



To: Coventry Health and Wellbeing Board

Date: 12th October 2020

From:

Pete Fahy, Director of Adult Services

Liz Gaulton, Director of Public Health & Well-being

Title: Health & Well-being Reset and Recovery

1 Purpose

- 1.1 To brief the Health and Well-being Board of the work done to date on resetting health and well-being.

2 Recommendations

- 2.1 The Health & Well-being Board is recommended to:
- Note the report and proposed next steps;
 - Agree to include the new priorities that have arisen due to Covid-19 and resulting action plan within the existing work of the Health & Well-being Strategy and the work of the boards and groups that report to the Health & Well-being Board.

3 Information/Background

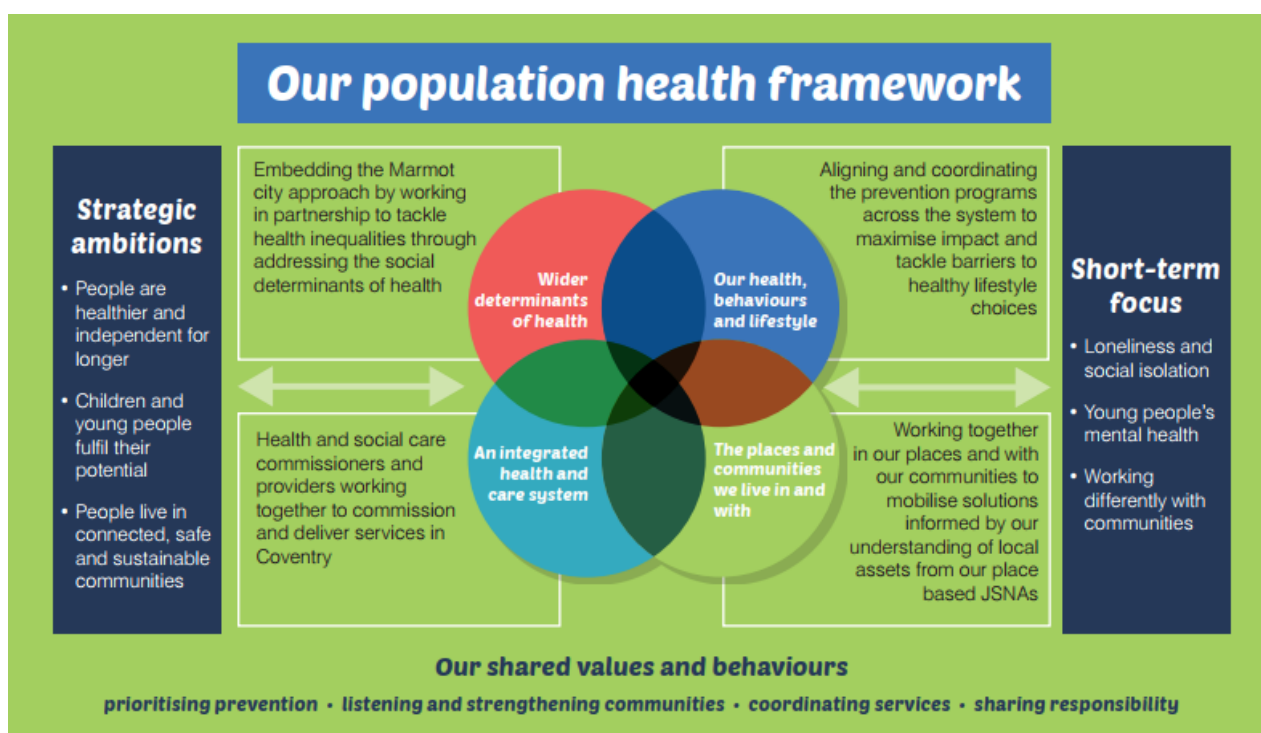
- 3.1 The Health and Well-being Board approved the new Health & Well-being Strategy 2019-23 in October 2019. Since then, the impact of Covid-19 has profoundly affected our communities and our city. Health inequalities have been especially apparent not only for Covid-19 infection, but more widely as key groups of the population have been most adversely affected due to the pressure of the lock down period. We know that during the pandemic many people have not sought medical advice and that urgent treatment has been delayed. The pandemic has also clearly impacted significantly the wider determinants of health, such as business and economy and education.
- 3.2 The initial response phase in Coventry and the UK has focussed since early March 2020 on taking action to deal with the immediate impacts of the pandemic on our communities, infrastructure and economy, and much of this action is ongoing as we continue to live with Covid-19.
- 3.3 Covid-19 remains in circulation and the national risk level has increased from 3 to 4 (widespread community transmission). There are also seeing a number of local and regional outbreaks across the country, with additional restrictions being put in place. In the spring , the Council and its partners began work on plans for reset and recovery following the national lockdown and earlier phase of the pandemic, this has been with a focus on improving the health and well-being of residents both in terms of recovery from the initial phase and in terms of our ability to support our communities to continue to live with and through Covid-19.

4 Resetting of Health and Well-being

4.1 The aims of the Health and Well-being reset and recovery work is to:

- Reduce the long term harm and inequalities caused by Covid -19 and build on the momentum of the last few months to help re-shape how people are supported in the city
- Use the learning and experience from Covid-19 to inform how we do things in future Reset our relationship with citizens by creating greater resilience and not dependency
- Continue to work in partnership, across sectors, to harness the opportunities to improve the health and well-being of Coventry's citizens
- Equip our workforces to operate in new ways so they can continue to meet the demands of Covid-19, whilst harnessing the learning from working in different ways

4.2 This work builds on the population management framework that the Health & Well-being Board adopted as a cornerstone of its approach to improving health and well-being for Coventry's residents, but with a focus on the most pressing issues affecting residents as a result of Covid-19.



5 Developing our approach to reset/recovery

5.1 In May of this year, Coventry City Council jointly initiated work with Warwickshire County Council on a Covid-19 Health Impact Assessment to identify key factors that may affect the population's health and wellbeing as a direct result of the Covid-19 outbreak. The purpose of this assessment was to inform/support planning for recovery. The assessment can be accessed using the following link:

https://www.coventry.gov.uk/downloads/file/33931/briefing_note_warwickshire_county_council_15_september_2020

5.2 In addition to the Health Impact Assessment, Coventry City Council conducted a residents' survey in June to understand both the impact of the pandemic on residents and to understand their key concerns.

5.3 The findings from the Health Impact assessment and the residents' survey have helped to shape our response to identifying and prioritising activities for reset and recovery.

6 Our priorities for reset and recovery

6.1 Wider Determinants

6.1.1 National analysis has shown that people from most BAME groups have a higher risk of adverse impact from Covid-19 than those of White ethnicity. As well as those from ethnic minority backgrounds, people worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people working in lower-paid professions and people living in poorer areas.

6.1.2 The Marmot Partnership Group has been leading work to reduce health inequalities associated with Covid-19. It has been focusing on a number of key areas, including:

- Inclusive growth – this includes working with the Employer Hub & JCP (Job Centre Plus) to identify businesses planning redundancies; Job Shop work with Coventry BID supporting hospitality workers; Strong focus on young people; Publicising transfer of Apprenticeship Levy; and addressing the “digital divide” for both businesses and residents
- Support for the economy and businesses – this includes supporting young people (16-24) to find training/employment; helping those 50+; supporting BAME communities; rapid response to redundancy; long term unemployed; supporting those with complex barriers; enabling digital inclusion; and mental wellbeing & social isolation; and the Thrive at Work award which supports workplace wellbeing and the mental and physical health of employees.
- Launching Call to Action – this will be aimed at employers and organisations asking them to consider what actions they can take to help reduce health inequalities in the city.

6.2 Our health behaviours and lifestyles

6.2.1 Evidence shows that pandemics can adversely affect our health behaviours, with an increase in negative behaviours including an increase in alcohol consumption and gambling. Evidence also shows that physical activity has increased for some during lockdown but this is more likely within affluent groups. There is also a clear link between obesity and poor outcomes from COVID-19 and we know that obesity is associated with deprivation.

6.2.2 During the Summer, work has focused around a number of key areas to support the physical well-being of residents. These include:

- Sustainable travel – using the Emergency Active Travel Fund to increase pedestrian access, provide pop up cycle schemes along major routes and engage schools and residents to participate in active travel
- Physical activity – as part of the GoParks initiative, increase the use of parks, walking routes/markers and outdoor gym equipment. In addition, work has been undertaken to target groups who may not ordinarily engage in physical activity and having been adversely affected by Covid-19, e.g. BAME communities.
- Reducing smoking/alcohol consumption - a number of campaigns being conducted including QuitForCovid

6.3 The places and communities we live in

6.3.1 The pandemic has demonstrated the power of the community within Coventry, with voluntary and community sector organisations actively involved in the emergency response

to the pandemic, including the distribution of essential food supplies and supporting those who were shielding or vulnerable.

6.3.2 Work over the Summer has focused around a number of key areas including:

- Developing an emergency food response – 5 new social supermarkets and 10 emergency food hubs, with 26,232 people supported by foodbank and social supermarkets April to September 2020. In addition, over 2,000 children supported with breakfast and activity packs over the 5 weeks of the school holidays
- Community networks – established consisting of local volunteers to support local people in their area
- Supporting the voluntary and community sectors – 52 funding applications made to support the voluntary sector, with £352,745 successfully awarded to date
- Support for places of worship and faith groups to adjust their religious practice and behaviours in light of Covid-19
- Migrant Health Champions – supporting their communities and disseminating messages alongside Public Health

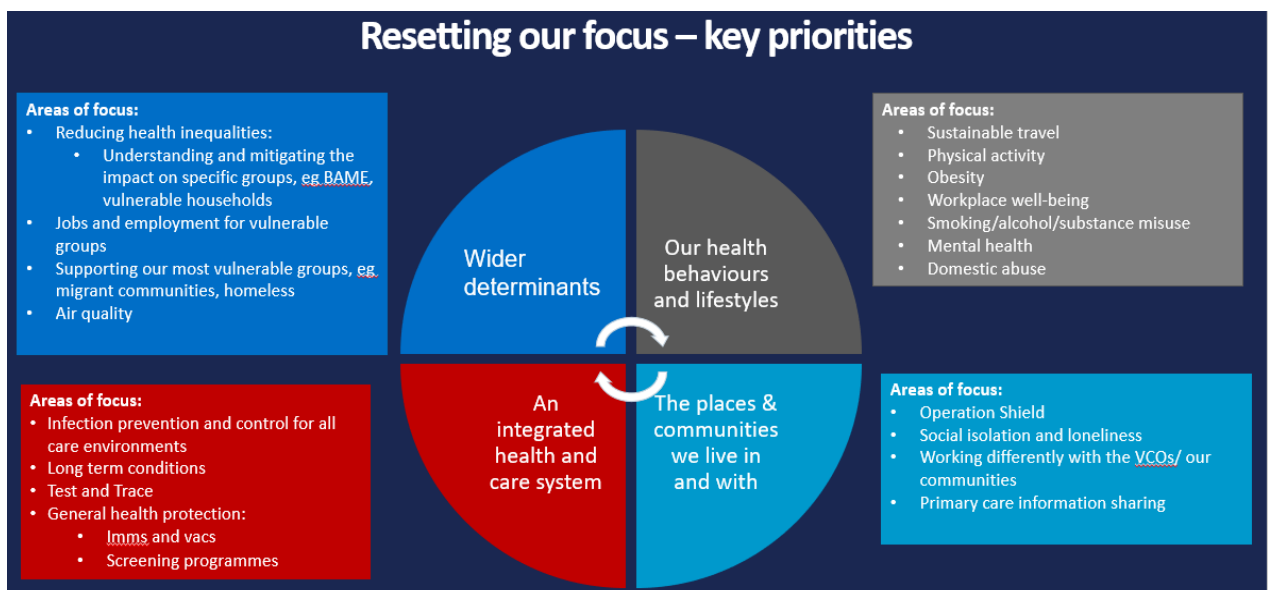
6.4 An integrated health & care system

6.4.1 Since May health and care partners in Coventry have been working on Phase 2 of the NHS Reset & Recovery Plans. Key activities as part of this include:

- Manage infection control within care homes and home care settings by supporting the process of virtual health and social care assessments
- Provide multi-agency support for care home and domiciliary care staff, by ‘training the trainers’ about PHE’s recommended approach to infection prevention and control
- Develop & oversee the delivery of Coventry’s Local Outbreak Control Plan and establish a Covid-19 Specific Health Protection Board.

7 **Next Steps**

7.1 Work during the Summer has focused on the short to medium term actions to mitigate against the negative impact of Covid-19 on the health and well-being of our communities. However, Covid-19 has amplified health inequalities across the board and in order to prepare for and manage the longer term impact of Covid-19, each of the groups and boards that report to the Health & Well-being Board will be asked to lead on the additional priorities that have arisen as a result of Covid-19, and reflect these in their plans and activities.



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Appendices