaccinated.
- The 44% of Coventry and Rugby GP practices not signed up to data auto extraction were being encouraged to do so, this system improved the quality of the data reported.

- Coventry was a failsafe scheme city, whereby all parents/carers of unvaccinated children would be contacted by telephone to discuss the importance of vaccination for a six-month period commencing July 2020.

Further information was provided on the work the service was doing in relation to giving advice to parents/carers on the use of porcine gelatine in vaccinations; the provision of the flu vaccine to primary school children, the rate for which currently exceeded the national and regional average rates; and the work with schools to deliver school age vaccinations which had been impacted by the closure of schools during the covid-19 pandemic.

**RESOLVED that the work being undertaken to increase the uptake of vaccinations in Coventry be supported and noted.**

## 6. Disparities and Covid-19

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which put forward steps for the Board to take in response to national evidence showing the unequal impact of Covid-19 on different groups.

The report indicated that the Covid-19 pandemic had shone a light on health inequalities, showing the stark reality that the circumstances you were born into, and in which you live your life, could have very real consequences for your health. Public Health England undertook a rapid review into disparities around the risk and outcomes of Covid-19 that explored risk factors including age, sex, ethnicity, co-morbidities, deprivation and occupation. An appendix to the report set out a short summary on selected risk factors associated with increased risk of death from Covid-19 from selected PHE and Office for National Statistics (ONS) reports.

National analysis had shown that people from most BAME groups had a higher risk of dying from Covid-19 than those of White ethnicity. In statistical analyses, these risks were reduced when socio-economic, household and geographical characteristics and factors relating to occupation were accounted for, suggesting that some, but not all, of the increased risk of death was due to these. At the time of the 2011 Census, one in three Coventry residents (33%) were from BAME groups and among children attending Coventry schools in January 2020, 53% were from BAME groups.

As part of their disparities report, PHE engaged with over 4,000 people to understand their views on the reasons for the inequality for those in BAME groups. This led them to propose seven recommendations which were set out in the report.

In Coventry, there already existed a multi-agency group that worked to reduce health inequalities: the Marmot Partnership Group. The Joint Health and Wellbeing Strategy that was adopted by the Health and Wellbeing Board last year was based around four pillars. One of these was to address the wider determinants of health, such as income deprivation and housing. This work was being led by the Marmot Partnership Group and, as such, the group was well placed to take the strategic lead on work to reduce health inequalities associated with Covid-19, including the local implementation of the seven PHE recommendations. Since the work

recommendations touch on all four pillars, there would be a need for collaboration with other groups, such as the One Coventry Board.

The Marmot Partnership Group was in the process of setting up a Sub Group to look at inequalities for BAME groups, aiming to develop two to three actions in relation to these recommendations and also to identify and share good work that was already happening. Other Sub Groups around the Covid-19 inequalities response were also being determined. Organisations represented on the Health and Wellbeing Board were already taking action in the area of Covid-19-related inequalities and it was proposed that this would be enhanced through a co-ordinated review through the lenses of employees and wider communities.

The report provided examples of local actions undertaken in recent months. These included the Covid-19 health impact assessment which was conducted jointly with Warwickshire County Council and considered health inequalities. It was agreed that this document would be circulated to members.

Members discussed how they could together add value through reviewing covid-19 related inequalities. They discussed the importance of protecting front line BAME key workers; made reference to the issue of obesity and covid-19, highlighting the success of the fitness in the parks initiative; made reference to the importance of protecting health through prevention measures; and referred to the importance of partnership working to put health inequalities at the forefront, building on existing good practice.

**RESOLVED that:**

**(1) Approval be given that the Marmot Partnership Group take the strategic lead on supporting the system to address health inequalities relating to Covid-19.**

**(2) Approval be given that the work of the Marmot Partnership Group should include leading on implementing the recommendations developed by Public Health England (PHE) to reduce the disproportionate impact that Covid-19 has had on people from Black, Asian and minority ethnic (BAME) groups.**

**(3) The Marmot Partnership Group be requested to provides a progress update to the Board in 6 months.**

**(4) Board members to consider how they may together add value through reviewing Covid-19 related inequalities through the lenses of our employees and wider communities.**

**(5) A copy of the Covid 19 health impact assessment that was conducted jointly with Warwickshire County Council to be circulated to members.**

**7. NHS Reset and Restoration**

The Board received a presentation from Adrian Stokes, Coventry and Rugby CCG which provided on update on Covid-19 – Restoration, Recovery and Reset. Laura Crowne, University Hospitals Coventry and Warwickshire (UHCW) provided detailed examples of the ongoing work at the hospital with particular reference to

cancer and endoscopy and the current situation at the Emergency Department. Dominic Sands, Coventry and Warwickshire Partnership Trust provided an update on the current work concerning mental health at the Trust in light of covid-19.

The presentation provided a brief summary of the current context, the governance arrangements and the takeaway messages as outlined at the last Place Forum meeting. The context to restoration, recovery and reset was set against the ongoing backdrop of Covid-19 with attention being drawn to the strengthening of partnership working over the past few months and the importance of locking in innovation that had been implemented during this time. The current governance arrangements for Coventry and Warwickshire were set out and included reference to the Kings Fund model. The takeaway messages had been: that all four phases would happen simultaneously; the level 4 response would be running into the winter which could coincide with a second wave as well as the usual winter pressures; the partnership working was a real positive and avoided duplication; and communication was key.

Phase 2 priorities were: essential services; mental health; test, track and trace; and care homes.

In relation to cancer actions, reference was made to the daily management of scheduling, with a dedicated management team for risk management. Operation and clinical governance assisted the clear escalation structure. Further information was provided on the operational planning to optimise the utilisation of available NHS and IS capacity.

Data detailed waiting list numbers and the numbers of patients treated for the different cancers along with the diagnostic scanning numbers at BMI. In relation to endoscopy, the Board were informed of the current position which included a 50% capacity due to IPC regulations. All 2ww patients were being managed effectively within timescales however the backlog for routine and surveillance was growing. The daily management of actions, the current position and challenges for the whole team were highlighted.

The current position and risk relating to managing emergency demand was detailed. The next steps for this area included having Task and Finish Groups on direct access pathways; engagement in NHS111 plans and linked DOS as part of winter plans to direct patients away from Emergency Departments; continued working on mental health pathways with partners; continued engagement on discharge work; and effective winter planning.

The presentation referred to the strategic drivers of demand for services provided by CWPT which included the impact of lockdown and social isolation; the economy (recession and unemployment); traumas; and long term conditions. The groups most likely to be impacted were highlighted along with the physical, mental and community health implications. The Board were informed of the mental health priorities in light of covid-19 which were:

- Collaborative working and agreements across the sector
- Improved integration between primary care and specialist mental health services
- Children and young people
- Improving urgent and emergency healthcare

- Reduction in out of area placements
- Rapidly evaluate service changes made during covid-19 to understand long term implications
- Psychological support to NHS staff.

The presentation concluded with the next steps as follows: strong infection prevention measures to enable restart; full winter response including Nightingale usage; and the continued use of the independent sector. It was acknowledged that partnership working was critical.

Members sought clarification about the levels of cancer referrals and whether the system had the capacity to test everyone.

The Chair, Councillor Caan thanked the partners for the presentation and for all the work being undertaken by their organisations.

**RESOLVED that the contents of the presentation be noted.**

## 8. **Adult Social Care - Key Programmes of Work to Support Covid-19 to Date**

The Board considered a report of Pete Fahy, Director of Adult Services, concerning key areas of activity within Adult Social Care which supported the covid-19 effort and identified key areas of focus as a result of this.

The report indicated that the Covid-19 pandemic impacted on all areas of Adult Social Care, both in terms of the provision of direct care and support, Occupational Therapy, Social Work and back office operations that supported delivery. Key areas of activity undertaken to help ensure people that required support from Adult Social Care continued to have access included remote working and use of technology. Wherever possible assessment, support planning, enablement, review and safeguarding activity was undertaken remotely. Although this remote working became the normal way of doing business, face to face visits were undertaken where the level of risk and ability to manage this through remote working was not sufficient. Risk assessments and Personal Protection Equipment (PPE) were used to manage these situations.

The City Council's response to shielding those identified by the Department of Health and Social Care (DHSC) as being the most clinically vulnerable was led through Adult Social Care. A partnership arrangement was quickly established with CV Life who provided the support required through a combination of food parcels, medication delivery and social contact. This effort was also supported by Coventry City of Culture Trust and City Council Library staff. This local support supplemented what was available through the national support programme. Operation shield was being paused at 31 July 2020. As at 14 July over 14000 people had been contacted and offered support by CV Life. The City Council's Customer Contact Centre also established a vulnerable persons helpline to support residents with vulnerabilities who were not in the shielding cohort.

Coventry was one of seven local authorities who activated the Care Act easements introduced through the Coronavirus Act 2020 on the basis of depletion of staff and changes in demand. This occurred between 28<sup>th</sup> April and 29<sup>th</sup> May



2020. The report detailed the duties that were eased during this period. No complaints or challenges were raised as a result of the easements.

The Board were informed that supporting the care market had been a significant focus of work over this period. It was an area that was critical to the effective delivery of social care at all times and an area that operated in a very challenging financial environment characterised by high turnover, high levels of recruitment activity, increasing demands and relatively low levels of public recognition. It is also made up of numerous separate businesses who were contractors to the City Council and not under direct organisational control. Working with and supporting the market wherever possible had been a cornerstone of the Council's approach for several years and this approach had been more important than ever in the respond to Covid-19. The report detailed the specific support actions over this period.

It was a significant point of credit to providers of social care in Coventry that they managed to sustain services and continued to take new referrals over this period. At the depth of the pandemic there were only six care homes who were unable to take new admissions – this was significant in the Council's ability to continue to support people who require care home admission over this period.

The report also referred to the significant effort of the home support providers. At 14<sup>th</sup> July adult social care supported 2405 people at home compared to 759 in residential care and 218 in nursing care.

Reference was made to rapid hospital discharge. At the start of the pandemic Adult Social Care worked with Health colleagues to achieve the objective of freeing significant numbers of hospital beds. From a staffing perspective there were volunteers to cover the required social work capacity to support a 7 day a week 8am to 8pm model for the required period. The aspiration for 95% of patients to go home was achieved and had been sustained.

As Adult Social Care moved forward with Covid -19 still around, there were four specific areas for focus in terms of the ongoing response: support to carers; service reinstatement; workforce support; and resourcing. The report set out the relevant issues for each of these areas.

The Chair, Councillor Caan expressed his thanks for all the work currently being undertaken by Adult Social Care.

**RESOLVED that the contribution and efforts of Adult Social Care to support residents of Coventry over the Covid-19 period to date be noted and supported.**

9. **Coventry Joint Health and Wellbeing Strategy 2019-23 Update: Integrated Health and Care**

The Board received a presentation and considered a joint report of Pete Fahy, Director of Adult Services and Justine Richards, University Hospitals Coventry and Warwickshire on the progress with the integrated health and care system quadrant of the Health and Wellbeing strategy and sought support for key areas of focus going forward.

The report indicated that work on the integrated health and care system was being led by a Coventry Health and Care Executive comprising representatives across health organisations including GP and the City Council. Representation was broadly made up of senior staff the tier below Partnership Executive Group (PEG) representation. The primary function of the group was to translate system objectives as set by PEG into action that was attuned to the requirements of Coventry as a place. The group was currently chaired by the Director of Adult Services with the UHCW Chief Strategy Officer being vice-chair.

As a response to Covid-19 there were numerous activities undertaken to support a collaborative response from health and care partners. As part of the reset and recovery process, the pre-pandemic priorities had been reviewed to ensure that the Integrated Health and Care programme was focused on the most appropriate areas. The report detailed the pre-pandemic priorities; the pandemic response; and current priorities.

Pre-covid-19 the Group was starting to focus its efforts on how Coventry as a place contributed to the overall financial requirements of the NHS Long Term Plan. This work was currently on hold.

The presentation outlined the pre-pandemic key areas of focus that the Integrated Health and Care programme had established detailing the progress to March 2020 with the priorities of frailty; musculoskeletal; mental health and long-term conditions. Since March a specific work programme had been supplemented by a range of cross cutting pandemic response activity which was detailed.

The presentation also highlighted the current emerging priorities existing focus: musculoskeletal; frail elderly; long-term conditions; and mental health. Two new areas had also been added: post covid rehabilitation (emerging issue of longer term impact) and community based development (a legacy of shielding and community networks). Information was also provided evidence of impact in the priority areas of musculoskeletal and frail elderly.

**RESOLVED that:**

**(1) The priority areas of focus proposed by the Integrated Health and Care programme be noted.**

**(2) The work programme for Integrated Health and Care be supported.**

**10. Place Forum and Health and Care Partnership Update**

The Chair, Councillor Caan introduced the report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of the joint virtual meeting of the Coventry and Warwickshire Place Forum and Health and Care Partnership Board held on 15<sup>th</sup> July 2020.

The report indicated that the main aims of the session were to:

- reflect on the experience and learning for the health and wellbeing system from the Covid-19 pandemic;
- understand how the pandemic has affected our local communities;

- share plans for ongoing virus management and restoration and recovery; and
- provide key business updates.

The meeting was a valuable opportunity for system leaders to regroup and to start to have wider conversations about the implications of Covid-19 for work together as a wider health and wellbeing system and to begin to consider the route forward.

Key themes emerging from the questions and discussion included:

- The significance of the potential long-term impact of Covid-19 on local communities and the imperative to work together, coherently, and take both collective and organisational responsibility for addressing health inequalities
- The importance of the Test and Trace programme as a long-term priority in managing the ongoing pandemic and addressing consequent inequalities
- Communications and engagement, and the need to work with communities and build trust to ensure key prevention messages resonate and are 'culturally competent', particularly for more vulnerable population groups
- Rapid increase in digital healthcare (telephone and video consultations) and the need for proper evaluation of the impact and implications for different communities
- Seeking assurance regarding support for care homes in preventing and managing outbreaks, and around the impact of changes to health service delivery, including outpatients, maternity and phlebotomy.

There was a clear theme running through the meeting of the need to deepen the understanding of the local population and be intelligence-led in the response and recovery plans; and that partners needed to work cohesively as a system, across organisations, recognising the potential of this combined influence to address the social, economic and environmental impacts of the pandemic on population health and to address inequalities.

The following next steps were agreed:

- Ensure that the achievements, challenges and lessons learnt from the system-wide response to the pandemic were captured and harnessed to inform future activity
- Use the Coventry and Warwickshire Covid-19 Health Assessment to inform recovery, restoration and reset plans as a system, in places and in organisations
- Work collectively as a system to ensure that priority was given to addressing inequalities in outbreak management and recovery plans
- Re-emphasise the system commitment to health and wellbeing in its widest sense by ensuring our population health model was the framework for all outbreak management, prevention and recovery activity
- Support development of place recovery plans, working together with local communities to tackle inequalities and improve population health.

The Board noted that the next meetings of the Place Forum and Health and Care Partnership Board were scheduled to take place on 3<sup>rd</sup> November, 2020. The

proposals for the November Place meeting would be developed and submitted to a future Board meeting.

**RESOLVED that:**

**(1) The outcomes of the joint meeting of the Place Forum and the Health and Care Partnership Board on 15<sup>th</sup> July 2020 be noted.**

**(2) It be noted that the proposals for the November meeting of the Place Forum will be submitted to a future Board meeting.**

**11. Future of Health Commissioning in Coventry and Warwickshire**

The Board considered a report of Dr Sarah Raistrick, Coventry and Rugby CCG, concerning the future of health commissioning in Coventry and Warwickshire, proposed changes to the structure of the clinical commissioning function and the future process. Support was sought for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire.

The report indicated as part of the NHS Long Term Plan, every Sustainability and Transformation Partnership area in the country was to be, or be part of, an Integrated Care System by 2021. The three Clinical Commissioning Groups in Coventry and Warwickshire had been considering how to accomplish this. Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, with three possible options. Any options which involved the strategic direction of the CCG was a matter reserved to all member organisations of the CCG. Members were asked to vote on their preferred option. The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members, with each CCG running a voting process for their members. The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger. For Coventry and Rugby 88 out of a possible 126 votes were cast. Of these

- 23 were for Option 1 – Do Nothing
- 12 were for Option 2 – Joint Working
- 53 were for Option 3 – Merger.

The Board were informed that the three CCGs were now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply, a number of documents had to be submitted, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger was 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020.

In addition, the CCGs were in the process for recruitment for a single Accountable Officer across the three CCGs. This was running concurrently with the formal application to merge, and would not be dependent on the outcome of the application progress. The Accountable Officer would be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers. Dr Raistrick informed the Board that the date for the submission of applications had closed at the weekend and

reported on the interview process which would include a virtual Stakeholder Panel. She asked if members had any questions that they would like to be asked and it was suggested that candidates be asked how they would support vulnerable residents and how they would work with hard to reach communities.

The report highlighted the benefits that the merger would bring for Coventry and Warwickshire as follows:

- The opportunity to develop Place to meet the needs of the local population and address health care inequalities
- Faster more efficient decision making to enhance the experience of care
- Significant administration savings to reduce per capita cost of health care and improve productivity
- Easier to recruit and retain staff and increase wellbeing and engagement of the workforce
- Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population.

Successful progression of the merger programme was one of the CCG key priorities over the next few months. Ongoing engagement with stakeholders and the population formed an essential part of this process, and it was important to the CCGs that the views of stakeholders were able to help to shape the potential form of the new strategic organisation. Further details as to the opportunities for engagement, particularly on the development of the Clinical Commissioning Strategy, which would outline how services would be commissioned as a single organisation, would be shared with stakeholders in due course.

**RESOLVED that the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire be supported.**

## 12. Any other items of public business

There were no additional items of business.

(Meeting closed at 3.35 pm)